KEYS AHEC

THE KEYS TO HEALTH

April 13, 2010

Lisa Tennyson
Monroe County Grants Administration Office
1100 Simonton, St.
Key West, FL. 33040

Dear Ms. Tennyson:

The Florida Keys Area Health Education Center (FKAHEC), a 501 (C) (3) affiliated with the University of Miami School of Medicine, is pleased to submit the enclosed proposal for review by the Human Services Advisory Board. We look forward to continuing our partnership with Monroe County Government for the Children's Health Assessment and Medical Program (CHAMP).

Our proposal requests $40,000.00 to fully implement this medical program for children ages 1-5. The program addresses primary, secondary and specialty medical needs of children living in low income homes and considered at-risk where medical care and coverage is often lacking and unaffordable.

Thank you for your interest in the Florida Keys AHEC's program. We envision building a healthier community and decreasing the medical needs of our most vulnerable children.

Sincerely,

Michael L. Cunningham
CEO

Enc.

Florida Keys Area Health Education Center, Inc.
5800 Overseas Hwy, Suite 38, Marathon, FL 33050
PH. 305-743-7111/Fax 305-743-7709
www.fkahec.org

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

Agency Name	Florida Keys Area Health Education Center, Inc. (in partnership with the Early Learning Coalition of Miami-Dade/Monroe)
Physical Address	5800 Overseas Hwy, Suite 38
Mailing Address	Same
City, State, Zip	Marathon, FL 33050
Phone	305-743-7111
Fax	305-743-7709
Email	mcunningham@fkahec.org
Who should we contact with questions about this application?	Michael Cunningham, CEO

Amount received for prior fiscal year ending 09/30/09	$30,000
Amount received for current fiscal year ending 09/30/10	$35,000
Amount requested for upcoming fiscal year ending 09/30/11	$40,000 (Same as three previous years)

CERTIFICATION

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

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

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

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

Typed Name of Executive Director:

Signature _____

Date: 4/13/10

Typed Name of Board President/Chairman: Susan W. Gray, Ph.D., Ed.D.

Signature Susan W Gray

Date: April 12, 2010

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

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

The mission of the Florida Keys AHEC is to effectively promote health and wellness through education, health assessments, and professional development using partnerships and other contract-funded services, resulting in a healthier, better educated community. *Approved 7/07*

2. List the services your agency provides.

- Direct Medical Evaluations
- Health Screenings/Assessments-Cardiovascular Disease, Skin Cancer and Osteoporosis
- Oral Health Evaluations-School Based
- Health Fairs
- Patient Centered Tobacco Cessation Programs
- Pharmacy Assistance
- Health Professional Education Programs-Licensure
- Community Health Prevention and Education Programs
- Emergency Preparedness Training-Medical Reserve Corp Management
- Medical, Nursing and Allied Health Student Training Rotations
- School Based Health and Fitness Programs
- Health Professional Recruitment
- Information Support Services and Research

3. What services will be funded by this request?

Funding will be utilized to provide comprehensive direct medical examinations for at risk children ages 1-5 in low income working poor families and/or others as approved by the Wesley House Family Services program. Children that are served qualify financially through documented family income levels and receive subsidized daycare in partnership with the Early Learning Coalition of Miami-Dade/Monroe. Specialty medical care is also coordinated and provided for children with documented critical needs through a referral process facilitated by FKAHEC medical and program staff. Medical examinations take place in the 40 plus licensed Daycare home sites and facilities within Monroe County. Services are provided for the approximate 425 children currently enrolled in the program and will b available for the potentially eligible 71children on the waiting list-496 Children. The exams are offered to all children in the Fall of each year followed by a secondary visit in the late spring and early summer.
Every child with an identified medical concern receives a referral to a health care provider, is provided follow-up care services by FKAHEC staff, receives a second follow up medical exam visit by FKAHEC medical staff members, and is offered financial assistance for specialty care as requested with current documented financial and health insurance status.

Medical Exams include:

1. Immunization History.
2. Height, Weight, BMI and Body Fat%, Blood Pressure (if necessary).
3. Vision- Assessment tests for myopia (near sightedness), hyperopia (far sightedness), vision strength (20/20 etc), astigmatism (irregular focus of the eye) and Amblyopia (lazy eye). Test is conducted with a Welch Allyn SureSight Vision Screener portable Autorefractor.

4. Hearing-via DPOAE (Distortion Product Otoacoustic Emissions) and TEOAE (Transient Evoked Otoacoustic Emissions). Test is conducted with a Euro Scan Test system that tests and recognizes acoustic signals in the ear canal.
5. Oral Health Exam-Basic exam for cavities, gum disease-gingivitis, plaque buildup, poor hygiene, lingual frenulectomy/frenectomy/frenotomy (tongue tied), bottle caries etc. Dr. Denise Vedrenne is part of the medical staff team offering oral health exams.
6. Ears, Nose and Throat exam.
7. Head, Skin and Scalp (Dermatological exam)
8. Hygiene.
9. Nutrition.
10. Allergies.
11. Recent injuries.
12. Current medications.
13. Referrals for specialty and secondary care.
14. Provision of health education material.
15. Follow-up with Parent for explanation of findings-(Direct contact from staff).

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

The receipt of HSAB funds will allow the FKAHEC to obtain additional funding from the Early Learning Coalition of Miami-Dade/Monroe. Without HSAB funding we will not be able to draw down this additional programmatic funding. (*See attached letter of support-Attachment R)*

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

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

Title: School Readiness Grant
Agency: Early Learning Coalition of Miami-Dade/Monroe
Purpose: To be utilized for the provision of medical evaluations of children ages 1 to 5 identified as school readiness children and receiving subsidized daycare through Wesley House Family Services.

b. grant amount: $7,500.00

c. match percentage requirement and amount:

?

No Match percentage is formally required, but the FKAHEC must receive a grant award from HSAB as applied for.

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

No

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

The Florida Keys AHEC does not offer Grants or RFP's to any outside agencies.

The Florida Keys AHEC does have financial partnerships with some outside health care/social agencies for delivery of programmatic/medical services. (i.e. Specialty care services under this program, RX assistance program, fitness instruction, and tobacco cessation services etc.) None of these program services are awarded as a grant or sub-grant, but rather as a fee for service as required by the grantor/contractor.

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

Yes, the FKAHEC applied for and was awarded $3,500 from the Sherriff's Asset Forfeiture Fund to support the provision of interventional oral health services and program materials for children in this program.

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

As safety net provider the FKAHEC provides, through its multidisciplinary service approach and resources, direct medical care services to patients, tobacco cessation and training services, direct preventive health services to underserved communities (all are considered primary care by definition), services to enhance the quality of patient care, health education programs, workforce development, recruitment services, and information support services.

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

US Census reports Monroe County's population at 74,518. The median household income is $56,984. The population is becoming increasingly diverse as Hispanics or Latinos comprise 18.3% of the population; Blacks comprise 5.4% of the population; and Whites, comprising the large percentage of the rest of the population. 22.4% of the population (or 16,692) speak a language other than English at home.

A significantly higher representation of minority children are being served in the School Readiness program than the general population or school age population as reflected below:

Hispanic Concentration

Monroe County School Readiness Program Birth – 5 & School-Age	**Monroe County Public Schools** Pre-K – 12	**Monroe County**
40.4%	**29.2%**	**18.3%**
• 308 of 761 children • Source: EFS Database	• 2409 of 8,240 students • Source: KeysSchools.com	• 13,636 of 74,518 total population • Source: Factfinder.census.gov

African-American Concentration

Monroe County School Readiness Program Birth – 5 & School-Age	**Monroe County Public Schools** (MCPS) Pre-K – 12	**Monroe County**
19.3%	**10.3%**	**5.4%**
• 147 of 761 children • Source: EFS Database	• 848 of 8,240 students Source: KeysSchools.com	• 4023 of 74,518 total population • Source: Factfinder.census.gov

Other supporting statistics[1] include:

1. Families living below the 150% federal poverty level with a child under 5-**11.7%**
2. Families with female head of household (no husband/father) below the 150% federal poverty level with a child under 5-**36.8%**
3. Total Monroe County Population under 200% of the FPL-**27%**
4. 4-5 active Pediatricians in Monroe County.
5. Percentage of adults ages 18-44 (Child bearing years) with no health care coverage-**39.4%**

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

For all families living at or near poverty and/or the "working poor," the continued lack of affordable access to health care and the unavailability of a "living wage" are serious deterrents to achieving economic self-sufficiency. Medical care is often sacrificed due to lack of family resources, employment demands, time and accessibility to care.
Families now more than ever are struggling to provide for their basic needs and healthcare is one that is often sacrificed due to finances, work schedules and the understanding of the importance of preventative medicine. This health evaluation, prevention and follow-up program is of critical importance to our community due to the lack of family resources and ability to access to proper health care services. This has become increasingly critical since there continues to be a lack of providers available that accept Medicaid or work on a sliding fee scale, not to mention the increasing cost of health care costs and health care insurance. Even with health care reform at our doorstep, it will continue to take years to address cost and accessibility issues.
Past implementation of the program has been derived from Florida Statute 411.01, Florida Administrative Code Chapter 60BB-4 that supports Early Learning and School Readiness programming. Supporting reports and documents can be located on its website and through its formal vision and mission statement. These resources, supported by local efforts, work with the children and families eligible for services that ultimately provide programming to assess the many aspects of children's development to ensure they are healthy and ready to begin school.

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

As outlined under Section 3, the FKAHEC provides no cost medical evaluations to specified at risk children of low income families that include ears, nose and throat, oral/dental, skin/scalp/hygiene (dermatological), vision, hearing, asthma/respiratory, nutrition, height, weight (proper growth and development), medications review, injury review, and vaccine/immunization review. Children with identified acute health concerns will be provided with a referral for specialty and/or follow-up care. These services will be paid for those who do not have medical insurance and financially qualify

[1] www.floridacharts.com

based federal poverty levels. The medical staff team of the FKAHEC will provide the medical exams, make referrals, provide direct follow-up services with the parents and provide follow-up exams approximately 6 months after the initial exams for those children with identified concerns.

Medical Examinations are provided and performed by a team of healthcare professionals that may include a Physician Assistant, Registered Nurses, Registered Dieticians, Medical Technicians, Volunteer Dentists and oral health care professionals, third and fourth year Medical Students, second year Nursing Students, Program Coordinators and Translators. Medical oversight of the program is provided by the University of Miami Medical School's Dept. of Family Medicine while the FKAHEC provides administrative oversight and implementation of the program. No program funding is utilized or will be utilized in the oversight of the program or to cover administrative costs. All funding received by the HSAB and other partners has historically gone to direct services and service provision.

13. Describe your target population as specifically as possible.

The target population for this program are the 425 children (another 71 on a waiting list), ages 1-5, living in Monroe County that are considered at-risk, living in low income and working poor families and receiving subsidized child care through the School Readiness program in one of the 40 plus Wesley House licensed daycare facilities and/or home sites. All children and families that are served meet the financial criteria of coming into the system at 150% of the FPL and can receive services until they exceed 200% of the FPL. These children are those who normally don't qualify for Medicaid because parent income is too high, but can't afford private insurance because parent income is too low. For those who may have an insurance program available to them, often there is no or few area providers in the county that accepts that insurance. This is especially true with oral health care.

14. How are clients referred to your agency?

Children are screened, approved and referred to our agency through the Early Learning Coalition of Miami-Dade/Monroe and Wesley House Family Services. Updated lists are provided semi-annually to the FKAHEC and as children are added to the program.

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

All children to receive medical exams and related services will have been approved by the Early Learning Coalition and Wesley House Family Services. Additional financial and medical documentation is requested by the Early Learning Coalition and FKAHEC for approval prior to secondary/specialty services being provided. These items may include current status of Medicaid, KidCare/Healthy Kids and/or private insurances as well as a family's financial records or documentation (Tax records or pay stubs).

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

As this project is currently in its sixth year there continues to be strong lines of communication and networking set in place between the FKAHEC, Early Learning Coalition, Wesley House Family Services, the 40 Daycare Facilities and home sites, the parents/caregivers as well as local health care providers. A strong system of referral, feedback, evaluation and patient/parent/provider contact has been developed and continues to improve. Professionals working with the FKAHEC on this project over the past years have been volunteer Dental professionals, third and fourth year

medical students from the University of Miami, Dartmouth and Nova Southeastern along with Barry University PA students and second year nursing students from FKCC.

The FKAHEC also continues to develop and maintain partnerships for services needed by its target population. Providers working with the program often offer no cost services, reduced price services, sliding fee scale services or payment based on Medicaid or enhanced Medicaid price points. Local providers associated with the program additionally have always provided appointments to needy children in an expedited manner due to the immediate needs of these children.

17. List all sites and hours of operation.

The FKAHEC currently has its primary office in the Middle Keys (Marathon) with staffing based in the three regional areas of Monroe County. The distribution of staff enhances our ability to cover all of Monroe County as programming is offered countywide. Normal office hours are from 8:00 AM to 5:00 PM, but staff hours are based on programming and can range from 6:00 AM to 10:00 PM including weekends depending on need.

Since December 2007 the FKAHEC also has a satellite office co-located at the Good Health Clinic in Tavernier and has a satellite office at Key West Orthopedics in Key West. Hours of Operation are the same.

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

The challenges the FKAHEC face are that our current funding sources are at best level or marginally lower from year to year while the cost of business has gone up on average 4-5% per year. The FKAHEC will not know it State allocation until late May 2010 or its Federal allocation until September 2010.

Last year the FKAHEC received a State funding decrease by 10% and anticipates a decrease by at least 10% for this upcoming year. Decreases have also been felt in the area of current and past grants as well as private contracts as many organizations and funding source have had less funding to partner on program development and delivery.

The FKAHEC has effectively been able to stretch funding to meet increasing needs and demands as well as secure other private/public grants and contracts to expand programming. It is our future intention to continue to cultivate and develop joint partnerships to identify funding and resources to complete programming that is beneficial to similar target populations as well as work with state and federal legislators to increase funding allocations.

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

The FKAHEC does not anticipate any significant internal structural or organizational challenges other than the need to address specific funding issues and our ability to continue to meet added demand for community based health care delivery programs.

External changes and challenges that are expected include an increasing population that continues to be identified that is in need of medical services. The target population for this program continues to grow, which now includes a 71 person waiting list. The FKAHEC will look to provide services for these children through its partnership with the Early Learning Coalition and Wesley

House Family Services by absorbing costs within its current budget, use of other grant funds, running a more efficient program and with the inclusion of other in-kind services. The FKAHEC and ELC in response to growing needs are able to provide internal resources to complete the program.

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

The FKAHEC Board consists of representatives and consumers of services that the FKAHEC provides. All members of the Board come from the healthcare, social service, allied health professional, business community, university or governmental professions. Any interested individual or agency may seek Board Membership based on available positions. Clients of this specific project are represented by agencies who participate on our Board of Directors and through community partnerships, forums and evaluations that are conducted.

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

The Florida Keys AHEC is directly monitored by the University of Miami School of Medicine's AHEC Program Office. In turn the AHEC Program Office is monitored by the Florida AHEC Network, Florida Department of Health and Health Resources Service Administration (HRSA). Our monitoring is completed by providing the Program Office with quarterly progress/program reports, monthly finance reports (the FKAHEC is on a Cost Reimbursement system with UM), an annual program report and a formal annual financial audit. The sub-contract that the FKAHEC signs with UM is highly detailed in the Scope of Work it is going to perform with a needs based budget submitted and approved. No formal written monitoring report is provided by the UM AHEC Program Office or Florida Dept. of Health unless we are in non-compliance with our contract.

22. 192 hours of program service were contributed by 14 volunteers in the last year. Volunteers included Dr. Denise Vedrenne (Dentist), FKCC Nursing students and 3rd year medical students from UM.

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

The FKAHEC will not be contracting with another agency for services, but will provide payment for approved specialty services that cannot be provided pro bono by physicians, dentists or other specialty care providers.

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

The measurable outcomes of the program will be:

1. Provide Medical Examinations with follow up visits for 90% of at risk children referred to the program.
2. Provide referral for 100% of children identified needing secondary or specialty care.
3. Provide follow-up services for 90% of those in need of secondary or specialty care.
4. Provide payment for specialty services for 100% of those who qualify and receive services.

25. How will you measure these outcomes?

Outcomes will be measured by the usage of medical and physical exam forms (Attachment R), follow-up on referrals, appointment making services, parent/caregiver contact and documentation, database entries, and reported outcomes as well as payment for services to specialty providers.

Semi-annual reports are provided for the Early Coalition and their advisory Board depicting services provided, related statistical information and programmatic costs.

26. Provide information about units of service below.

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Daycare Based Medical Exam (All Inclusive)	Medical Examination-1 Child and Follow-up Services	$25-$50
Physician/Specialist Exam	Medical Examination-1 Child	$50-$250
Dental Exam/Interventional Care	Medical Examination-1 Child (visit, filling x-rays)	$30-$1,500
Vision Exam	Medical Examination-1 Child (exam, lens, frame)	$180-$250

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

The FKAHEC continues to identify, treat and document the number of children throughout Monroe County who are knowingly or unknowingly suffer serious health problems and related chronic health concerns that are associated with a lack of proper health care. Many of these children would remain undiagnosed and untreated if it were not for this program taking its direct medical services to them. As supported by the University of Miami Miller School of Medicine the FKAHEC's medical team will continue to offer onsite direct medical services, which are by definition considered primary care, to our most vulnerable citizens.

As medical exams and educational events are planned and developed for the Early Leaning Coalition, the FKAHEC will focus its efforts on the approved School Readiness Performance Standards[2] that are outlined in support of the Healthy People 2020 Objectives[3]. These specific goals and outcomes relate directly to the desired outcomes of the project as well as referring identified children to providers for follow-up and specialty care. Coupling direct medical services with related health education and preventive components has proven to be extremely successful in past FKAHEC sponsored programming. The adherence to treatment plans, response to referrals and following of recommendations dramatically increases as individuals become aware of newly diagnosed and untreated medical conditions.

Services provided to children during health examinations will also provide necessary information for caregivers and parents so that they also may recognize the importance of primary and preventative care. As parents and caregivers are often our first teachers and role models, it is imperative that they have a firm understanding of the health risks facing our children, resources available to them and how to best prepare their children for a future of health and success. Early education, coupled with nurturing and stimulating programs/services that have been

[2] www.schoolreadiness.org/lc/lc_performance.asp?recordid=83
[3] http://www.healthypeople.gov/document/tableofcontents.htm#partb

proven to be developmentally appropriate, will assist children in developing the necessary tools needed later in life.

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	ATTACHED?		COMMENTS
IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	YES	NO	You must explain any "NO" answers
A. Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients and Services	X		
D – F. Financial Information	X		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are $150,000 or greater.	X		
H. Copy of IRS Form 990 from most recent fiscal year	X		
I. Copy of current fee schedule		X	We have not current fee schedules.
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	No Certification from DCF
M. Copy of any other Federal or State Licenses		X	No other licences
N. Copy of Florida Dept. of Health Licenses/Permits		X	No permits
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *		X	No Eval or Monitoring Report other than Audit
Q. Data showing need for your program (optional, see question 7)	X		
R. Other (specify) TWO PAGE LIMIT	X		

* must include summary of deficiencies and suggested corrective ac
responses and actions taken.

not required?

Attachment A

ATTACHMENT A 1 - BOARD INFORMATION

This attachment has changed; please note additional information request at bottom of page.

2010

You must have at least five directors.

Keys AHEC

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

Name/Board Position	Affiliation/Title	City/State	Telephone No.	Years Served	Current Term Expiration Date
Susan Gray, Ph.D., Ed.D.-Chair	Barry University/Professor	Tavernier	305-899-3900	11	4/30/2011
Jill Miranda Baker-Past Chair	Mariners Hospital/Physican Liason	Tavernier	305-434-1584	5	Permanent
Marlo DeMoss, CPA-Vice Chair	DeMoss Financial, Inc.,CPC, CFP	Islamorada	305-664-0034	4	4/30/2012
Debra Walker, Ph.D.-Treasurer	Monroe County School Board	Key Largo	305-293-1400	13	Permanent
Holly Merril-Secretary	State Representative Ron Saunders	Tavernier	305-853-1947	2	4/30/2011
Michael Henriquez, MS-At Large	Monroe County School District/Exec. Dir.	Key West	305-293-1400	5	4/30/2011
Kim Basset, RN- At Large	Fishermen's Hospital/CEO	Marathon	305-289-6201	11	Permanent
Fred Colvard, Ed.D.	Private Business	Marathon	305-743-0644	4	4/30/2012
Frank Greenman, PA	Private Attorney	Marathon	305-743-2351	2	4/30/2011
Bob Eadie, JD	Monroe County Health Dept.-Director	Key West	305-293-7543	4	Permanent
Arthur Fournier, MD	UM School of Medicine-Program Director	Miami	305-243-2847	20	Permanent
Scott Burns, MD	Private Practice	Marathon	305-289-4656	2	4/30/2011
Gary Goelz, RN	Lower Keys Medical Center/Nursing Dir.	Key West	305-294-5535	4	Permanent
Debbie Allish	FKCC School of Nursing/Dean	Key West	305-809-3265	1	Permanent
Irene Toner, FPEM	Monroe County EMS/Director	Key Largo	305-289-6055	6	4/30/2012
Robert Walker	Aids Help Inc./Exec. Dir.	Key West	305-296-6196	9	4/30/2010

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

updated in supplemental materials

Florida Keys Area Health Education Center
Annual Board of Directors Meeting
Wednesday April 29, 2009 - 6:00 PM
Hawks Cay Resort, Duck Key, Florida

MINUTES

Called to Order : 6:10 PM		**Time Adjourned: 7:30 PM**
Board Members Present:	Jill Miranda Baker, Kim Bassett, Scott Burns, Fred Colvard, Bob Eadie, Frank Greenman, Irene Toner & Debra Walker	
FKAHEC Staff:	Michael Cunningham, Barbara Cowen, Keith Harris, Laura Fowler, Jackie Eloy, Joyce Wagner, Tricia Hynes & Cora Yoose.	
AGENDA ITEM	**REPORTS/DISCUSSION**	**MOTION**
Welcome & Introductions		
Approval of Agenda:	A copy of the Agenda was emailed to the Board prior to the meeting.	A motion was made by Fred Colvard and seconded by Frank Greenman to approve the Consent Agenda as presented. **Motion approved unanimously.**
Consent Agenda:	Copies of all Minutes and Reports included in the Consent Agenda were emailed to the Board prior to the meeting. I. Minutes from Past Board & Executive Meetings II. Financial Report on State/Federal Expenditures (Core & Tobacco) III. Quarterly AHEC "Core" Reports" IV. Quarterly AHEC "Tobacco Reports" V. Executive Director's Report a. Grants/Contracts Update b. Mortgage Rate Update	A motion was made by Scott Burns and seconded by Debra Walker to approve the Agenda as presented. **Motion approved unanimously.**
New/Old Business: I. Board Membership-Slate Provided a. Election of Officers b. Review of Committee & Membership i. Seeking new volunteers.	Past Chair - Jill Miranda Baker Chair - Susan Gray Vice Chair - Marlo DeMoss Treasurer - Fred Colvard Secretary - Holly Merrill At Large - Kim Bassett At Large - Mike Henriquez Fred Colvard asked for his name to be removed from the Slate of Officers, due to personal reasons. Debra Walker volunteered to be Treasurer	A motion was made by Frank Greenman and seconded by Bob Eadie, to approve the Slate of Officers as amended (replacing Fred Colvard with Debra Walker as Treasurer) **Motion approved unanimously.**
FKCC New Member		A motion was made by Kim Bassett and seconded by Fred Colvard to approve Norman Olsen, Interim Dean of Health Professions, as the representative on the Board from FKCC **Motion approved unanimously.**

* new minutes sent w/ supplemented mat's

AGENDA ITEM	REPORTS/DISCUSSION	MOTION:
Committees:	A list was emailed to the Board prior to the meeting. Bob Eadie & Fred Colvard volunteered to be on the Finance Committee.	
	Michael thanked Jill for her serving as Board Chair for the past two years and reported that due to Jill's expertise in Marketing she had assisted Keys AHEC in their marketing approach, which has proved very successful. Michael presented to Jill a certificate to Little Palm Island in appreciation for her services.	
II. Legislative Update	Michael gave a legislative update and advised the Board he would keep them updated as soon as information is available.	
III. Scope of Work and Budget for FY 09/10	A Draft copy of the Scope of Work was emailed to the Board prior to the meeting, based on information available to date. This will change when final information is received.	A motion was made by Fred Colvard, seconded by Kim Bassett to allow the Executive Committee to approve the Budgets and Scope of Work, as soon as final information is available.
Discussion Items: I. Dental Program Update	Michael reported that the Dental Screenings for all 2nd & 7th grade students in county and public schools were complete. 80% of the children needed referrals for additional care, 37% had cavities and 10% emergency care cases. AHEC was able to provide payment for dental services for some of the children in need.	
II. Dental Sealant Program	Michael reported that he had submitted a grant application to the HFSF for the dental sealant project and received a score of 89 out of 100. During Michael's interview with HFSF it was discovered that Dan Smith of RHN had submitted a Federal grant which included dental sealing. As of January 17, 2009 the HFSF have placed AHEC's grant in a pending file until they have the results of the RHN application.	
II. FY 09/10 Board Schedule	A copy of the schedule was emailed to the Board prior to the meeting. Discussion took place regarding the schedule and it was agreed to have an extra meeting on March 2010 in order to have a legislative update.	A motion was made by Frank Greenman, seconded by Kim Bassett, to approved the Board Schedule as presented with an additional meeting in March 2010. **Motion approved unanimously.**
III. Strategic Plan review	A copy of the Strategic Plan was emailed to the Board prior to the meeting. Jill gave a brief review of the Goals.	

Attachment B

ATTACHMENT B - AGENCY COMPENSATION DETAIL

2010

Include each position in the entire agency.
Put an "X" next to each position directly related to program for which funding is requested.
Please round all dollar amounts to the nearest dollar; do not round FTE'S.
A 40-hour/week employee would be 1.00 FTE; a 20-hour/week employee would be .5 FTE, etc.

Keys AHEC

		Proposed - Upcoming Year Ending:		Projected - Current Year Ending:	
		_6/30/11		6/30/2010	
Position Title	**"X"**	**# FTE'S**	**Total Compensation Package**	**# FTE'S**	**Total Compensation Package**
Executive Director		1	117,071	1	115,871
Program Manager		1	42,886	1	47,986
Professional Education Director		1	63,939	1	61,939
Office/Finance Manager		1	54,508	1	52,508
Operations Coordinator		1	43,435	1	43,435
Recruitment Coord/Nurtition		1	50,400		
**Staff below is per diem based-no benefits*					
*Health Educator-HFSF/UM				0.05	2,100
***Medical-Registered Nurse/Dietician**	**X**	**0.2**	**14,000**	**0.2**	**12,000**
***Community Health Worker/Translator**	**X**	**0.13**	**5,000**	**0.13**	**5,000**
Tobacco Staff & Per Diem Data Asst		4	192,786	3	160,650
Phys, Asst, RN and Data Asst.					
HSAB Funding only supports the two positions listed above.					
Totals	**2**	**10.33**	**584,025**	**8.38**	**501,489**

travel ?

Attachment C

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

2010

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

Keys AHEC

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	Current # of Clients ("snapshot") as of 4/12/10
Direct Medical Services	Children ages 1-5 of all races and gender in Licensed Daycare Facilites and Home Sites. This identified population of children and families are considered living in working poor families, may be in protective supervision and come into the system at 150% for the FPL and may continue to receive services there until they exceed 200% of the FPL. All children are Monroe County Residents	425	Countywide Lower Keys-224 Middle/Upper-201	Monday though Friday, 8:00 AM to 8:00 PM, Based on hours of Daycare operations	743	469
					75% received secondary visits	
Unduplicated Clients for Entire Agency					469	469
(see instructions - this is not a total of the numbers above)						

Please indicate the number of clients served who are Monroe County residents: We have provided services for 469 unique patients with second visit scheduled

Please list or describe achieved outcomes for your target populations: The Target population has received their initial health exams as outlined in the application, referrals have been made to specialty care, case mnagement is beign provided and follow-up visits are scheduled for June/July of 2010. Any chid not see during the first round of visits will be seen at this time as well as any new children enrolled in the program. All delilverables continue to be met as outlined in the application.

Attachment D

ATTACHMENT D - COUNTY FUNDING BUDGET

2010
Keys AHEC

Show the proposed budget detail for the County funds requested.
The total must match with the total funding requested.

	Proposed Expense Budget for Upcoming Year Ending:	
	6/30/2011	
Expenditures	**Total**	**%**
Salaries (Medical Team/Support Staff)	19,000	47.5%
Payroll Taxes (Per Diem Staff-No Taxes)		0
Employee Benefits		0
Subtotal Personnel	19,000	47.5%
Postage		0
Office Supplies	1,000	2.5%
Telephone		0
Professional Fees		0
Rent		0
Utilities		0
Repair and Maint.		0
Travel	1,000	2.5%
Miscellaneous		0
Grants to Other Organizations		0
List others below		0
Medical Supplies and Materials	6,000	15.0%
Specialty Care	13,000	32.5%
		0
		0
		0
Total Expenses	**40,00**	

What is this?

Attachment E

ATTACHMENT E - AGENCY EXPENSES

2010

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

Keys AHEC

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2011		6/30/2010	
Expenditures	**Total**	**%**	**Total**	**%**
Salaries	472,160	33%	414,585	31%
Payroll Taxes	34,475	2%	30,175	2%
Employee Benefits	77,390	5%	56,729	4%
Subtotal Personnel	**584,025**	**41%**	**501,489**	**38%**
Postage	3,500	0%	3,500	0%
Office Supplies	6,000	0%	6,000	0%
Telephone	7,500	1%	7,000	1%
Professional Fees	3,200	0%	2,900	0%
Rent	38,000	3%	38,000	3%
Utilities	3,500	0%	3,500	0%
Repair and Maint.	300	0%	300	0%
Travel	19,505	1%	16,896	1%
Miscellaneous	500	0%	500	0%
Grants to Other Organizations		0	0	0
List others below		0		0
Accounting Audit	3,700	0%	8,100	1%
Insurances	6,500	0%	6,500	0%
Student Housing	30,000	2%	30,000	2%
Contract Per Diem Staff	24,000	2%	0	0
Computer-TA/Internet	2,500	0%	6,200	0%
Equipment Lease/New	4,500	0%	6,000	0%
Photocopying	3,800	0%	3,800	0%
Printing	3,000	0%	3,500	0%
Recruitment Programs	13,300	1%	5,500	0%
Retention Programs	14,500	1%	12,000	1%
Training/Service Programs	14,000	1%	14,000	1%
Community Health Programs	17,230	1%	16,700	1%
*Moffitt Cancer Center	0	0	87,000	7%
*Health Foundation/SNAP	206,000	14%	118,200	9%
*HSAB	40000	3%	35000	3%
*ELC	7500	1%	7500	1%
*Monroe County School District	40000	3%	40000	3%
*Tobacco	296887	21%	304264	23%
*State Dept.of Health-MRC/Osteo	37000	3%	37000	3%
Total Expenses	**1,430,447**	**100%**	**1,321,349**	**100%**
Revenue Over/(Under) Expenses	**0**		**0**	

? What accounts for change

?

Why are these in expense budget? Shouldn't the categories be broken up into the one listed here

Attachment F

ATTACHMENT F - AGENCY REVENUE

2010

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.
In-Kind will not be included in percentages or total.

Keys AHEC

	Proposed Revenue Budget for Upcoming Year Ending:			Projected Revenue for Current Year Ending:		
	6/30/2011			6/30/2010		
Revenue Sources	Cash	In-Kind	%-age of Total	Cash	In-Kind	%-age of Total
Monroe County-**HSAB**	40,000		3%	35,000		3%
Children and Fam	3,500		0%			0%
M.C. Sheriff's Dept.			0%	4,500		0%
Key West			0%			0%
Marathon			0%			0%
Islamorada			0%			0%
Layton			0%			0%
Key Colony Beach			0%			0%
Client fees			0%			0%
Donations			0%			0%
Sheriff Shared Asset			0%			0%
United Way			0%			0%
List all others below			0%			0%
University of Miami	1,016,447	10,000	71%	986,149	10,000	75%
Early Learning Coalition	7,500		1%	7,500		1%
Fl Dept of Health	37,000		3%	37,000		3%
M Cty School District	40,000		3%	40,000		3%
Health Foundation	206,000		14%	118,200		9%
Moffitt Cancer Ctr	0		0%	87,000		7%
USF	0		0%	6,000		0%
SNAP	80,000		6%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			100%			**100%**
Total Revenue	**1,430,447**	10,000		**1,321,349**	10,000	

Attachment G

FLORIDA KEYS AREA
HEALTH EDUCATION CENTER, INC.

Financial Statements and
Supplementary Information

For the Year Ended
June 30, 2009

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

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Florida Keys Area Health Education Center, Inc.:

We have audited the accompanying statement of financial position of Florida Keys Area Health Education Center, Inc. (a non-profit organization), as of June 30, 2009, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of Florida Keys Area Health Education Center, Inc's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, based on our audit and the report of other auditors, the financial statements referred to above present fairly, in all material respects, the financial position of Florida Keys Area Health Education Center, Inc. as of June 30, 2009 and the results of its operations and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Smith, Ortiz, Gomez - BZ PA

Coral Gables, Florida
September 17, 2009

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Statement of Financial Position

June 30, 2009

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
ASSETS				
Current Assets:				
Cash	$ 593,003	-	-	593,003
Accounts receivable - Grants	163,691	-	-	163,691
Accounts receivable - Special Projects	-	-	-	-
Other assets	1,549	-	-	1,549
Prepaid insurance	4,072	-	-	4,072
Total Current Assets	762,315	-	-	762,315
Investment in certificates of deposit	24,402	-	-	24,402
Plant, property and equipment	751,291	-	89,215	840,506
Less: accumulated depreciation	(65,972)	-	(44,207)	(110,179)
Plant, property and equipment, net	685,319	-	45,008	730,327
Security deposits	3,263	-	-	3,263
Total Assets	$1,475,299	-	45,008	1,520,307
LIABILITIES AND NET ASSETS				
Current Liabilities:				
Deferred income	$ 18,798	-	-	18,798
Current portion of long-term debt	8,028	-	-	8,028
Accrued compensated absences	57,626	-	-	57,626
Due to others	3,571	-	-	3,571
Total Current Liabilities	88,023	-	-	88,023
Mortgage payable, non current portion	368,314	-	-	368,314
Net assets	1,018,962	-	45,008	1,063,970
Total Liabilities and Net Assets	$1,475,299	-	45,008	1,520,307

The accompanying notes are an integral part of these Financial Statements.

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Statement of Activities

For the Year Ended June 30, 2009

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
SUPPORT, REVENUES AND RECLASSIFICATION				
Grants:				
University of Miami	$ -	1,001,454	-	1,001,454
Other State support/Grants	-	105,480	-	105,480
Special projects/Grants	-	230,882	-	230,882
Interest income	5,781	-	-	5,781
Net Assets Released from Restrictions:				
Restrictions satisfied by payments	1,314,048	(1,341,048)	27,000	-
Total Revenues	1,319,829	(3,232)	27,000	1,343,597
EXPENSES				
Program Services:				
Training	155,872	-	-	155,872
Recruitment	8,130	-	-	8,130
Retention	53,591	-	-	53,591
Total Program Services	217,593	-	-	217,593
Support Services:				
Management/Administration	984,483	-	32,184	1,016,667
Total Supporting services	984,483	-	32,184	1,016,667
Total Expenses	1,202,076	-	32,184	1,234,260
Change in Net Assets	117,753	(3,232)	(5,184)	109,337
Net Assets, beginning of year	901,209	3,232	50,192	954,633
Net Assets, end of year	$1,018,962	-	45,008	1,063,970

The accompanying notes are an integral part of these Financial Statements.

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Statement of Functional Expenses

For the Year Ended June 30, 2009

	Program Services				Support Services	
	Training	Recruitment	Retention	Total	Management and Administration	Total Expenses
EXPENSES:						
Compensation and Related Expenses:						
Employee Benefits	$ -	-	-	-	67,967	67,967
Payroll Taxes	-	-	-	-	30,311	30,311
Wages and Salaries	-	-	-	-	410,977	410,977
Total Compensation and Related Expenses	-	-	-	-	509,255	509,255
Occupancy:						
Insurance	-	-	-	-	11,721	11,721
Interest	-	-	-	-	25,961	25,961
Association fees	-	-	-	-	6,994	6,994
Rent expense	-	-	-	-	19,324	19,324
Telephone	-	-	-	-	12,245	12,245
Utilities	-	-	-	-	4,479	4,479
Total Occupancy	-	-	-	-	80,724	80,724
Administration:						
Audit and Accounting	-	-	-	-	9,073	9,073
Board Meeting Expenses	-	-	-	-	1,594	1,594
Office Expenses	-	-	-	-	52,013	52,013
Travel, Supplies and Meals	-	-	-	-	102,554	102,554
Total Administration	-	-	-	-	165,234	165,234
Programs:						
Community Programs	105,497	8,130	-	113,627	-	113,627
Continuing Education	-	-	53,591	53,591	-	53,591
Contracted services	-	-	-	-	229,270	229,270
Special Projects	4,531	-	-	4,531	-	4,531
Student Housing	45,844	-	-	45,844	-	45,844
Total Expenses before Depreciation and Loss on Disposal	155,872	8,130	53,591	217,593	984,483	1,202,076
Depreciation and Loss on Disposal	-	-	-	-	32,184	32,184
Total Expenses	$ 155,872	8,130	53,591	217,593	1,016,667	1,234,260

The accompanying notes are an integral part of these Financial Statements.

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Statement of Cash Flows

For the Year Ended June 30, 2009

Cash Flows from Operating Activities:	
Cash received from Grants and Special Project Revenues	$1,398,761
Net assets released from restrictions:	
Cash paid for management and administration	(992,002)
Cash paid for program services	(198,795)
Net cash provided by operating activities	207,964
Cash flows from Investing Activities:	
Decrease in security deposits	-
Redemption of certificates of deposits	31,568
Additions to plant, property and equipment	(7,736)
Disposition of fixed assets	8,962
Net cash provided by investing activities	32,794
Cash flows from Financing Activities:	
Repayments of mortgage payable	(7,478)
Net cash used by financing activities	(7,478)
Net increase in cash	233,280
Cash, at beginning of year	359,723
Cash, at end of year	$ 593,003

The accompanying notes are an integral part of these Financial Statements.

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Statement of Cash Flows

For the Year Ended June 30, 2009

Reconciliation of Change in Net Assets to Net Cash provided by Operating Activities	
Change in Net Assets	$ 109,337
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	32,184
(Increase) decrease in assets:	
Accounts receivables	55,164
Prepaid expenses	(1,145)
Increase (Decrease) in liabilities:	
Payables and accrued expenses	12,424
Net cash provided by operating activities	$ 207,964

Supplemental Data:

Interest paid	$ 25,961

The accompanying notes are an integral part of these Financial Statements.

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Notes to Financial Statements

June 30, 2009

(1) *Summary of Significant Accounting Policies*

(a) *Nature of Activities*

Florida Keys Area Health Education center, Inc. (the "Center"), a not for profit Corporation, was organized under the laws of the State of Florida on January 25, 1990 and received its recognition as an exempt organization under Section 501(c)(3) of the Internal Revenue Code. The Center's objectives are to effectively promote health and wellness through education, health assessments and professional development using partnerships and other contract-funded services, resulting in a healthier and better educated community.

(b) *Basis of Presentation*

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles. Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting standards (SFAS) No. 117 *"Financial Statements of Not-for-Profit Organizations"*; under which net assets, revenues, expenses, gains and losses are classified on the existence or absence of donor imposed restrictions. Accordingly, net assets of the Center and changes therein are classified and reported as follows:

- *Unrestricted Net Assets* - Net assets that are not subject to donor-imposed stipulations.

- *Temporarily Restricted Net Assets* - Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Center and/or the passage of time. When a restriction expires; temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

- *Permanently Restricted Net Assets* - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Center. Generally the donors of these assets permit the Center to use all or part of the income on any related investments for general or specific purposes.

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

(c) *Cash and Cash Equivalents*

For purposes of the statement of cash flows, the Center considers all highly liquid debt instruments purchased with maturity of three (3) months or less to be cash equivalents.

(d) *Property and Equipment*

Fixed assets acquired by the Center are considered to be owned by the Center and stated at cost. However State-funding sources may maintain equitable interest in tangible assets purchased with grant monies as well as the right to determine the use of any proceeds from the sale of these assets. The grant provider retains title in those assets purchased with its funds, which have a cost of $500 or more, and an estimated useful life of at least one year.

The Center follows the practice of capitalizing, at cost, all expenditures for fixed assets in excess of $500. Depreciation is computed o a straight-line basis over the useful lives of the assets generally as follows:

Building	39 years
Office equipment and furniture	3 to 10 years

The net fixed asset amount has been recorded as a separate component in restricted net assets.

(e) *Support and Revenue*

The Center receives its grant support primarily from the University of Miami (See Note 4). Support received from those contracts is recognized when program expenses incurred are billed to the University of Miami. Contract revenues presented in the statement of activities are principally cost reimbursement contracts and are stated at amounts equivalent to the program expenses incurred. Program expenses incurred and billed that remain uncollected at June 30, 2009 are reflected as accounts receivable - grants and special projects. Contract receipts in advance of program expenses incurred are deferred and recognized as revenue in the period in which the matching program expenses are incurred. The Center records revenue when earned. All expenses are recorded on the accrual basis and are charged against operations when incurred.

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

(f) ***Estimates***

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

(g) ***Functional Allocation of Expenses***

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

(h) ***Contributed Services / Donated Materials.***

No amounts have been reflected in the financial statements for contributed services inasmuch as there is no objective basis available to measure the value of such services. Donated material would be recorded at their fair market value. There were no material donations.

(i) ***Income Tax Status***

The Internal Revenue Service has classified the Center as a publicly supported, tax-exempt organization under Sections 501 (c)(3) and 170 (b) (1) (A) (VI) of the Internal Revenue Code. Therefore, no provision is made for income taxes. There are no unrelated business activities subject to income taxes.

(j) ***Compensated Absences***

The Center's policy permits employees to accumulate a limited amount of earned but unused vacation and sick leave, which can be paid to the employee at appropriate times. The total computed accrued liability at June 30, 2009 of $57,626 has been accrued for compensated absences.

(k) ***Allowance for Uncollectible Accounts***

All accounts are considered collectible since they are on a cost reimbursement basis with the grantor agencies.

(2) *Components of Program and Supporting Services*

The Center allocated its expenses on a functional basis among the following programs and support services. Expenses that can be identified with a specific program and support service are allocated directly according to their natural expenditure classification. Other expenses that are common to several functions are allocated by various statistical basis.

(a) *Training*

Training experience in community based settings in underserved areas.

(b) *Recruitment*

Selective recruitment of individuals most likely to select primary care as a specialty and to practice in underserved urban and rural areas.

(c) *Retention*

Through the implementation of incentives to retain health care practitioners in medically needy areas after they enter practice.

(d) *Management and Administration*

Management and administration includes the functions necessary to maintain an equitable employment program; ensure an adequate working environment; provide coordination and articulation of the Center's program strategy; secure proper administrative functioning of the Board of Directors; maintain competent legal services for the program financial and budgetary responsibility of the Center. See Statement of Functional Expenses.

(3) *Property and Equipment*

A summary of major classes of depreciable property follows:

	Estimated Useful Lives In Years	Original Costs	Depreciation Expense	Accumulated Depreciation	Net Value
Building	39 years	$ 751,290	19,264	65,973	685,317
Equipment	3-10 years	79,990	11,602	37,619	42,371
Furniture and Fixtures	7 years	9,226	1,318	6,587	2,639
		$ 840,506	32,184	110,179	730,327

Equipment, Furniture and Fixtures are subject to Grantor approval prior to disposal. For 2009, disposals amounted to $8,962.

(4) *University of Miami Grant/Special Project Revenues*

A summary of major classes of depreciable property follows:

(a) *University of Miami Grant*

The University of Miami supports the Florida Keys Area Health Education Center, Inc. through grants from federal and state funds received by them for that purpose. This is the major funding source for the Center. For the fiscal year ended June 30, 2009, the grants were administered by cost reimbursement.

(b) *Community Health Program Revenue*

Various institutions or agencies for various presentations such as cardiovascular disease, osteoporosis, cancer prevention, medical reserve corp and healthy aging education and direct medical service programs and projects.

(5) *Cash*

Cash and cash equivalents consist of the following:

Petty cash	$ 500
Checking - Operating	249,992
Checking - Money Market	29,472
Certificates of Deposit	313,039
	$ 593,003

(6) *Contingencies*

(a) *Grant*

The Center has ongoing agreements with the University of Miami, as a subcontractor for State and Federal grants. Grant monies received and disbursed by the Center are for general purposes within budgetary guidelines and are subject to audit by the grantor agencies. Such audits may result in requests for reimbursements due to disallowed expenditures. Based upon prior experience, the Center does not believe that such disallowances, if any, would have a material effect o the financial position of the center.

(7) *Lease Commitments*

The Center leases two (2) houses for student housing under annual operating leases and two (2) temporary office spaces.

The properties leased and the current rent, as of June 30, 2009, is as follows:

	Monthly Rent	Annual Rent
Executive Bay Club	$ 1,400	$ 16,800
28448 Yucatan	1,800	21,600
Temporary offices	1,610	19,320
	$ 4,810	$ 57,720

(7) *Lease Commitments* - *(Cont.)*

(a) *Operating Lease - Copier*

On January 31, 2007, the Center acquired a copier under an operating lease agreement which expires in January 2012. The monthly payments for this lease are $300 per month. Rental expenses on this lease for this fiscal year were $3,600.

Future minimum lease payment under this operating lease as of June 30:

2010	$ 3,600
2011	3,600
2012	2,100
2013	-0-
Thereafter	$ 9,300

(8) *Concentrations of Credit Risk*

(a) *Grant Funding*

Currently, the Center receives funding through the University of Miami and other private/public sources which may or may not be dependent upon state funds.

(b) *Cash*

The Center maintains accounts at several local financial institutions. During the year the accounts did not exceed the Federal Deposit Insurance Corporation insured limits of $250,000.

(9) *Fair Values of Financial Instruments*

The Center's financial instruments include cash and cash equivalents. The Center estimates that the fair value of all financial instruments at June 30, 2009, does not differ materially from the aggregate carrying value of its financial instruments recorded in the accompanying statement of financial position.

The estimated fair values have been determined using available market information and appropriate valuation methodologies. The carrying amounts of cash and cash equivalents in the statements of financial position approximate far values because of the short maturities of these instruments. Fair value approximates carrying value of the capital lease obligation since stated rates are similar to rates currently available to the center for a lease with similar terms and remaining maturity.

(10) *SEP Plan/Deferred Compensation Plan*

(a) *SEP Plan*

After one year of service, the Center's personnel are covered by a Simplified Employee Plan (SEP) plan for up to a maximum of 7% of their compensation. The plans are self-directed by the employees participating and at the end of the fiscal year there were five (5) eligible employees. Contributions made during 2009 for the participants were $16,300.

(b) *Deferred Compensation Plan*

A voluntary deferred compensation plan is available to all employees. Contributions up to 20% of compensation can be made up to a maximum of $12,000. To date no employees are participating.

(11) *Mortgage Payable*

At June 30, 2009, the Center had a mortgage payable to a bank totaling $376,342. The mortgage is payable in monthly installments of $2,786.56, including interest and is secured by the Center's office building. Interest accrues at 6.75% at June 30, 2009. Maturities are as follows:

Fiscal year ending June 30	
2010	8,028
2011	8,941
2012	9,564
2013	10,419
2014	11,612
Thereafter	327,778
Total	$ 376,342

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Schedule of Financial Assistance
(Single Audit)

For the Year Ended June 30, 2009

Program Title	Grant ID# CFDA #	Expenditure
Federal Awards:		
Model State Supported Area Health Education Center - University of Miami	93.107	$ 57,492
State Awards:		
University of Miami - Area Health Education Center	-	343,962
University of Miami - Tobacco Cessation Grant	-	600,000
Florida AHEC Network	-	-0-
Monroe County Health Department from Florida Department of Health	-	-0-
Florida Department of Health - Medical Reserve Corp	-	46,500
Florida Department of Health - Osteoporosis Grant	-	11,480
Early Learning Coalition	-	7,500
Monroe County School District (State and County Funded)	-	40,000
Total Awards		$ 1,106,934

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

To the Board of Directors of
Florida Keys Area Health Education Center, Inc.:

Compliance

We have audited the compliance of Florida Keys Area Health Education Center, Inc. ("the Center")(a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the year ended June 30, 2009 and have issued our report thereon dated September 17, 2009. The Center's major federal programs are identified in the accompanying schedule of federal and non-federal financial awards. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the Center's management. Our responsibility is to express an opinion on the Center's compliance based on our audit.

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

In our opinion, the Center complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended June 30, 2009.

Internal Control Over Compliance

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

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

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

Smith, Ortiz, King, BMPA

September 17, 2009

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

To the Board of Directors of
Florida Keys Area Health Education Center, Inc.:

We have audited the financial statements of Florida Keys Area Health Education Center, Inc., ("the Center")(a non-profit organization) as of and for the year ended June 30, 2009 and have issued our report thereon dated September 17, 2009. We conducted our audit in accordance with generally accepted auditing standards and Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance

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

Internal Control Over Financial Reporting

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

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

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

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

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

Smith, Ortiz, King, Bryn PA

September 17, 2009

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

To the Board of Directors of
Florida Keys Area Health Education Center, Inc.:

We have audited the compliance of Florida Keys Area Health Education Center, Inc. ("the Center") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement and the requirements described in the Department of Financial Services State Projects Compliance Supplement that are applicable to each of its major federal programs and state financial assistance projects for the year ended June 30, 2009. The Center's major federal programs and state financial assistance projects are identified in the summary of auditor's results sections of the accompanying Schedule of Findings and Questioned Costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs and state financial assistance projects is the responsibility of the Center's management. Our responsibility is to express an opinion on the Center's compliance based on our audit.

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

In our opinion, the Center complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal awards programs and state financial assistance projects for the year ended June 30, 2009.

Internal Control Over Compliance

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

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

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

Smith, Ortiz, Bing & Bjn PA

September 17, 2009.

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED JUNE 30, 2009

Section I – Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:	Unqualified	
Internal control over financial reporting:		
Material weakness(es) identified?	____ Yes	_X_ No
Reportable condition(s) identified that are not considered to be material weakness(es)?	____ Yes	_X_ None Reported
Noncompliance material to financial statements noted?	____ Yes	_X_ No

Federal Awards

Internal control over major programs:		
Material weakness(es) identified?	____ Yes	_X_ No
Reportable condition(s) identified that are not considered to be material weakness(es)?	____ Yes	_X_ None Reported
Noncompliance material to financial statements noted?	____ Yes	_X_ No
Type of auditor's report issued on compliance: for major programs:	Unqualified	
Any audit findings disclosed that are required to be reported in accordance with Section 510(a) of Circular A-133?	____ Yes	_X_ No

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
YEAR ENDED JUNE 30, 2009

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

Identification of major programs:

CFDA Number(s)	Name of Federal Program or Cluster
93.107	Model State Supported Area Health Education Center

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

Auditee qualified as low risk auditee? _X_ Yes ___No

Section II – Financial Statements Findings

We noted no material or reportable conditions.

Section III – Federal Award Findings and Questioned Costs

We noted no material or reportable conditions.

Attachment H

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/01/08 , and ending 6/30/09

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 5800 OVERSEAS HIGHWAY — Room/suite: 38

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

D Employer identification number: 65-0183810

E Telephone number: 305-743-7111

G Gross receipts $ 1,343,597

F Name and address of principal officer:

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

H(c) Group exemption number: ▶

L Year of formation:

M State of legal domicile:

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TRAIN, RECRUIT, AND RETAIN MEDICAL STUDENTS AND PROFESSIONALS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of employees (Part V, line 2a)	5	8
6 Total number of volunteers (estimate if necessary)	6	0
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	1,078,671	1,106,934
9 Program service revenue (Part VIII, line 2g)	175,078	230,882
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,675	2,051
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,263,424	1,339,867
Expenses		
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)	386,251	509,255
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)	780,656	722,488
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,166,907	1,231,743
19 Revenue less expenses. Subtract line 18 from line 12	96,517	108,124
	Beginning of Year	**End of Year**
Net Assets or Fund Balances		
20 Total assets (Part X, line 16)	1,387,947	1,519,094
21 Total liabilities (Part X, line 26)	433,314	456,337
22 Net assets or fund balances. Subtract line 21 from line 20	954,633	1,062,757

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ MICHAEL CUNNINGHAM — EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 11/12/09 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00380741

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CRUZ MORATO & ASSOCIATES CPA&CONSULTANTS
17 SHIPS WAY
BIG PINE KEY, FL 33043

EIN ▶ 65-0958914

Phone no. ▶ 305-872-3200

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

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
TRAIN, RECRUIT, AND RETAIN MEDICAL STUDENTS AND PROFESSIONALS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 446,863 including grants of $) (Revenue $)
TRAINING, RECRUITMENT, AND RETENTION OF MEDICAL STUDENTS TO ENGAGE IN PRIMARY HEALTH CARE IN UNDERSERVED RURAL AREAS OF MONROE COUNTY.

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

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

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 446,863 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Part IV Checklist of Required Schedules (continued)

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

DAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			2b	X
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	X
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Did the organization solicit any contributions that were not tax deductible?			6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

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

			Yes	No
1a	Enter the number of voting members of the governing body	1a 15		
b	Enter the number of voting members that are independent	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X

Section B. Policies

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Form 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: ▶ BARBARA COWEN 5800 OVERSEAS HIGHWAY, #38 MARATHON FL 33050 305-743-7111

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. Use Schedule J-2 if additional space is needed.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
MICHAEL CUNNINGHAM EX DIRECTOR	40	X						100,485	0	0
KIM BASSETT BOARD MEMBER	1	X						0	0	0
MICHAEL HENRIQUEZ BOARD MEMBER	1	X						0	0	0
JILL MIRNDA BAKER BOARD MEMBER	1	X						0	0	0
SCOTT BURNS BOARD MEMBER	1	X						0	0	0
FRED COLVARD BOARD MEMBER	1	X						0	0	0
ROBERT EADIE BOARD MEMBER	1	X						0	0	0
GARY GOELZ BOARD MEMBER	1	X						0	0	0
FRANK GREENMAN BOARD MEMBER	1	X						0	0	0
NORMAN OLSEN BOARD MEMBER	1	X						0	0	0
IRENE TONER BOARD MEMBER	1	X						0	0	0
ROBERT WALKER BOARD MEMBER	1	X						0	0	0
SUSAN GRAY PRESIDENT	1			X				0	0	0
MARLO DEMOSS VICE CHAIR	1			X				0	0	0
DEBRA S WALKER TREASURER	1			X				0	0	0
HOLLY MERRILL SECRETARY	1			X				0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Total ▶								100,485		

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,001,454			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	105,480			
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a–1f ▶		1,106,934			
Program Service Revenue		Busn. Code				
	2a SPECIAL PROJECTS: MISC		230,882	230,882		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f ▶		230,882			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		5,781	5,781		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis & sales exps.		3,730			
	c Gain or (loss)		-3,730			
	d Net gain or (loss) ▶		-3,730	-3,730		
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Busn. Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d ▶					
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		1,339,867	232,933	0	0

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	100,485		100,485	
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	310,492		310,492	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,072		6,072	
9 Other employee benefits	61,895		61,895	
10 Payroll taxes	30,311		30,311	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,073		9,073	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	45,844	45,844		
17 Travel	102,554		102,554	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,594		1,594	
20 Interest	25,961		25,961	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,667		29,667	
23 Insurance				
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 CONTRACTED SERVICES	229,270	229,270		
b COMMUNITY PROGRAMS	113,627	113,627		
c CONTINUING EDUCATION	53,591	53,591		
d OFFICE EXPENSES	52,013		52,013	
e RENT EXPENSES	19,324		19,324	
f All other expenses	39,970	4,531	35,439	
25 Total functional expenses. Add lines 1 through 24f	1,231,743	446,863	784,880	
26 Joint Costs. Check here ▶ ☐ 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				

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Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		103,623	1	279,964
	2 Savings and temporary cash investments		256,100	2	313,039
	3 Pledges and grants receivable, net			3	
	4 Accounts receivable, net		218,855	4	163,691
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges		4,476	9	5,621
	10a Land, buildings, and equipment: cost basis	10a 840,507			
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 111,393	754,774	10c	729,114
	11 Investments—publicly traded securities			11	
	12 Investments—other securities. See Part IV, line 11			12	
	13 Investments—program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11		50,119	15	27,665
	16 Total assets. Add lines 1 through 15 (must equal line 34)		1,387,947	16	1,519,094
Liabilities	17 Accounts payable and accrued expenses		52,866	17	84,452
	18 Grants payable			18	
	19 Deferred revenue			19	
	20 Tax-exempt bond liabilities			20	
	21 Escrow account liability. Complete Part IV of Schedule D			21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties		376,514	23	368,314
	24 Unsecured notes and loans payable			24	
	25 Other liabilities. Complete Part X of Schedule D		3,934	25	3,571
	26 Total liabilities. Add lines 17 through 25		433,314	26	456,337
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		901,209	27	1,020,285
	28 Temporarily restricted net assets		3,232	28	
	29 Permanently restricted net assets		50,192	29	42,472
	Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds			32	
	33 Total net assets or fund balances		954,633	33	1,062,757
	34 Total liabilities and net assets/fund balances		1,387,947	34	1,519,094

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 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?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2008

Attachment Sequence No. **67**

Name(s) shown on return: FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Identifying number: 65-0183810

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	10,479

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	19,188
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	29,667
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2008)

THERE ARE NO AMOUNTS FOR PAGE 2

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Employer identification number 65-0183810

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

The organization is not a private foundation because it is: (Please check only one organization.)

1 [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)

4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III–Functionally Integrated d [ ] Type III–Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? [ ]

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? — 11g(i) Yes [ ] No [ ]

(ii) A family member of a person described in (i) above? — 11g(ii) Yes [ ] No [ ]

(iii) A 35% controlled entity of a person described in (i) or (ii) above? — 11g(iii) Yes [ ] No [ ]

h Provide the following information about the organizations the organization supports.

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

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

DAA

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	725,463	657,203	820,109	1,253,749	1,106,934	4,563,458
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 1-3	725,463	657,203	820,109	1,253,749	1,106,934	4,563,458
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						4,563,458

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	725,463	657,203	820,109	1,253,749	1,106,934	4,563,458
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,952	6,768	6,320	9,675	2,051	29,766
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12 4,593,224

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) ..... 14 99.3520 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f ..... 15 99.2962 %

16a 33 1/3 % support test—2008. 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 ▶ ☒

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

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

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

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

DAA

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

b **33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or 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 ▶ ☐

DAA

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization
FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Employer identification number
65-0183810

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

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

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

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

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 ▶ $ _ _ _ _ _ _ _

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

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

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

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

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

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

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

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 organization answered "Yes" to Form 990, Part IV, line 10.

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

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

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	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)		840,507	111,393	729,114
▶				729,114

DAA

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO OTHERS	3,571
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	3,571

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 Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,339,867
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,231,743
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	108,124
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,213
9	Total adjustments (net). Add lines 4-8	9	1,213
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	109,337

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

1	Total revenue, gains, and other support per audited financial statements			1	1,343,597
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	3,730		
e	Add lines 2a through 2d			2e	3,730
3	Subtract line 2e from line 1			3	1,339,867
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	1,339,867

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

1	Total expenses and losses per audited financial statements			1	1,234,260
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,234,260
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	-2,517		
c	Add lines 4a and 4b			4c	-2,517
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	1,231,743

Part XIV Supplemental Information

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

PART XI, LINE 8 - RECONCILATION OF CHANGES - OTHER

DISPOSAL OF ASSETS

DIFFERENCE IN DEPRECIATION & DISPOSAL OF ASSETS $ 3,730

$ -2,517

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DISPOSAL OF ASSETS

$ 3,730

DAA

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

DIFFERENCE IN DEPRECIATION & DISPOSAL OF ASSETS $ -2,517

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Employer identification number 65-0183810

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE COMMITTEE REVIEWS EXECUTIVE DIRECTORS YEARLY

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

EXECUTIVE DIRECTOR REVIEWS EMPLOYEES YEARLY

Attachment J

Internal Revenue Service

Department of the Treasury

District Director — Delaware-Maryland District

31 Hopkins Plaza, Baltimore, MD 21201

MAY 28 1998

FLORIDA KEYS AREA HEALTH EDUCATION
CENTER PROGRAM INC.
8901 OVERSEAS HIGHWAY
MARATHON, FL 33050-3250-018

P.O. Box 13163
Baltimore. MD 21203

Employer Identification Number:
65-0183810

Person to Contact:
EP/EO Tax Examiner

Telephone Number:
(410) 962-6058

Date: MAY 19, 1998

Dear Sir/Madam:

This is in response to your inquiry dated 03/19/98, requesting a copy of the letter which granted tax exempt status to the above named organization.

Our records show that the organization was granted exemption from Federal Income Tax under section 501(c)(3) of the Internal Revenue Code effective JULY, 1990. We have also determined that the organization is not a private foundation because it is described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you under section 170 of the Code.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during the calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than $25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally $25,000 or less, and sign the return.

A copy of our letter certifying the status of the organization is not available, however, this letter may be used to verify your tax-exempt status.

Because this letter could help resolve any questions about your exempt status, it should be kept in your permanent records.

Sincerely yours,

Paul M. Harrington
District Director

Attachment K

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

RECEIPT# 46115-67188

Business Name: FLORIDA KEYS AREA HEALTH EDUCA TION CENTER INC

Owner Name: FLORIDA KEYS AREA HEALTH EDUCA
Mailing Address: 5800 OVERSEAS HWY #38
MARATHON, FL 33050

Exemption: 003-30.00: NON PROFIT
Business Location: 5800 OVERSEAS HWY 38
MARATHON, FL 33050
Business Phone: 305-743-7111
Business Type: SCHOOLS REGULATED (SCHOOL FOR HEALTH CARE WORKERS REGULATED)

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

For Vending Business Only
Number of Machines : Vending Type :

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

PAID-103-08-00001166 07/28/2009 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT WHEN VALIDATED

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

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

Attachment O

Florida Keys AHEC EEO Policy

❖ Equal Employment Opportunity

FKAHEC has long had a policy of providing Equal Opportunities for all persons in employment. It is the policy of the FKAHEC that all qualified applicants for employment will be recruited, hired and evaluated on the basis of merit without regard to race, creed, age, color, sex, national origin, ancestry, disability or Vietnam Era Veteran Status or any other legally protected status in accordance with applicable local, state and federal laws. The employment policies of the FKAHEC have been, and will continue, to ensure that all employees are treated equally with no discrimination in compensation, opportunities for advancement (including promotions and transfers), training and discipline. This policy extends to all terms, conditions and privileges of employment as well as the use of all company facilities and participation in all company-sponsored activities.

Harassment, retaliation, coercion, interference or intimidation of any employee because of that employee's race, religion, color, national origin, ancestry, sex, age, sexual orientation or disability is strictly forbidden. Any employee who experiences such activity should complete an incident report form, report it immediately to his/her supervisor or a Florida Keys AHEC, Inc. officer.

Attachment R

Early Learning Coalition of Miami-Dade/Monroe
2555 Ponce de Leon Blvd. 5th Floor; Coral Gables, FL 33134
Tel: (305) 646-7220 **Fax:** (305) 447-1608 **Web:** www.elcmdm.org

2009 - 2010 Board of Directors

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David Williams Jr.

President & CEO
Evelio C. Torres, M.P.A.

March 11, 2010

To the Monroe County Human Services Advisory Board:

This letter is written in support of the Florida Keys Area Health Education Center (FKAHEC) application for funding for the comprehensive child health screening project for the 2010-2011 program year. This project will target approximately 425 at-risk, low income and working poor children, ages birth to five, receiving School Readiness subsidized early education and care at 20 child care centers and 38 family child care homes Keys-wide.

The Early Learning Coalition (ELC) and its School Readiness provider, Wesley House Family Services, has a long standing relationship with the Florida Keys Area Health Education Center. The ELC contracted with FKAHEC in 2004-2005 to conduct the comprehensive health screening project funded through a one-time state grant. In 2005-2006 the ELC contracted with FKAHEC to conduct this project through a one-time grant from the Community Foundation of the Florida Keys "My Key West Emergency Relief Fund." Financial assistance was made available to parents who were uninsured or underinsured. A similar grant project was completed in the Middle and Upper Keys through the Sheriff's Shared Asset Forfeiture Fund.

Sustainability of this worthwhile project has been problematic due to the limited availability of on-going funding. Thanks to the support of the Monroe County Human Services Advisory Board during the 2006-2007, 2007-2008, 2008-2009 and the current 2009-2010 program year, FKAHEC has been able to provide a comprehensive Keys-wide project to insure equal access to health services for our county's youngest and most vulnerable population of children. Recognizing the county's current budgetary constraints, the ELC will again provide $7,500 toward this collaborative project to offset anticipated funding deficits.

This project provides preventive health care screenings. State of the art vision and hearing screening equipment insure early detection of problems and timely intervention. The state's School Readiness performance standards for children ages birth to five recognize that good general health and development are necessary to optimize learning and set the foundation for future success in school and life.

Thank you for your time and consideration.

Sincerely,

Evelio C. Torres, M.P.A.
President and CEO