

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

Agency Name	Florida Keys Healthy Start Coalition
Physical Address	1100 Simonton St., Key West, FL 33040
Mailing Address	P.O. Box 6166, Key West, FL 33041
City, State, Zip	Key West, FL 33040
Phone	305-293-8424
Fax	305-293-8542
Email	ceo@keyshealthystart.org
Who should we contact with questions about this application?	Arianna Nesbitt

Amount received for prior fiscal year ending 09/30/09	\$9,430
Amount received for current fiscal year ending 09/30/10	\$5,000
Amount requested for upcoming fiscal year ending 09/30/11	\$ 25,500

## 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 *Duane Webb*

Date: 4/7/10

Typed Name of Board President/Chairman:

Signature *Holly Merrill*

Date: 3/4/10

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

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

The Florida Keys Healthy Start Coalition supports healthy birth outcomes through healthcare related services for new and expectant families in Monroe County.

2. List the services your agency provides.

The Florida Keys Healthy Start Coalition is charged by the Florida Department of Health with administrating and overseeing the Healthy Start program. According to state statute, we must contract with outside organization(s) to provide Healthy Start direct services. The Monroe County Health Department, under management by the Florida Keys Healthy Start Coalition, provides Healthy Start prevention and education services to pregnant women, new mothers and infants to age three. Services are provided free of charge and include: home-visits, stress-management, parenting skills, nutritional information, smoking cessation counseling, childbirth education, breastfeeding education, baby-spacing information, and help accessing financial assistance for pregnancy and infant care costs.

The Coalition is also responsible for community outreach and education for all maternal and child health concerns in Monroe County. Specific initiatives undertaken by the Coalition include:

- Healthy Babies Program which funds prenatal care for uninsured and underinsured pregnant women.
- Bi-annual educational inserts in Cooke Communications newspapers throughout the county with timely information about Coalition programs and activities and maternal and child health topics.
- Trainings for service providers on breastfeeding education, childbirth education
- Loan program for new Healthy Start and other community mothers to borrow hospital grade breast pumps in order to encourage and facilitate breastfeeding.
- Transportation vouchers for clients to use Key West and Lower Keys Shuttle bus services.
- New parent resource packets given to all mothers who give birth at Lower Keys Medical Center.
- Certification trainings for technicians to install child passenger safety seats, as well as events to offer inspection of proper car seat installations and distribution of new seats to families in need.
- Trainings for medical providers on Healthy Start screening process.
- Provide directory of maternal and child health resources to community service providers.
- Provide materials on interconceptional care to women's health clinics, churches, doctor's offices, community centers.
- Five "Touch of Wellness" interactive kiosks that provide personalized health information and referrals to local resources.
- Zero Exposure Project. This is a comprehensive effort toward prevention of Fetal Alcohol Spectrum Disorders (FASD) and other risks to unborn children which result when the mother consumes alcohol or other harmful substances. Ordinances have been passed by Monroe County, the city of Key West and the Village of Islamorada requiring bars and restaurants to post signs warning of the dangers to an unborn child when the mother drinks alcohol.
- Teacher trainings on FASD for Monroe County teachers and other community agencies. Overview of FASD and tools for recognizing and helping children who may be affected by these disorders.
- Screenings of children thought to be at risk for FASD effects through comprehensive assessments conducted by a team of experts from the Florida Center for Child and Family Development.

3. What services will be funded by this request?

Prenatal visits for uninsured and underinsured pregnant women.

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

Yes

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

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

The Coalition's Base contract funding from the Florida Department of Health is contingent on meeting match requirements every year.

b. grant amount:

\$544,477 (this is the number from FY09-10; FY10-11 numbers are unknown as the state legislature is still negotiating the Healthy Start budget.)

c. match percentage requirement and amount:

\$37,500 is required to leverage our total state contracts. This represents 7% of FY09-10 funding, or a nearly 15 to 1 match.

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."*

No.

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, Sheriff's Shared Asset Forfeiture Fund, \$9,184.00

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

Our agency addresses needs in the community related to poor maternal health; infant mortality and morbidity; infant mal nutrition; birth defects; developmental delays; social and behavioral difficulties in young children; and teen pregnancy.

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

Out of the 749 resident births in Monroe County in 2008, 143 births were to uninsured mothers. This represents 19.1% compared to the state average of 10.7%. The Coalition assisted 43 (30%) of these uninsured mothers through the Healthy Babies Program in FY08-09.

Monroe County ranks in the highest risk or second highest risk quartile in the state on many important maternal and child health indicators:

Highest risk (4<sup>th</sup> quartile):

- i. women with no personal doctor (26.7%)
- ii. Cesarean births (38.7%)
- iii. females over 17 who engage in binge drinking (18.6%)
- iv. little English spoken in family, linguistically isolated (9.2%)
- v. births to mothers over age 35 (4.6%)

2<sup>nd</sup> highest risk quartile in the state for:

- i. births to unwed teen mothers age 15-19 (87%)
- ii. births to mothers with late or no prenatal care (5.8%)
- iii. births to mothers with inadequate prenatal care (32.7%)
- iv. very low birth weight (1.7%)
- v. preterm births less than 37 weeks (13.9%)

*(Florida Charts 2008 <http://www.floridacharts.com/charts/viewrpt.aspx?ID=1013450&Prompt0=44&Prompt1=2008>)*

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

Large population of uninsured and underinsured women; high cost of living and low wages; low ratio of OB/GYN and Pediatric doctors to patients; access to Medicaid due to difficult application process and sensitive time issues for pregnant women; limited services by existing OB/GYN and Pediatric doctors to service non-English speaking and Medicaid patients. single mothers with little education; geographic and transportation difficulties in finding and accessing care; domestic violence; lack of knowledge or resources to prevent pregnancy; lack of self-esteem.

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

The Coalition advocates within the medical community to encourage OB/GYN doctors to participate in the Healthy Babies program by offering reduced fee services for uninsured and underinsured clients; provides transportation vouchers for bus service and taxi for pregnant women and families with sick babies in Miami; works closely with and supports all other child-related agencies to ensure seamless networking and referral of services (many of these agencies have a presence on the Coalition's board); recruits and contracts with interpreters in Spanish and Creole; offers educational classes on childbirth, breastfeeding, parenting skills; provides signage to bars, restaurants and retail outlets warning of the risk of drinking alcohol while pregnant.

13. Describe your target population as specifically as possible.

Our target population includes all women in Monroe County of childbearing age; those who are considering becoming pregnant, or are currently pregnant, and their infants to age 3, regardless of income, socioeconomic status or immigration status. As the umbrella organization responsible for promoting maternal and child health, the Coalition provides education and outreach to the entire community, whether Healthy Start clients or not. Women may become clients of the Healthy Start program through screening for risk factors and referrals; based on their screening score, the level of service needed is determined. Women may also self refer and will be offered services as per their request and their need.

14. How are clients referred to your agency?

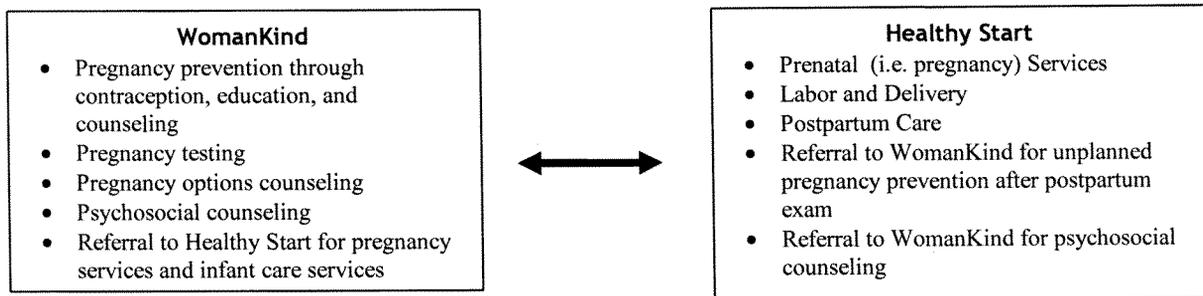
It is mandated by the State of Florida that OB/GYNs screen new patients upon their first prenatal visit. This prenatal screen determines how many risk factors are present which may decrease the likelihood of a mother having a healthy baby. Eligibility for Healthy Start services is determined by the number of risk factors noted on the Prenatal screen. The screens are picked up weekly by Healthy Start staff and high risk patients are contacted for referral to the program. Additional referral sources are self referral, physician referral, other social service agencies (Wesley House, Domestic Abuse Shelter, Florida Keys Outreach Coalition, Lower Keys Medical Center, Monroe County School District, Healthy Families, Monroe County Detention Center), public service announcements and community outreach. Infant clients are referred through infant screens conducted at the time of birth at the hospital. Healthy Start staff visits the hospital daily to collect infant screens and refers high scoring infants for services. Infants delivered out of county are referred through nurses, social workers, and staff at Miami-Dade hospitals.

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

In the Healthy Babies program for which we are seeking funding from HSAB, the client must be enrolled in Healthy Start, must have applied for Medicaid and have been turned down (for prenatal financial assistance.) The Healthy Start Care Coordinator must refer the client as a candidate for Healthy Babies. An income verification form must be filled out by the client and signed by the employer; eligibility is determined using the Department of Health's annual income guidelines based on family size. Finally the executive director of the Coalition must approve the application and the client must be accepted by the provider.

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

The Coalition holds formal and informal arrangements with other community partners, in order to achieve maximum efficiency in serving the needs of the community and avoid duplication of services.



The above diagram illustrates that services provided by the Coalition and WomanKind are **complementary**, not overlapping or duplicated. The two agencies are independent entities that collaborate to provide a continuum of care to women across the lifespan. There is a memorandum of agreement in place for WomanKind to provide psychosocial counseling to Healthy Start clients. WomanKind provides office space and staffing for this program, which

is part of state funded Healthy Start direct services that must be contracted to outside providers.

**Other collaborative agreements with community partners include:**

- Contracts with local OB/GYN's to provide discounted prenatal care to high risk uninsured and underinsured Healthy Babies clients
- Attendance at the bi-monthly OB/GYN-Peds meeting at the hospital
- Memorandum of agreement (MOA) between FKHSC and Wesley House's Healthy Families program to ensure that infants and their families receive all the services they need while preventing duplication of services between the two agencies
- Participation in meetings with networking entities, including the newly formed Children's Group, and CEO Forum. Creation of a new parent brochure to be used by all agencies, which includes a referral form for clients who may need services from any local agency. Agencies include Florida Keys Outreach Coalition, Samuel's House, Children's Medical Services, Easter Seals, and the Domestic Abuse Shelter, Early Steps, Early Learning Coalition of Miami-Dade, Child Find, Monroe County Detention Center.
- Established relationships with Miami-Dade hospitals which frequently deliver Keys babies and/or serve premature infants, including Homestead Hospital, Baptist Hospital, Jackson Memorial Hospital and Miami Children's Hospital. Hospitals have resource guides for all maternal and child health services in the Keys, and the Coalition's Executive Director and Community Liaison make regular in-person visits to ensure that the hospitals are aware of services available for Keys residents.

17. List all sites and hours of operation.

Coalition Office: Gato Building at 1100 Simonton Street, Key West, FL 33040

Hours of operation: Monday through Friday, 8 am to 5 pm

Healthy Start:

Lower Keys Gato Building at 1100 Simonton Street, Key West, FL 33040.

Middle Keys Ruth Ivan Building at 3333 Overseas Highway, Marathon, FL 33050.

Upper Keys Roth Building on High Point Road, Tavernier, FL 33070.

Hours of operation are from Monday through Friday from 8 a.m. to 5 p.m.; however, care coordinators often do home visits on off-hours to accommodate the clients' time schedules.

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

As an agency that receives a majority of our funding from the state of Florida, we are facing budget shortfalls as are many government funded agencies. The state legislature is currently debating how much the Healthy Start budget will be cut, and the latest information indicates that it may be as much as 22% from our general funding. Imposing more difficult income requirements for pregnant women to be eligible for Medicaid is also being proposed, which will result in an increase in the numbers of women seeking assistance from the Healthy Babies program. Successful fundraising efforts over the past year have made us more resilient to the funding decisions made in Tallahassee yet we will need to continue to find creative solutions to maintain not only the Healthy Start Program at its current capacity, but the essential auxiliary services the Coalition provides such as the Healthy Babies Program for which funding is requested from HSAB. Possible co-location with another agency(s) to share physical resources may be considered in the future.

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

Our population trend in Monroe County (US Census) has declined 6.1% since 2000, yet our birth rate has increased 2% from 731 average births in 2002 to 749 average births for 2006-2008 according to 2008 data from Florida Charts data (floridacharts.com.) The national birth rate is also on an upward trend, particularly among unwed and teenage mothers.

Funding cuts for school wellness nurses over the past two years has had a detrimental effect on early intervention and prevention access for teens. Addressing teen pregnancy and wellness will necessitate a collaborative effort among all the agencies and entities that are impacted by the outcome of poor choices made by our teens, as well as those with best access to institute systemic changes and programs.

Costs of prenatal care, along with all medical costs, continue to increase. The economic decline has created a greater need for services as families struggle to provide the basic necessities. Increased stress caused by economic hardship directly impacts maternal risk factors such as nutrition, domestic violence, housing issues, substance abuse and lack of an adequate support system. 19.1% of pregnant women in Monroe County are uninsured, nearly twice the state average. Keeping current medical providers and recruiting new providers in the Keys is a constant challenge; as is the need to expand services located in the Middle and Upper Keys. Plans to respond to these challenges include seeking additional funding sources; contracting with midwife providers in the upper Keys; exploration of a birthing center which would offer group prenatal care at much lower cost, implementing additional service and educational programs throughout the Keys.

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

Client input is very important to the continued success in achieving our mission and goals; client surveys are done each quarter and the data is compiled and included in our quarterly reports. The Coalition conducts quarterly Quality Assurance reviews through which clients are consulted directly for their feedback on services. We continue to seek client representatives to sit on the Coalition and consider creative ways to alter meeting times in order to accommodate client's schedules.

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

The Coalition is monitored through on-site or desk audit by the Florida Department of Health on a yearly basis, and quarterly reports of all our programs are submitted and reviewed.

A financial review of the books is conducted every year by an outside CPA, with a full audit conducted every third year. The Florida Department of Health is also currently conducting a financial audit for calendar year 2009.

22. 220 hours of program service were contributed by 15 volunteers in the last year.

Due to HIPPA laws regarding client confidentiality, the Coalition cannot utilize volunteers for direct services, however we do use them for administrative, education, and outreach purposes

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

As it would be cost prohibitive to have an OB/GYN on staff, the Coalition contracts with 4 local OB/GYN physicians for our Healthy Babies program. These doctors provide the necessary prenatal care for high risk clients who qualify for the Healthy Babies program due to their financial and/or uninsured/underinsured circumstances.

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

We plan to accomplish the following outcomes over the next year:

- 1) Decrease births to mothers with inadequate prenatal care from 32.7% to 25%
- 2) increase the number of women entering into first trimester prenatal care from 78% to the national goal 84% ( National Goal)
- 3) maintain Healthy Babies clients served from at no less than 30% of total uninsured pregnant women
- 4) increase in-county perinatal care from 75% to 85% (high county C-section rate is due in part to 25% of women who deliver babies in Miami-Dade County, which has the highest C-section rate in the state.)

25. How will you measure these outcomes?

- 1-3) Data provided by the State, using statistics from the charts website provided by the Florida Department of Health (<http://www.floridacharts.com/hs/hslogon.asp>)
- 4) ACHA (American Health Care Association) hospital data

26. Provide information about units of service below.

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Prenatal Care	10-15 visits depending on when client enters care	\$1,700 flat rate fee to doctor; with reserves for additional testing (pending case-by-case approval) up to \$2,500 cap per client

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

As we have requested in the past, we again would like the advisory board to include our proposal under the medical services rather than core services category. The board has raised the issue that the Florida Keys Healthy Start Coalition does not provide primary medical services as the reason for not being in the medical services category. We offer the following explanation for why we feel this is the proper category for funding to the Healthy Babies Program:

Services provided through the Healthy Babies program (prenatal care) are primary medical services. It was decided to make the providers, who are private practice OB/GYNs, independent contractors rather than employees of the Coalition as the most cost effective use of resources for our demographic population. **While we do not provide hands-on services, this program facilitates primary medical services for these women who would otherwise delay or forego prenatal care due to their inability to pay.**

Women and their unborn children who do not receive adequate prenatal care are much more likely to have complications in childbirth, requiring extended hospital stays at a much greater cost, both physical and financial, than would have been incurred had they received proper prenatal care. These costs are most often borne by taxpayers. Babies with challenges before and at birth often present a greater burden on other social service agencies as they get older. For every \$1 spent on prenatal care and support, \$6 is saved over the lifetime of the child.

We respectfully request that FKHSC be moved from the core services category to the medical services category, since funds provided through this grant will go directly to medical providers for primary medical services.

Thank you.

### **Required Attachments**

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

## ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
A. Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients and Services	X		
D – F. Financial Information	X		
G. Copy of most recent CPA Audit Report or financial statement *	X		FY07-08 financial review attached; 08-09 audit in process
H. Copy of most recent IRS Form 990	X		FY08-09 990 will be completed by May 15, 2010. Can provide after that date if requested.
I. Copy of current fee schedule		X	n/a
J. Copy of IRS Tax Exempt 501(c)(3) Certificate	X		
K. Copy of Current Monroe County and City Occupational Licenses		X	n/a
L. Copy of Florida Dept. of Children And Families License or Certification		X	n/a
M. Copy of any other Federal or State Licenses		X	n/a
N. Copy of Florida Dept. of Health Licenses/Permits		X	n/a
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	X		
Q. Data showing need for your program (optional, see question 7)		X	in body of application
R. Other (specify) TWO PAGE LIMIT	X		letter of support

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



**Florida Keys Healthy Start Coalition**  
Annual Meeting  
December 1, 2009 10 a.m. – 2 p.m.  
Marathon Yacht Club

**Minutes**

**I. Welcome and introductions**

Coalition members present: Cheryl Cottrell, Lilia Solis-Dean, Liz MacGard, Stanley Sack, Susanne Imperato, Mary Williams, Linda Welsh, Michael Cunningham, Denise Vedrenne, Jessica Lariz, Juliet Cochet, Shauna Gionfriddo, Nicole Manning.

Staff: Arianna Nesbitt, Ja Good, Leigh Ann Roach, Jody Smith Williams

Guest: Liz Samess

**Consent Agenda**

1. Minutes from 9/15/09 meeting
2. Audit/By-laws/Finance Committee Report (Financial Report)
3. MCH Statistics

Holly moved to approve consent, Mary seconded, motion passed.

**II. Discussion Items**

a. Meeting Schedule Location and Time Review

Arianna submitted the proposed meeting schedule and attachments. In-person meetings will rotate through lower, middle and upper Keys. March 2<sup>nd</sup> meeting will be in Key West, May 25<sup>th</sup> meeting will be in Key Largo. September and December physical meetings TBA. She recommended having monthly conference calls. If there is a quorum, votes may take place. Monthly calls will be Tuesdays at 3:00.

Linda commented that the phone budget is tight. Arianna explained that there is money in the meeting budget which will be used for the calls. Using the non 800 # is advised to save phone charges.

Holly moved to approve the new meeting schedule, Liz seconded. Motion passed.

b. Financial Planning

Arianna Nesbitt

Staff will create a financial guide to the Coalition, to explain income and expense streams, reimbursements, audit/review process. The guide will include monthly deposit logs and check logs, P&L from beginning of fiscal year, income and expense sheet, budget vs. expenses. Email feedback by Friday, December 23, 2009 is requested for what other components the Coalition would like to see in the guide.

The audit will begin this month. It takes the state four to five months to close out contracts for the previous year, so December 1<sup>st</sup> is a realistic time frame to expect to begin an audit or review.

Arianna proposed that Mary sign off on bank statements monthly to avoid having to email statements. Mary agreed to do this.

c. Nominating Committee

i. Election of Officers and Board Members

Due to an issue regarding by-laws stating that an officer may not serve more than two consecutive terms, the slate of nominees for board and officer positions was changed from what had been sent out prior to the meeting. Linda moved to approve the following slate of directors for FY 09-10 through FY 11-12:

Chair:	Holly Merrill
Vice Chair:	Liz MacGard
Secretary:	Nicole Manning
Treasurer:	Mary Williams
Past Chair:	Cheryl Cottrell
At Large:	Linda Welsh
	Lynn Wintermyer
	Audra Hill
	Shauna Gionfriddo
	Michael Cunningham
	Maggie Vogelsang

Michael seconded the motion, motion passed unanimously.

ii. Yearly Donations

Cheryl reminded everyone that board members are expected to contribute a minimum of \$100 annually to the Coalition, to demonstrate their commitment to the organization as well as to show 100% board participation, which is important to granting agencies. To date Cheryl and Holly have contributed for FY09-10. Donations can be earmarked for particular programs/purposes, or may go into general unrestricted funds. Coalition members are encouraged to contribute at a level that is meaningful to them.

iii. Conflict of Interest Statements and Board/Coalition Agreements

A member list sheet was sent around asking for information about Coalition members. If you did not fill this out at the meeting, please email the following info to [admin@keyshealthystart.org](mailto:admin@keyshealthystart.org):

- Birthday
- Anniversary
- Member Since (Year)
- Volunteer Interests/Hobbies
- Fun Fact About You

All Coalition members need to have on file a Board or Coalition member agreement, confidentiality statement, and conflict of interest form. Please check the chart below and forward any of the missing documents to [admin@keyshealthystart.org](mailto:admin@keyshealthystart.org).

Last Name	First Name	BIO	Agreement		Confidentiality Statement	Conflict of Interest	09-10 Annual Donation
			Board	Coalition			
<b>BOARD OF DIRECTORS</b>							
Cottrell	Cheryl	X	X		X	X	X
Cunningham	Michael	X	X		X	X	
Gionfriddo	Shauna	X	X		X	X	
Hill	Audra	X			X	X	
MacGard	Liz	X	X		X		
Manning	Nicole	X			X	X	
Merrill	Holly	X	X		X	X	X
Vogelsang	Maggie		X		X	X	
Wintermyer	Lynn	X	X		X	X	
Welsh	Linda	X	X		X	X	
Williams	Mary	X	X		X	X	
<b>COALITION MEMBERS</b>							
Douglass	Keith			X	X	X	
Feeser	Pam						
Herrera	Elena						
Imperato	Susanne	X		X	X	X	
Langan	Betsy						
Lucas	Nancy						
Porcaro	Rob						
Sack	Stanley			X	X	X	
Samess	Liz	X		X	X	X	
Sembert	Cathy						
Solow	Deb						
Vedrenne	Denise	X		X	X	X	
Whidden	Angela						

- iv. Active Committees (members and chairs needed)
  - i. Executive – already elected
  - ii. Audit/By-laws/Finance  
Usually chaired by treasurer. Mary needs members to help.
  - iii. Membership/Nomination  
Holly is retiring as chair, need a new chair.
  - iv. Planning and Programs  
To develop 5 year service delivery plan. Liz will chair.
  - v. Fundraising  
Chair needed to keep track of activities, not responsible for doing all the fundraising. All members are expected to participate in fundraising.

d. Fundraising

1. Lower Keys

- Spa Cards  
Packets of spa cards were handed out to all lower Keys members. Packets include 10 of each denomination of card (\$25, \$50, \$100) which are numbered sequentially. A log is provided to keep track of which cards are sold. Jody will check with members at the end of each month to replenish stock and collect any monies received. It is hoped at least 30 cards will be sold by each member. Cards are valid through December, 2010.
- Bunko for Babies  
Monthly Bunko has been taking place since April. Average revenues \$255/month. Using this average, we would bring in \$9,000 per year if we also had Bunko in Marathon and the upper Keys.
- FKHSC has been selected as the recipient for the for Women of Hope concert March 16<sup>th</sup> at Tennessee Williams theater in Key West. We need to sell tickets to the event and sell ads on the back of the program. This could raise a substantial amount of money for the coalition.
- Linda brought up an idea to have a Poker Stroll, for families with strollers.

2. Middle Keys

- Boondocks Fundraiser February 27, 2010  
Leigh Ann is working on this fundraiser.  
Update since the December 1<sup>st</sup> meeting: the event will be a family event, with puppet show for kids, arts & crafts vendors, live music, food and moon glow golf. Working name “Full Moon Bazaar & Glow Golf.” The main potential to make money is through golf hole sponsorships and selling food and golf tickets. Tickets must be sold in advance for the Coalition to benefit, so we will need help selling them. Golf tickets good for 30 days after the event.

### 3. Upper Keys

The Mommy & Me Tea was fun but lots of effort for the funds raised. The upper Keys team is considering having it at someone's house and providing the food ourselves, to cut cost and increase profits.

## IV. New Business

### a. Branding the Coalition

Arianna facilitated a brainstorming discussion about how to brand the Coalition to become a household word. Ideas discussed:

#### **What do we want to be known for?**

- Full service, one stop shop for pregnant women
- Assisting moms and babies for a healthy start
- Resource specialist
- Maternal child health experts
- Education
- Health Promotion
- Go-to place for pregnancy
- Dependable
- Assistance/support
- Coordination
- Interconceptional Care – health through reproductive years
- Respectful
- Empowering
- Partnership

Arianna discussed the idea of more partnership with WomanKind, to create a broader umbrella for women's health. We will be conducting a needs assessment in preparation for the Service Delivery Plan due to DOH in 2011; this should inform where there are needs, gaps in services, geography, etc.

## V. Adjourn

Meeting was adjourned at 1:00 p.m.

Next meeting March 2, 2010 in Key West (location TBD; probably the Gato Bldg.) from 10 a.m. to 12 p.m.



## 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.*

Florida Keys Healthy Start Coalition

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 02/28/10
Client visits	Pregnant women and children birth to 3 years of age	1,500	County-wide	M-F, 8-5 with some evening appointments	701	222
Childbirth Education	Pregnant women and their families	750	County-wide	M-F, 8-5 with some evening appointments	45	27
Breastfeeding Education	Pregnant women, new mothers and their families	1,500	County-wide	M-F, 8-5 with some evening appointments	138	66
Smoking Cessation	Pregnant women, new mothers and their families	100	County-wide	M-F, 8-5 with some evening appointments	67	20
Parenting Education	Pregnant women, new mothers and their families	750	County-wide	M-F, 8-5 with some evening appointments	85	56
Psychosocial Counseling	Pregnant women and new mothers	1,500	County-wide	M-F, 8-5	15	7
Financial Assistance for Prenatal Care (Healthy Babies)	Uninsured women who do not qualify for Medicaid; yet make less than 185% poverty level	143	County-wide	M-F, 8-5	43	31
Childbirth Educator Training	Service providers who are currently or would like to become a resource for pregnant women and their families	25	County-wide	3 sessions as needed	Was not needed last Fiscal Year	6
Breastfeeding Educator Training	Service providers who are currently or would like to become resources for breastfeeding women	25	County-wide	3/5/09, 3/12/09, 3/17/09	9	none this year
Breast Pump Loan Program	Breastfeeding moms of Monroe County	750	County-wide	M-F, 8-5 with some evening appointments	22	9
Car Seat Technician Certification Program	Adults in Monroe County	45,000	County-wide	2/23/09 - 2/26/09 and 4/20/09 - 4/23/09	21	none this year
Car Seat Inspection Program	Families with children under 50 lbs.	3,050	County-wide	Events held 2/23/09, 3/28/09, 4/23/09, 4/26/09, 6/26/09 and by appointment	200	150
Transportation voucher Program	Pregnant women and mothers of infants without a car	1,000	County-wide	M-F, 8-5	45	20

					841	337	
<b>Unduplicated Clients for Entire Agency</b> <i>(see instructions - this is not a total of the numbers above)</i>							

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

Please list or describe achieved outcomes for your target populations:



## ATTACHMENT E - AGENCY EXPENSES

2010

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

Florida Keys Healthy Start Coalition

Expenditures	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2011		6/30/2010	
	Total	%	Total	%
Salaries	171,459	23%	171,459	24%
Payroll Taxes	11,732	2%	11,732	2%
Employee Benefits	11,391	2%	11,391	2%
<b>Subtotal Personnel</b>	<b>194,582</b>	<b>26%</b>	<b>194,582</b>	<b>28%</b>
Postage	450	0%	450	0%
Office Supplies	4,000	1%	4,600	1%
Telephone	4,000	1%	4,000	1%
Professional Fees		0	0	0
Rent	4,000	1%	1,840	0%
Utilities		0	0	0
Repair and Maint.	250	0%	150	0%
Travel	3,500	0%	3,500	1%
Miscellaneous		0		0
Grants to Other Organizations		0		0
<i>List other expenses below</i>		0		0
Advertising/Printing	1,000	0%	1,350	0%
Audit	3,900	1%	3,900	1%
Conferences/Training	4,500	1%	6,380	1%
Insurance	3,250	0%	3,075	0%
Data System	1,200	0%	1,167	0%
Healthy Start Program	400,000	54%	380,000	54%
Car Seat Program	30,000	4%	4,360	1%
Prenatal/Postnatal Program	6,000	1%	6,100	1%
Client Assistance	4,500	1%	4,419	1%
Education/Outreach	3,000	0%	3,800	1%
Healthy Babies Prenatal Care Pgrm	70,000	9%	68,000	10%
Psychosocial Counseling	3,500	0%	5,800	1%
Teen Program	2,000	0%	1,000	0%
Website	1,000	0%	1,500	0%
		0		0
<b>Total Expenses</b>	<b>744,632</b>	<b>100%</b>	<b>699,973</b>	<b>100%</b>
<b>Revenue Over/(Under) Expenses</b>	<b>0</b>		<b>0</b>	



Attachment G

**FLORIDA KEYS HEALTHY START COALITION, INC.**

**Financial Statements**

**June 30, 2008  
(Unaudited)**

**(With Accountants' Review Report Thereon)**

*(2007/2008 also attached)*

**SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.**  
**CERTIFIED PUBLIC ACCOUNTANTS**  
132 MINORCA AVENUE  
CORAL GABLES, FLORIDA 33134  
TEL. (305) 441-1012  
FAX (305) 442-1138

JULIO M. BUZZI, C.P.A.  
ANTONIO E. GOMEZ, C.P.A.  
FERNANDO L. ORTIZ, C.P.A.  
JOSE E. SMITH, C.P.A.  
RODOLFO L. ORTIZ, CONSULTANT.

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

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of  
Florida Keys Healthy Start Coalition, Inc.

We have reviewed the accompanying statement of financial position of the Florida Keys Healthy Start Coalition, Inc. (the "Coalition") (a non-profit organization) as of June 30, 2008, and the related statements of activities, functional expenses and cash flows for the year then ended in accordance with statements on standards for accounting and review services issued by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of Florida Keys Healthy Start Coalition, Inc.

A review consists principally of inquiries of company personnel and analytical procedures applied to financial data. It is substantially less in scope than an examination in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such an opinion.

The accompanying supplementary information is presented for purposes of additional analysis and has been subjected to the same inquiries and analytical procedures applied in the review of the basic financial statements.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally accepted accounting principles.

  
June 11, 2009  
Coral Gables, Florida

FLORIDA KEYS HEALTHY START COALITION, INC.

Statement of Financial Position

June 30, 2008

<u>Assets</u>	
Current assets	
Cash	\$ 345,052
Contracts and other receivables	177,266
Other assets	<u>-</u>
Total current assets	<u>522,318</u>
Assets restricted to investment in furniture and equipment	24,424
Accumulated depreciation	<u>(4,264)</u>
Net assets restricted to investment in furniture and equipment	<u>20,160</u>
Total assets	\$ <u>542,478</u>
 <u>Liabilities and Net Assets</u>	
Current liabilities	
Deferred support	\$ -
Accounts payable and accrued expenses	<u>303,317</u>
Total current liabilities	<u>303,317</u>
Net assets	
Temporarily restricted	219,001
Permanently restricted	<u>20,160</u>
Total net assets	<u>239,161</u>
Total liabilities and net assets	\$ <u>542,478</u>

See accompanying notes to financial statements.

FLORIDA KEYS HEALTHY START COALITION, INC.

Statement of Activities

For the Year Ended June 30, 2008

Contract and Grant income	\$ 656,151
Donations	24,684
Other income	<u>1,349</u>
Total Public Support and Revenue	<u>682,184</u>
Program expenses	512,591
Salaries and related costs	105,975
Subcontracted services	48,791
Professional fees	10,614
Insurance	2,329
Conference, training and travel	19,311
Telephone	3,898
Equipment rental and maintenance	2,752
Office expenses	27,246
Advertising	4,357
Depreciation	<u>1,607</u>
	<u>739,471</u>
Decrease in net assets	(57,287)
Net assets, beginning of year	<u>296,448</u>
Net assets, end of year	\$ <u>239,161</u>

See accompanying notes to financial statements.

FLORIDA KEYS HEALTHY START COALITION, INC.

Statement of Cash Flows

For the Year Ended June 30, 2008

Cash flows from operating activities:	
Change in net assets	\$ (57,287)
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	1,607
(Increase) in contracts and other receivables	(1,158)
Increase in accounts payable/deferred support	<u>197,053</u>
Net cash provided by operating activities	<u>140,215</u>
Cash flows from investing activities:	
Purchase of equipment	<u>(4,554)</u>
Cash flows from financing activities:	
Line of credit (repayments) draws	<u>-</u>
Net increase in cash and cash equivalents	135,661
Cash and cash equivalents, at beginning of year	<u>209,391</u>
Cash and cash equivalents, at end of year	\$ <u>345,052</u>
Interest paid during the year	\$ <u>-</u>

See accompanying notes to financial statements.

FLORIDA KEYS HEALTHY START COALITION, INC.

Notes to Financial Statements

For the Year Ended June 30, 2008

1. Summary of Significant Accounting Policies

a) Organization

The Florida Keys Healthy Start Coalition ("the Coalition") is a 501c(3) not for profit organization whose goal is to improve birth outcomes through education and support services to families before, during and after pregnancy. The Coalition's funding comes from grants, individual cash and in-kind donations, as well as contracts with the Florida Department of Health. An organization committed to building community partnerships that benefit Monroe County families, the Coalition served 700 families and helped ensure more than 800 Florida Keys babies had the best possible start in life. Services provided through the Coalition include care coordination, a broad spectrum of educational programs and subsidized prenatal care to under and uninsured families. The Coalition is comprised of partners throughout the community involved in Maternal and Child Health, Family Development, Social Services, concerned citizens and Healthy Start clients led by a Board of Directors with more than 50 years combined years of involvement in the Coalition.

b) Basis of Presentation

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

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

FLORIDA KEYS HEALTHY START COALITION, INC.

Notes to Financial Statements

For the Year Ended June 30, 2008

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

b) Basis of Presentation - (Cont.)

The primary source of revenue for the Coalition consists of contracts from governmental agencies which, absent a specific restriction by the contractor, are considered to be available for specifically identified purposes. Revenue includes only that portion of the contract that was earned prior to the statement of financial position date. All contract funds received as of the statement of financial position date which are considered to be applicable to future periods, if any, would be reflected as deferred revenue on the Statement of Financial Position.

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

Salaries and other expenses which are associated with specific program are charged directly to that program. Coalition salaries are primarily paid through one program. Administrative and other support expenses are allocated to the various programs. The majority of Coalition programs are contracted out to sub-providers.

c) Assets Restricted to Investment in Furniture and Equipment

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

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

d) Contributions

Contributions are considered temporarily restricted unless otherwise stated by donor. Donations are initially recorded as temporarily restricted net assets.

FLORIDA KEYS HEALTHY START COALITION, INC.

Notes to Financial Statements

For the Year Ended June 30, 2008

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

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

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

The Coalition records revenue when earned. All expenses are recorded on the accrual basis and are charged against operations when incurred. Donated materials are recorded at fair value on the date of donation as unrestricted support.

f) Income Taxes

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

g) Allocation of Common Expenses

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

h) Cash and Cash Equivalents

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

FLORIDA KEYS HEALTHY START COALITION, INC.

Notes to Financial Statements

For the Year Ended June 30, 2008

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

i) Estimates

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

j) Long-Lived Assets

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

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

The Coalition is funded through contracts and grants from various funding sources. The following summarizes major activity for the year ended June 30, 2008:

	<u>Support</u>	<u>Receipt</u>
Florida Department of Health	\$ 548,917	381,111
Monroe County	9,460	-
Medwaiver	71,654	71,654
SOBRA	18,120	18,120
Other	8,000	8,000

Public support for the year ending June 30, 2008 amounted to \$656,151. At June 30, 2008 contracts and other receivable amounted to \$177,266. At June 30, 2008 deferred support amounted to \$-0-.

FLORIDA KEYS HEALTHY START COALITION, INC.

Notes to Financial Statements

For the Year Ended June 30, 2008

3. Assets Restricted to Investment in Furniture and Equipment.

Furniture and office equipment, at cost, and accumulated depreciation are summarized as follows at June 30, 2008:

Computer	\$ 9,101
Furniture and fixtures	<u>15,323</u>
Total costs	24,424
Less accumulated depreciation	<u>(4,264)</u>
	\$ <u>20,160</u>

Depreciation expense for the year ended June 30, 2008 totaled \$1,607.

4. Donated Facilities

The Coalition's premises are provided free of charge by the Monroe County Health Department in Key West, Florida. These donated facilities are recorded as contributions with a corresponding expense in the Coalition's financial statements based on the use of a determinable method to assign a value to this service provided by the health department. For the year ended June 30, 2008 a value of \$16,164 was assigned.

5. Commitments and Contingencies

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

FLORIDA KEYS HEALTHY START COALITION, INC.

Schedule of Financial Assistance

For the Year Ended June 30, 2008

<u>Program Title</u>	<u>Contract Number</u>	<u>Revenue Recognized</u>	<u>Program Receipts</u>	<u>Disbursements/ Expenditures</u>	<u>Accounts Receivable</u>
Florida Department of Health	COH-JM	189,891	189,891	189,891	-
Florida Department of Health	COH-JM	359,026	191,220	359,026	167,806
Medwaiver	COSD-7	71,654	71,654	71,654	-
SOBRA	COSH-9	18,120	18,120	18,120	-
Monroe County	-	9,460	-	9,460	9,460
United Way	-	1,000	1,000	1,000	-
Community Foundation of Florida Keys		5,000	5,000	5,000	-
Monroe County - Sheriff's Office		2,000	2,000	2,000	-
Total		\$ 656,151	478,885	656,161	177,266

Attachment #

HAMANN & WILLIAMSON, LLP  
P.O. BOX 91418  
AUSTIN, TEXAS 78709-1418

FLORIDA KEYS HEALTHY  
START COALITION, INC.  
1100 SIMONTON STREET  
KEY WEST, FL 33040  
ATTENTION: ARIANNA NESBITT  
|||||||

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT ' S COPY

HAMANN & WILLIAMSON, LLP  
CERTIFIED PUBLIC ACCOUNTANTS  
P.O. BOX 91418  
AUSTIN, TEXAS 78709-1418  
(512) 432-5236

MAY 15, 2009

FLORIDA KEYS HEALTHY  
START COALITION, INC.  
1100 SIMONTON STREET  
KEY WEST, FL 33040  
ATTENTION: ARIANNA NESBITT

DEAR ARIANNA:

ENCLOSED IS THE ORGANIZATION'S 2007 EXEMPT ORGANIZATION  
RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE  
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX  
RETURN.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US  
WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX  
AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE  
THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU  
MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH  
POSSIBLE EXAMINATIONS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST  
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

NANCY J. WILLIAMSON, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2008

<b>Prepared for</b>	Florida Keys Healthy Start Coalition, Inc. 1100 Simonton Street Key West, FL 33040
<b>Prepared by</b>	Hamann & Williamson, LLP P.O. Box 91418 Austin, Texas 78709-1418
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
<b>Return must be mailed on or before</b>	As soon as possible.
<b>Special Instructions</b>	The return should be signed and dated.

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2007

Open to Public Inspection

Form 990

Department of the Treasury  
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

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

C Name of organization  
**FLORIDA KEYS HEALTHY START COALITION, INC.**

D Employer identification number  
 65-0051482

E Telephone number  
 305-293-8424

F Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1100 SIMONTON STREET**

City or town, state or country, and ZIP + 4  
**KEY WEST, FL 33040**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

G Website: **WWW.KEYSHEALTHYSTART.ORG**

J Organization type (check only one)  501(c)(3) (insert no.)  4947(a)(1) or  527

K Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **682,184.**

M Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	24,684.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	657,500.	
	e	Total (add lines 1a through 1d) (cash \$ 682,184. noncash \$ )	1e		682,184.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	6b	Less: rental expenses	6b		
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe )	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
		(B) Other	8b		
		Less: cost or other basis and sales expenses	8c		
		Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1b)	9a		
		b Less: direct expenses other than fundraising expenses	9b		
		c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10a	Gross sales of inventory, less returns and allowances	10a			
		b Less: cost of goods sold	10b		
		c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		682,184.	
Expenses	13	Program services (from line 44, column (B))	13		594,785.
	14	Management and general (from line 44, column (C))	14		115,812.
	15	Fundraising (from line 44, column (D))	15		28,875.
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17		739,472.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		<57,288.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		296,449.
	20	Other changes in net assets or fund balances (attach explanation)	20		0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		239,161.

723001 12-27-07

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

Form 990 (2007)

**FLORIDA KEYS HEALTHY  
START COALITION, INC.**

Form 990 (2007)

65-0051482 Page 2

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22a</b>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>355,899</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22b</b>	355,899.	355,899.	<b>STATEMENT 2</b>	
<b>23</b> Specific assistance to individuals (attach schedule) <b>STATEMENT 3</b>	147,472.	147,472.		
<b>24</b> Benefits paid to or for members (attach schedule) <b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>25a</b>	64,672.	12,935.	45,270.	6,467.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B <b>25b</b>	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <b>25c</b>				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c <b>26</b>	78,830.	47,298.	23,649.	7,883.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c <b>27</b>	1,066.	639.	320.	107.
<b>28</b> Employee benefits not included on lines 25a - 27 <b>28</b>				
<b>29</b> Payroll taxes <b>29</b>	6,914.		6,914.	
<b>30</b> Professional fundraising fees <b>30</b>				
<b>31</b> Accounting fees <b>31</b>	13,899.		13,899.	
<b>32</b> Legal fees <b>32</b>				
<b>33</b> Supplies <b>33</b>	12,942.	2,598.	2,598.	7,746.
<b>34</b> Telephone <b>34</b>	3,899.		3,899.	
<b>35</b> Postage and shipping <b>35</b>	1,318.		1,318.	
<b>36</b> Occupancy <b>36</b>	3,213.			3,213.
<b>37</b> Equipment rental and maintenance <b>37</b>	2,752.		2,752.	
<b>38</b> Printing and publications <b>38</b>	2,880.	1,728.	1,152.	
<b>39</b> Travel <b>39</b>	5,898.	5,430.		468.
<b>40</b> Conferences, conventions, and meetings <b>40</b>	7,029.	4,282.	2,747.	
<b>41</b> Interest <b>41</b>				
<b>42</b> Depreciation, depletion, etc. (attach schedule) <b>42</b>	1,607.		1,607.	
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> <b>43a</b>				
<b>b</b> <b>43b</b>				
<b>c</b> <b>43c</b>				
<b>d</b> <b>43d</b>				
<b>e</b> <b>43e</b>				
<b>f</b> <b>43f</b>				
<b>g</b> <b>SEE STATEMENT 1</b> <b>43g</b>	29,182.	16,504.	9,687.	2,991.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) <b>44</b>	739,472.	594,785.	115,812.	28,875.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

723011  
12-27-07

Form 990 (2007)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> THE HEALTHY START PROGRAM SERVED OVER 500 OF THE 750 FAMILIES IN MONROE COUNTY WHO BECAME NEW PARENTS THIS YEAR. SERVICES PROVIDED INCLUDED CARE COORDINATION, CHILDBIRTH EDUCATION, BREASTFEEDING COUNSELING, MEDICAID APPLICATION ASSISTANCE, NUTRITIONAL COUNSELING, SMOKING CESSATION AND INTERCONCEPTIONAL CARE. (Grants and allocations \$ 355,899. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	355,899.
<b>b</b> SEE STATEMENT 4    (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	60,889.
<b>c</b> PSYCHOSOCIAL COUNSELING WAS PROVIDED TO 32 CLIENTS TO HELP THEM COPE WITH MENTAL HEALTH AND DEPENDENCY ISSUES.   (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,472.
<b>d</b> 1,000 BREASTFEEDING AND INFANT CARE INFORMATION PACKETS FOR NEW PARENTS, TWO BI-ANNUAL EDUCATIONAL INSERTS IN THE LOCAL NEWSPAPER WITH DISTRIBUTION OF 36,000, EDUCATIONAL DVD LENDING LIBRARY AND PRENATAL SCREENING INCENTIVES, AND NUMEROUS OTHER EDUCATIONAL AND OUTREACH ACTIVITIES WERE PROVIDED TO COUNTY CITIZENS. (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	174,525.
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ..... ►	594,785.

**FLORIDA KEYS HEALTHY  
START COALITION, INC.**

Form 990 (2007)

65-0051482 Page 4

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing .....	209,385.	45	345,052.	
	46 Savings and temporary cash investments .....		46		
	47 a Accounts receivable .....	47a			
	b Less: allowance for doubtful accounts .....	47b		47c	
	48 a Pledges receivable .....	48a			
	b Less: allowance for doubtful accounts .....	48b		48c	
	49 Grants receivable .....	171,105.	49	177,266.	
	50 a Receivables from current and former officers, directors, trustees, and key employees .....			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....			50b	
	51 a Other notes and loans receivable .....	51a			
	b Less: allowance for doubtful accounts .....	51b		51c	
	52 Inventories for sale or use .....			52	
	53 Prepaid expenses and deferred charges .....			53	
	54 a Investments - publicly-traded securities .....	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities .....	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment: basis .....	55a			
	b Less: accumulated depreciation .....	55b		55c	
	56 Investments - other .....			56	
57 a Land, buildings, and equipment: basis .....	57a	24,424.			
b Less: accumulated depreciation <b>STMT 6</b> .....	57b	4,264.			
58 Other assets, including program-related investments (describe ▶ _____ )		12,666.	57c	20,160.	
58			58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....		393,156.	59	542,478.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	96,707.	60	290,998.	
	61 Grants payable .....		61	10,000.	
	62 Deferred revenue .....		62		
	63 Loans from officers, directors, trustees, and key employees .....		63		
	64 a Tax-exempt bond liabilities .....		64a		
	b Mortgages and other notes payable .....		64b		
	65 Other liabilities (describe ▶ <b>PAYROLL LIABILITIES</b> )		0.	65	2,319.
66 <b>Total liabilities.</b> Add lines 60 through 65 .....		96,707.	66	303,317.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>X</b> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted .....		67		
	68 Temporarily restricted .....	283,784.	68	219,001.	
	69 Permanently restricted .....	12,665.	69	20,160.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds .....		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71		
	72 Retained earnings, endowment, accumulated income, or other funds .....		72		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....		296,449.	73	239,161.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....		393,156.	74	542,478.

Form 990 (2007)





Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 19,885.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed		
	FL		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	2
91 a	The books are in care of		
	ARIANNA NESBITT Telephone no. 305-293-8424		
	Located at 1100 SIMONTON STREET, KEY WEST, FL ZIP + 4 33040		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		
	N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
91b			X

**FLORIDA KEYS HEALTHY  
START COALITION, INC.**

Form 990 (2007)

65-0051482 Page 8

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No  
 If "Yes," enter the name of the foreign country N/A 91c X

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	0.
105 Total (add line 104, columns (B), (D), and (E))					0.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

<b>Yes</b>	<b>No</b>

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.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
**ARIANNA NESBITT, CEO**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature **NANCY J. WILLIAMSON, CPA** Date **05/15/09** Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP + 4 **HAMANN & WILLIAMSON, LLP**  
**P.O. BOX 91418**  
**AUSTIN, TEXAS 78709-1418** EIN \_\_\_\_\_  
 Phone no. **(512) 432-5236**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **FLORIDA KEYS HEALTHY START COALITION, INC.** Employer identification number **65 0051482**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....	2a	X
b	Lending of money or other extension of credit? .....	2b	X
c	Furnishing of goods, services, or facilities? .....	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	2d	X
e	Transfer of any part of its income or assets? .....	2e	X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....	3a	X
	b Did the organization have a section 403(b) annuity plan for its employees? .....	3b	X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	4a	X
	b Did the organization make any taxable distributions under section 4966? .....	4b	N/A
	c Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	N/A
	d Enter the total number of donor advised funds owned at the end of the tax year .....	N/A	
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	N/A	
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	0.	
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**FLORIDA KEYS HEALTHY  
START COALITION, INC.**

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	670,151.	545,869.	167,150.	16,751.	1,399,921.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	19,764.	19,764.	15,000.	15,000.	69,528.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	689,915.	565,633.	182,150.	31,751.	1,469,449.
<b>24</b> Line 23 minus line 17	689,915.	565,633.	182,150.	31,751.	1,469,449.
<b>25</b> Enter 1% of line 23	6,899.	5,656.	1,822.	318.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					29,389.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					1,469,449.
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					1,469,449.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					100.0000%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. NONE					

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	
Not over \$500,000 .....	20% of the amount on line 40 .....	
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
Over \$17,000,000 .....	\$1,000,000 .....	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

FLORIDA KEYS HEALTHY  
START COALITION, INC.

Employer identification number

65-0051482

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

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

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization <b>FLORIDA KEYS HEALTHY                  START COALITION, INC.</b>	Employer identification number  <b>65-0051482</b>
--	---

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STATE OF FLORIDA  1317 WINEWOOD BLVD  TALLAHASSEE FL 32399	\$ 638,691.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
112	MONITORS	012705SL		5.00	16	514.			514.	257.		103.
12	PRINTER OKI	020206SL		5.00	16	425.			425.	164.		85.
13	COMPUTER DEM E310	062906SL		5.00	16	972.			972.	243.		194.
14	INJOY DVDS	052307SL		10.00	16	10,978.			10,978.	91.		1,098.
15	DESKS - 2	0112005SL		7.00	16	760.			760.	335.		109.
16	SHELVING	052406SL		7.00	16	126.			126.	19.		18.
27	(D)HP SERIES 1200	06300420DB		5.00	17	275.			275.	275.		0.
28	(D)HP LASERJET 1200 (D)DIGITAL STILL	06300420DB		5.00	17	399.			399.	399.		0.
29	CAMERA	06300420DB		5.00	17	330.			330.	330.		0.
30	(D)COMPUTER - COMPAQ	06300420DB		5.00	17	1,183.			1,183.	1,183.		0.
31	(D)COMPUTER - GX260T	06300420DB		5.00	17	1,185.			1,185.	1,185.		0.
32	TOSHIBA OVERHEAD	06300420DB		5.00	17	1,318.			1,318.	1,318.		0.
33	M OVERHEAD	06300420DB		5.00	17	230.			230.	230.		0.
44	(D)COMPUTER - GX260T	06300420DB		5.00	17	1,185.			1,185.	1,185.		0.
55	PRINTER	063008SL		5.00	16	399.			399.			0.
56	COMPUTER	063008SL		5.00	16	2,008.			2,008.			0.
57	COMPUTER	063008SL		5.00	16	2,008.			2,008.			0.
58	COMPUTER	063008SL		5.00	16	2,007.			2,007.			0.

728102 04-27-07 (D) - Asset disposed \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
59	COMPUTER	063008SL	SL	5.00	16	2,007.			2,007.			0.
60	CELL PHONE	063008SL	SL	7.00	16	376.			376.			0.
61	CAMERA	063008SL	SL	5.00	16	187.			187.			0.
62	PRINTER	063008SL	SL	5.00	16	109.			109.			0.
	* TOTAL 990 PAGE 2 DEPR					28,981.		0.	28,981.	7,214.	0.	1,607.

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990

## OTHER EXPENSES

STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING & PROMOTION	4,787.	4,357.		430.
EDUCATION & OUTREACH	6,853.	6,853.		
INSURANCE	2,329.		2,329.	
LICENSURE AND AFFILIATION	815.		815.	
OUTREACH AND PUBLIC RELATIONS	7,563.	5,294.	2,269.	
BANK & CREDIT CARD FEES	40.		40.	
DUES & SUBSCRIPTIONS	726.			726.
MISCELLANEOUS	1,835.			1,835.
PPA - A/R	4,234.		4,234.	
TOTAL TO FM 990, LN 43	29,182.	16,504.	9,687.	2,991.

FORM 990

CASH GRANTS AND ALLOCATIONS  
TO OTHERS

STATEMENT 2

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS

AMOUNT

PROGRAM SERVICES  
MONROE COUNTY HEALTH DEPT  
GATO BUILDING, 1100 SIMONTON STREET  
KEY WEST, FL 33040

355,899.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

355,899.



FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

4

DESCRIPTION OF PROGRAM SERVICE TWO

FOR THE FIRST TIME, A CLIENT ASSISTANCE PROGRAM WAS ESTABLISHED TO PROVIDE CHILDBIRTH EDUCATION AND LACTATION ASSISTANCE. OVER 100 FAMILIES BENEFITED FROM THIS PROGRAM STAFFED BY ONE PAID STAFF AND A SMALL GROUP OF VOLUNTEERS. THESE PROGRAMS ARE IN-HOME PROGRAMS AS WELL AS GROUP ACTIVITIES AND SUPPORT NEW AND EXPECTANT PARENTS THROUGH THEIR PREGNANCY AND BEYOND.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE B	<u>                    </u>	<u>60,889.</u>

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FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

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EXPLANATION

TO IMPROVE BIRTH OUTCOMES THROUGH EDUCATION AND SUPPORT SERVICES TO FAMILIES BEFORE, DURING AND AFTER PREGNANCY.

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FORM 990      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT      STATEMENT      6

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
2 MONITORS	514.	360.	154.
PRINTER OKI	425.	249.	176.
COMPUTER DEM E310	972.	437.	535.
INJOY DVDS	10,978.	1,189.	9,789.
DESKS - 2	760.	444.	316.
SHELVING	126.	37.	89.
TOSHIBA OVERHEAD	1,318.	1,318.	0.
3M OVERHEAD	230.	230.	0.
PRINTER	399.	0.	399.
COMPUTER	2,008.	0.	2,008.
COMPUTER	2,008.	0.	2,008.
COMPUTER	2,007.	0.	2,007.
COMPUTER	2,007.	0.	2,007.
CELL PHONE	376.	0.	376.
CAMERA	187.	0.	187.
PRINTER	109.	0.	109.
TOTAL TO FORM 990, PART IV, LN 57	<u>24,424.</u>	<u>4,264.</u>	<u>20,160.</u>

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ARIANNA NESBITT 1100 SIMONTON STREET KEY WEST, FL 33040	CEO 40.00	57,330.	7,342.	0.
CHERYL COTTRELL 91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070	PRESIDENT 5.00	0.	0.	0.
HOLLY MERRILL A-90311 OVERSEAS HIGHWAY TAVERNIER, FL 33070	VICE PRESIDENT 5.00	0.	0.	0.
LYNN WINTERMYER 1623 SPALDING CT #3 KEY WEST, FL 33040	SECRETARY 5.00	0.	0.	0.
LINDA WELSH 1400 UNITED ST KEY WEST, FL 33040	TREASURER 2.00	0.	0.	0.
MAGGIE VOGELSANG 5900 COLLEGE ROAD KEY WEST, FL 33040	DIRECTOR 1.00	0.	0.	0.
MARY WILLIAMS 818 WHITE STREET KEY WEST, FL 33040	DIRECTOR 1.00	0.	0.	0.
MICHAEL CUNNINGHAM 9713 OVERSEAS HIGHWAY MARATHON, FL 33050	PAST PRESIDENT 1.00	0.	0.	0.
ELIZABETH MACGARD 5501 COLLEGE ROAD KEY WEST, FL 33040	DIRECTOR 1.00	0.	0.	0.
DENISE VEDRENNE DDS 10035 OVERSEAS HWY KEY WEST, FL 33040	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		57,330.	7,342.	0.

# Power of Attorney and Declaration of Representative

▶ Type or print. ▶ See the separate instructions.

**For IRS Use Only**

Received by:

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Function \_\_\_\_\_  
Date / /

**Part I** **Power of Attorney**

**Caution:** Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address  <b>FLORIDA KEYS HEALTHY START COALITION, INC. 1100 SIMONTON STREET KEY WEST, FL 33040</b>	Social security number(s)  _____  Daytime telephone number <b>305-293-8424</b>	Employer identification number <b>65-0051482</b>  Plan number (if applicable)
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hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** must sign and date this form on page 2, Part II.

Name and address <b>NANCY J. WILLIAMSON</b>  <b>PO BOX 91418 AUSTIN, TX 78709-1418</b>	CAF No. <b>03-0114550R</b> Telephone No. <b>512-432-5236</b> Fax No. <b>866-388-7177</b> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address <b>TERRY W. HAMANN</b>  <b>PO BOX 91418 AUSTIN, TX 78709-1418</b>	CAF No. <b>5000-25750R</b> Telephone No. <b>512-347-0991</b> Fax No. <b>866-845-3941</b> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

**3 Tax matters**

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
<b>EXEMPT ORGANIZATION TAX RETURN</b>	<b>990</b>	<b>2006 - 2012</b>
<b>PAYROLL</b>	<b>W-3, 1096</b>	<b>2006 - 2012</b>

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific Uses Not Recorded on CAF.**

**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, or additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund check(s) ▶

**FLORIDA KEYS HEALTHY  
START COALITION, INC.**

- 7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.
- a** If you also want the second representative listed to receive a copy of notices and communications, check this box
- b** If you do not want any notices or communications sent to your representative(s), check this box
- 8 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here
- YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**
- 9 Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

Signature	Date
ARIANNA NESBITT	EXECUTIVE DIRECTOR
Print Name	Title (if applicable)
PIN Number	FLORIDA KEYS HEALTHY START COALITION, INC.
	Print name of taxpayer from line 1 if other than individual
Signature	Date
Print Name	Title (if applicable)
PIN Number	

**Part II Declaration of Representative**

**Caution:** Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
  - a** Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b** Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c** Enrolled Agent - enrolled as an agent under the requirements of Circular 230.
  - d** Officer - a bona fide officer of the taxpayer's organization.
  - e** Full-Time Employee - a full-time employee of the taxpayer.
  - f** Family Member - a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).
  - g** Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h** Unenrolled Return Preparer - the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 1 of the instructions.
  - k** Student Attorney - student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230.
  - l** Student CPA - student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
  - r** Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.** See the Part II instructions.

Designation - Insert above letter (a-r)	Jurisdiction (state) or identification	Signature	Date
B	TX		
B	TX, MD		

Florida Keys Healthy Start Coalition, Inc.

Audited Financial Statements

June 30, 2010 and 2009

(provided  
with  
supplemental  
materials)

Florida Keys Healthy Start Coalition, Inc.

Audited Financial Statements

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**Ronald W. Meyer, P.L.L.C.**  
**Certified Public Accountant**

---

504 Lavaca Street, Suite 1010 • Austin, Texas 78701 • Phone: (512) 476-4511 • Fax: (512) 476-4508

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
Florida Keys Healthy Start Coalition, Inc.

We have audited the accompanying statements of financial position of Florida Keys Healthy Start Coalition, Inc. (a nonprofit corporation) as of June 30, 2010, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Coalition's management. Our responsibility is to express an opinion on these financial statements based on our audit. The information for the year ended June 30, 2009 was audited by another firm, whose report dated April 22, 2010 expressed an unqualified opinion on those financial statements.

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

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

December 30, 2010

A handwritten signature in black ink, appearing to read "Ronald W. Meyer P.L.L.C.", written in a cursive style.

Florida Keys Healthy Start Coalition, Inc.

Statements of Financial Position

June 30, 2010 and 2009

	2010	2009
<b>Assets</b>		
Current Assets		
Cash and cash equivalents - operating	\$ 175,700	\$ 277,396
Cash and cash equivalents - reserve	10,000	10,000
Accounts receivable	181,137	178,622
Prepaid insurance	2,683	1,305
Total Current Assets	<u>369,520</u>	<u>467,323</u>
Assets Restricted to Investment in Furniture and Equipment		
Computer equipment	9,101	9,101
Furniture and fixtures	15,969	15,323
Accumulated depreciation	<u>(11,071)</u>	<u>(7,672)</u>
Net Assets Restricted to Investment in Furniture and Equipment	<u>13,999</u>	<u>16,752</u>
<b>Total Assets</b>	<u><u>\$ 383,519</u></u>	<u><u>\$ 484,075</u></u>
<b>Liabilities and Net Assets</b>		
Current Liabilities		
Accounts payable	\$ 134,737	\$ 231,518
Credit card payable	1,302	2,366
Payroll liabilities	192	4,163
Accrued expenses	3,244	44,236
Deferred revenue	-	350
Total Current Liabilities	<u>139,475</u>	<u>282,633</u>
Net Assets		
Temporarily restricted net assets	230,045	184,690
Permanently restricted net assets	13,999	16,752
Total Net Assets	<u>244,044</u>	<u>201,442</u>
<b>Total Liabilities and Net Assets</b>	<u><u>\$ 383,519</u></u>	<u><u>\$ 484,075</u></u>

The accompanying notes are an integral part of this statement.

Florida Keys Healthy Start Coalition, Inc.

Statements of Activities

For the Years Ended June 30, 2010 and 2009

	2010	2009
<b>UNRESTRICTED NET ASSETS</b>		
Net assets released from restrictions	<u>703,710</u>	<u>749,464</u>
Total Revenues, Gains, and Other Support	<u>703,710</u>	<u>749,464</u>
Expenses		
Program expenses	604,734	630,769
Management and general	<u>98,976</u>	<u>118,695</u>
Total Expenses	<u>703,710</u>	<u>749,464</u>
Increase (Decrease) - Unrestricted Net Assets	<u>-</u>	<u>-</u>
<b>TEMPORARILY RESTRICTED NET ASSETS</b>		
Government contracts	653,461	656,249
Grants	9,297	25,409
Donations	50,565	16,790
Donated facilities	35,359	16,649
Interest income	383	56
Net assets released from restrictions	<u>(703,710)</u>	<u>(749,464)</u>
Increase (Decrease) - Temporarily Restricted Net Assets	<u>45,355</u>	<u>(34,311)</u>
<b>PERMANENTLY RESTRICTED NET ASSETS</b>		
Government contracts	646	-
Depreciation	<u>(3,399)</u>	<u>(3,408)</u>
Increase (Decrease) - Permanently Restricted Net Assets	<u>(2,753)</u>	<u>(3,408)</u>
Increase (Decrease) in Net Assets	42,602	(37,719)
Net Assets at Beginning of Year	<u>201,442</u>	<u>239,161</u>
Net Assets at End of Year	<u>\$ 244,044</u>	<u>\$ 201,442</u>

The accompanying notes are an integral part of this statement.

Florida Keys Health Start Coalition, Inc.

Statements of Functional Expenses

For the Years Ended June 30, 2010 and 2009

	Program Expenses	Management & General	2010	2009
Program services	\$ 427,158	\$ -	427,158	\$ 469,742
Salaries	122,349	58,221	180,570	200,974
Occupancy expense	35,359	-	35,359	16,649
Fringe benefits	-	11,328	11,328	10,043
Contract labor	-	13,598	13,598	5,213
Accounting fees	-	-	-	6,900
Interest	-	30	30	11
Conferences/training	5,450	-	5,450	2,048
Staff travel	2,979	-	2,979	5,522
Advertising & promotion	3,023	-	3,023	1,500
Coalition meetings	493	-	493	2,001
Education & outreach	4,573	-	4,573	10,276
Equipment rental	-	2,064	2,064	2,127
Equipment & maintenance	-	118	118	295
Insurance	-	3,076	3,076	1,590
Licenses	-	1,268	1,268	1,313
Office supplies	-	1,985	1,985	2,269
Outreach & public relations	3,350	-	3,350	3,502
Postage	-	580	580	692
Printing	-	1,047	1,047	498
Storage	-	1,860	1,860	2,895
Telephone	-	3,745	3,745	3,332
Miscellaneous	-	56	56	72
Total Expenses	<u>\$ 604,734</u>	<u>\$ 98,976</u>	<u>\$ 703,710</u>	<u>\$ 749,464</u>

The accompanying notes are an integral part of this statement.

Florida Keys Healthy Start Coalition, Inc.

Statements of Cash Flows

For the Years Ended June 30, 2010 and 2009

	2010	2009
<b>Cash Flows from Operating Activities</b>		
Increase (decrease) in net assets	\$ 42,602	\$ (37,719)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	3,399	3,408
(Increase) decrease in operating assets		
Accounts receivable	(2,515)	(1,356)
Prepaid expenses	(1,378)	(1,305)
Increase (decrease) in operating liabilities		
Accounts payable	(96,781)	(71,799)
Credit card payable	(1,064)	2,366
Payroll liabilities	(3,971)	4,164
Accrued expenses	(40,992)	44,236
Deferred revenue	(350)	350
Net Cash Provided by Operating Activities	<u>(101,050)</u>	<u>(57,655)</u>
Cash Flows from Investing Activities:		
Purchases of fixed assets	<u>(646)</u>	<u>-</u>
Net Cash Provided by Investing Activities	<u>(646)</u>	<u>-</u>
Cash Flows from Financing Activities:		
Net Cash Provided by Financing Activities	<u>-</u>	<u>-</u>
Net Increase (Decrease) in Cash and Cash Equivalents	(101,696)	(57,655)
Cash and Cash Equivalents at Beginning of Year	<u>287,396</u>	<u>345,051</u>
Cash and Cash Equivalents at End of Year	<u>\$ 185,700</u>	<u>\$ 287,396</u>
<i>Supplemental Disclosure:</i>		
Interest Paid During the Year	<u>\$ 30</u>	<u>\$ 11</u>

The accompanying notes are an integral part of this statement.

Florida Keys Healthy Start Coalition, Inc.

Notes to the Financial Statements

For the Years Ended June 30, 2010 and 2009

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of Florida Keys Healthy Start Coalition, Inc. (hereafter referred to as the Coalition) is presented to assist in understanding the Coalition's financial statements. The financial statements and notes are representations of the Coalition's management who is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

*Organization*

The Coalition's goal is to improve birth outcomes through education and care to families living in Monroe County before, during, and after pregnancy. The Coalition's funding comes from grants, donations of cash and facilities as well as contracts with the Florida Department of Health. Services provided by the Coalition include care coordination, a variety of educational programs, and subsidized prenatal care to under and uninsured families in Monroe County.

*Revenue*

Government contract revenues presented in the Statement of Activities are both fixed cost contracts and cost reimbursement contracts and are stated at amounts equivalent to the program expenses incurred, related program expenses incurred in excess of contract revenue received on cost reimbursement contracts are reflected as receivables from governments, to the extent realizable, on the statement of financial position. Contract receipts in excess of related program expenses are returned to the State of Florida.

*Cash and Cash Equivalents*

The Coalition considers all cash and other highly liquid investments with maturities of three months or less at the time of acquisition to be cash and cash equivalents for purposes of the statement of cash flows.

*Accounts Receivable*

An allowance for uncollectible accounts has not been provided since the management of the Coalition considers all accounts receivable to be collectible.

Florida Keys Healthy Start Coalition, Inc.

Notes to the Financial Statements

For the Years Ended June 30, 2010 and 2009

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

*Assets Restricted to the Investment in Furniture and Equipment*

Assets restricted to the investment in furniture and equipment are stated at cost and include expenditures for improvements and betterment which substantially increase the useful lives of the assets.

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

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

*Income Taxes*

The Coalition is a nonprofit corporation and exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Therefore, no provision is made for taxes on income. Provision for income tax on unrelated business income is made when required for income from non-tax exempt activities.

*Expense Allocation*

Expenses are charged to programs and supporting services on the basis of periodic time and expense studies.

*Use of Estimates*

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

Florida Keys Healthy Start Coalition, Inc.

Notes to the Financial Statements

For the Years Ended June 30, 2010 and 2009

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

*Basis of Presentation*

Financial statement presentation follows the recommendations of the American Institute of Certified Public Accountant's "Industry Audit Guide for Voluntary Health and Welfare Organizations." The specialized accounting and reporting principles and practices contained in the audit guide are preferable to Statement of Financial Accounting Standards (SFAS) No. 117, issued by the Financial Accounting Standards Board." The Coalition reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

NOTE 2 - SUMMARY OF FUNDING AND ACCOUNTS RECEIVABLE

The Coalition is funded through grants and contracts from various funding sources. The following summarizes major contract support for the years ended June 30, 2010 and 2009, respectively:

	<u>2010</u>	<u>2009</u>
Department of Health (Base)	\$ 544,477	\$ 545,618
Department of Health (Medicaid Waiver)	83,244	70,292
Department of Health (SOBRA)	19,487	16,074
Florida Department of Transportation	6,899	-
	<u>\$ 654,107</u>	<u>\$ 631,984</u>

At June 30, 2010 and 2009, contracts and other receivables amounted to \$181,137 and \$178,622, respectively.

NOTE 3 - ASSETS RESTRICTED TO INVESTMENTS IN FIXED ASSETS

Furniture and office equipment, at cost, and accumulated depreciation are summarized as follows at June 30, 2010 and 2009, respectively:

	<u>2010</u>	<u>2009</u>
Computer and Office Equipment	\$ 9,101	\$ 9,101
Furniture and Fixtures	15,969	15,323
	<u>25,070</u>	<u>24,424</u>
Accumulated Depreciation	(11,071)	(7,672)
	<u>\$ 13,999</u>	<u>\$ 16,752</u>

Florida Keys Healthy Start Coalition, Inc.

Notes to the Financial Statements

For the Years Ended June 30, 2010 and 2009

NOTE 4 - DONATED FACILITIES

The Coalition's premises are provided free of charge by the Monroe County Health Department in Key West, Florida. These donated facilities are recorded as contributions with a corresponding expense in the Coalition's financial statements based on the use of a determinable method to assign a value to this service provided by the Monroe County Health Department. For the years ended June 30, 2010 and 2009, respectively, the donated facilities were valued at \$35,359 and \$16,649.

Depreciation expense for the years ended June 30, 2010 and 2009, were \$3,399 and \$3,408, respectively.

NOTE 5 - COMMITMENTS AND CONTINGENCIES

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

NOTE 6 - SIMPLIFIED EMPLOYEE PENSION PLAN

The Coalition has a simplified employee pension plan whereby it contributes 5% of full-time employees annual compensation. Part-time employees who work 30 or more hours per week will have a pro-rata percentage contributed based on the number of hours worked. The Coalition may elect to contribute up to 25% of all participants' compensation for any calendar year, subject to Internal Revenue Service annual allowable compensation limits. Total expense for the year ended June 30, 2010, was \$7,391.

NANCY J. WILLIAMSON, PC  
P.O. BOX 91418  
AUSTIN, TX 78709

FLORIDA KEYS HEALTHY  
START COALITION, INC.  
1100 SIMONTON STREET  
KEY WEST, FL 33040  
ATTENTION: ARIANNA NESBITT  
|||||

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010

**2009**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

**FLORIDA KEYS HEALTHY  
START COALITION, INC.**

Employer identification number

**65-0051482**

Name and title of officer

**ARIANNA NESBITT  
CEO**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>695702</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize NANCY J. WILLIAMSON, PC to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 74131878323  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Arianna Nesbitt* Date ▶ 03/02/11

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see Instructions.  
923051  
03-02-10

Form **8879-EO** (2009)

NANCY J. WILLIAMSON, PC  
CERTIFIED PUBLIC ACCOUNTANT  
P.O. BOX 91418  
AUSTIN, TEXAS 78709-1418

MARCH 2, 2011

FLORIDA KEYS HEALTHY  
START COALITION, INC.  
1100 SIMONTON STREET  
KEY WEST, FL 33040  
ATTENTION: ARIANNA NESBITT

DEAR ARIANNA:

ENCLOSED IS THE ORGANIZATION'S 2009 EXEMPT ORGANIZATION  
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU  
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE  
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL  
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A  
PAPER COPY OF THE RETURN TO THE IRS.

I SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE  
CONTACT ME IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX  
RETURN.

I HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED ME  
WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX  
AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. I  
THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU  
MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH  
POSSIBLE EXAMINATIONS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. I SUGGEST  
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

NANCY J. WILLIAMSON, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2010

<b>Prepared for</b>	FLORIDA KEYS HEALTHY START COALITION, INC. 1100 SIMONTON STREET KEY WEST, FL 33040
<b>Prepared by</b>	NANCY J. WILLIAMSON, PC P.O. BOX 91418 AUSTIN, TX 78709
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> <b>FLORIDA KEYS HEALTHY START COALITION, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1100 SIMONTON STREET</b> City or town, state or country, and ZIP + 4 <b>KEY WEST, FL 33040</b>	<b>D Employer identification number</b> <b>65-0051482</b>
		<b>E Telephone number</b> <b>305-293-8424</b>	<b>G Gross receipts \$</b> <b>695,702.</b>
		<b>F Name and address of principal officer:</b> <b>ARIANNA NESBITT</b> <b>SAME AS C ABOVE</b>	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c) Group exemption number</b> ▶
		<b>J Website:</b> ▶ <b>WWW.KEYSHEALTHYSTART.ORG</b>	
		<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> <b>1987</b> <b>M State of legal domicile:</b> <b>FL</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>ENSURE BABIES ARE BORN HEALTHY TO PARENTS WHO ARE PREPARED IN OUR COMMUNITY.</b>	
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>10</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>10</b>
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>0</b>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>698,449.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>695,319.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>55.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>383.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>698,504.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>695,702.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>469,742.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>408,507.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>211,018.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>191,898.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>18,010.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>55,462.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>52,695.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>736,222.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>653,100.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-37,718.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>484,075.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>383,519.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>282,633.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>139,475.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>201,442.</b>
		<b>Beginning of Current Year</b>	<b>End of Year</b>

**Part II Signature Block**

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

**Sign Here** ▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 ▶ **ARIANNA NESBITT, CEO**  
 Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <b>NANCY J. WILLIAMSON, CPA</b>	Date <b>03/02/11</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>NANCY J. WILLIAMSON, PC</b> <b>P.O. BOX 91418</b> <b>AUSTIN, TX 78709</b>		EIN ▶	Phone no. ▶ <b>(512) 432-5236</b>

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

FLORIDA KEYS HEALTHY  
START COALITION, INC.

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**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:  
TO IMPROVE BIRTH OUTCOMES THROUGH EDUCATION AND SUPPORT SERVICES TO  
FAMILIES BEFORE, DURING AND AFTER PREGNANCY.

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 \$ 443,258. including grants of \$ ) (Revenue \$ )  
THE HEALTHY START PROGRAM SERVED OVER 550 OF THE 750 FAMILIES IN MONROE  
COUNTY WHO BECAME NEW PARENTS THIS YEAR. SERVICES PROVIDED INCLUDED  
CARE COORDINATION, CHILDBIRTH EDUCATION, BREASTFEEDING COUNSELING,  
MEDICAID APPLICATION ASSISTANCE, NUTRITIONAL COUNSELING, SMOKING  
CESSATION, PARENTING EDUCATION AND INTERCONCEPTIONAL CARE.

4b (Code: ) (Expenses \$ 56,262. including grants of \$ ) (Revenue \$ )  
THE HEALTHY BABIES PROGRAM SERVED OVER 50 FAMILIES ENSURING THAT THE  
RECEIVED THE PRENATAL CARE NECESSARY TO HAVE A HEALTHY BABY. BY  
PARTNERING WITH OUR 5 LOCAL DOCTORS AND OTHER COMMUNITY MEMBERS THIS  
PROGRAM COVERS REDUCED FEE MEDICAL VISITS, LAB WORK REQUIREMENTS,  
ULTRASOUNDS, TRANSPORTATION ASSISTANCE, AND NUMEROUS OTHER REQUESTS TO  
ACHIEVE THIS GOAL.

4c (Code: ) (Expenses \$ 5,321. including grants of \$ ) (Revenue \$ )  
THROUGH THE CHILD SAFETY PROGRAM THIS YEAR WE ENSURED OVER 300 CHILDREN  
WERE TRAVELING IN NON EXPIRED, PROPERLY INSTALLED CHILD SAFETY SEATS.  
THIS PROGRAM ALLOWED FOR US TO TRAIN OVER 8 VOLUNTEERS IN THE PROPER  
INSPECTION AND INSTALLATION OF THE SEATS, AS WELL AS, ALLOWING US TO  
HOLD 6 COMMUNITY WIDE EVENTS PROMOTING THE IMPORTANCE OF CHILD  
PASSENGER SAFETY.

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

4e Total program service expenses ► \$ 504,841.

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**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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

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

**Note.** All Form 990 filers are required to complete Schedule O.

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

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

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

**Section A. Governing Body and Management**

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ARIANNA NESBITT - 305-293-8424**  
**1100 SIMONTON STREET, KEY WEST, FL 33040**

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

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

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHERYL COTTRELL PAST PRESIDENT	5.00	X						0.	0.	0.
HOLLY MERRILL RASCHEIN PRESIDENT	5.00	X						0.	0.	0.
LYNN WINTERMYER DIRECTOR	5.00	X						0.	0.	0.
LINDA WELSH DIRECTOR	2.00	X						0.	0.	0.
MAGGIE VOGELSANG DIRECTOR	1.00	X						0.	0.	0.
MARY WILLIAMS TREASURER	1.00	X						0.	0.	0.
ELIZABETH MACGARD VICE PRESIDENT	1.00	X						0.	0.	0.
SHAUNA GIONFRIDDO DIRECTOR	1.00	X						0.	0.	0.
NICOLE MANNING DIRECTOR	1.00	X						0.	0.	0.
AUDRA HILL DIRECTOR	1.00	X						0.	0.	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	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	654,107.		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	41,212.		
	g Noncash contributions included in lines 1a-1f: \$				
h Total. Add lines 1a-1f		695,319.			
Program Service Revenue	Business Code				
	2 a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		383.	383.	
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a	(i) Real			
		(ii) Personal			
		b Less: rental expenses			
		c Rental income or (loss)			
	d Net rental income or (loss)				
	7 a	(i) Securities			
		(ii) Other			
		b Less: cost or other basis and sales expenses			
		c Gain or (loss)			
	d Net gain or (loss)				
	8 a 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				
	9 a Gross income from gaming activities. See Part IV, line 19		a		
b Less: direct expenses		b			
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances		a			
b Less: cost of goods sold		b			
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		695,702.	383.	0.	0.

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FLORIDA KEYS HEALTHY  
START COALITION, INC.

Form 990 (2009)

65-0051482 Page 10

**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	408,507.	408,507.		
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	69,369.	13,874.	48,558.	6,937.
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	107,030.	64,218.	32,109.	10,703.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,696.	2,217.	1,109.	370.
9 Other employee benefits			11,803.	
10 Payroll taxes	11,803.			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	3,023.	3,023.		
12 Advertising and promotion	1,985.		1,985.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	2,979.	2,979.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,450.	5,450.		
20 Interest	30.		30.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,400.		3,400.	
23 Insurance	3,076.		3,076.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>CONTRACT LABOR</b>	13,598.		13,598.	
b <b>EDUCATION AND OUTREACH</b>	4,573.	4,573.		
c <b>TELEPHONE</b>	3,745.		3,745.	
d <b>OUTREACH AND PUBLIC REL</b>	3,350.		3,350.	
e <b>EQUIPMENT RENTAL AND MA</b>	2,182.		2,182.	
f All other expenses	5,304.		5,304.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	653,100.	504,841.	130,249.	18,010.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2009)

FLORIDA KEYS HEALTHY  
START COALITION, INC.

Form 990 (2009)

65-0051482 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing .....	287,396.	1	185,700.
	2	Savings and temporary cash investments .....		2	
	3	Pledges and grants receivable, net .....	178,622.	3	181,137.
	4	Accounts receivable, net .....		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) 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 .....	1,305.	9	2,683.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	25,070.		
	b	Less: accumulated depreciation .....	11,071.	10c	13,999.
	11	Investments - publicly traded securities .....		11	
	12	Investments - other securities. See Part IV, line 11 .....		12	
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	484,075.	16	383,519.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	278,469.	17	139,283.
	18	Grants payable .....		18	
	19	Deferred revenue .....		19	
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....	4,164.	25	192.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	282,633.	26	139,475.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....		27	
	28	Temporarily restricted net assets .....	184,690.	28	230,045.
	29	Permanently restricted net assets .....	16,752.	29	13,999.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	201,442.	33	244,044.	
34	<b>Total liabilities and net assets/fund balances</b> .....	484,075.	34	383,519.	

Form 990 (2009)

FLORIDA KEYS HEALTHY  
START COALITION, INC.

Form 990 (2009)

65-0051482 Page 12

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....

b Were the organization's financial statements audited by an independent accountant? .....

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **FLORIDA KEYS HEALTHY START COALITION, INC.** Employer identification number **65-0051482**

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

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

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

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

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

FLORIDA KEYS HEALTHY

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	545,869.	670,151.	682,184.	698,504.	695,319.	3292027.
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	19,764.	19,764.	19,885.	16,649.	54,359.	130,421.
4 <b>Total.</b> Add lines 1 through 3	565,633.	689,915.	702,069.	715,153.	749,678.	3422448.
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 <b>Public support.</b> Subtract line 5 from line 4.						3422448.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	565,633.	689,915.	702,069.	715,153.	749,678.	3422448.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				55.	383.	438.
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 <b>Total support.</b> Add lines 7 through 10						3422886.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.99	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100.00	%
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

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

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

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

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

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

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

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

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

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

# Schedule of Contributors

OMB No. 1545-0047

# 2009

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

<b>Name of the organization</b> FLORIDA KEYS HEALTHY START COALITION, INC.	<b>Employer identification number</b> 65-0051482
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

### General Rule

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

### Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

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

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



<b>Name of organization</b> FLORIDA KEYS HEALTHY START COALITION, INC.	<b>Employer identification number</b> 65-0051482
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**Part II Noncash Property** (see instructions)

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

<b>Name of organization</b> FLORIDA KEYS HEALTHY START COALITION, INC.	<b>Employer identification number</b> 65-0051482
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **FLORIDA KEYS HEALTHY START COALITION, INC.** Employer identification number **65-0051482**

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 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)? .....
- 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.

- 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.
  - 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 .....	▶ \$ _____
- 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 .....	▶ \$ _____

FLORIDA KEYS HEALTHY  
START COALITION, INC.

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

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

(check all that apply):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		25,070.	11,071.	13,999.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				13,999.



FLORIDA KEYS HEALTHY  
START COALITION, INC.

Schedule D (Form 990) 2009

65-0051482 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	695,702.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	653,100.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	42,602.
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	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	42,602.

**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	749,065.
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	54,359.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-996.
e	Add lines 2a through 2d	2e	53,363.
3	Subtract line 2e from line 1	3	695,702.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	695,702.

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

1	Total expenses and losses per audited financial statements	1	703,710.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	54,359.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-350.
e	Add lines 2a through 2d	2e	54,009.
3	Subtract line 2e from line 1	3	649,701.
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	3,399.
c	Add lines 4a and 4b	4c	3,399.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	653,100.

**Part XIV Supplemental Information**

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

THE ITEMS LISTED IN THE OTHER CATEGORY WHERE MISC AMOUNTS THAT WE HANDLED DIFFERENTLY ON THE AUDIT. DUE TO THEIR IMMATERIALITY, IT WAS DETERMINED THAT THE AUDIT WOULD NOT BE RE-ISSUED.



**FLORIDA KEYS HEALTHY  
START COALITION, INC.**

65-0051482

Page 2

Schedule I (Form 990) 2009 **Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COST REIMBURSEMENT CONTRACT TO THE MONROE COUNTY HEALTH DEPARTMENT	750	0.	0.		THE COST REIMBURSEMENT CONTRACT (NOT A GRANT) IS WITH THE MONROE COUNTY HEALTH DEPARTMENT, HOWEVER, THIS

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: THE COST REIMBURSEMENT CONTRACT (NOT A GRANT) IS WITH THE MONROE COUNTY HEALTH DEPARTMENT, HOWEVER, THIS CONTRACT DOES NOT FUND THE MCHD. RATHER, THE CONTRACT FUNDS THE HEALTHY START PROGRAM WHERE THROUGH THE STATE OF FLORIDA, THE COALITION IS CHARGED WITH ASSISTING WOMEN AND THEIR FAMILIES BEFORE, DURING AND AFTER PREGNANCY. EACH YEAR THE COALITION'S SUCCESS IS MEASURED BY THE NUMBER AND TYPE OF SERVICES THEY PROVIDED NOT BY THE NUMBER OF CLIENTS SERVED. APPROXIMATING THE NUMBER OF RECIPIENTS INCLUDING BOTH MOMS AND BABIES

**Part IV** Supplemental Information

WOULD EQUAL 750.

THE COALITION DOES NOT GIVE OUT GRANTS TO ANY INDIVIDUALS OR GOVERNMENTAL  
AGENCY.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

Name of the organization **FLORIDA KEYS HEALTHY START COALITION, INC.** Employer identification number **65-0051482**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( <u>DONATED FACIL</u> )	X	1	0.	FAIR MARKET VALUE
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

FLORIDA KEYS HEALTHY  
START COALITION, INC.

Employer identification number  
65-0051482

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR REVIEWS THE  
FORM 990 AND PROVIDES IT TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND  
APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST  
DISCLOSURES ARE REVIEWED AND ADDRESSED BY THE BOARD TO DETERMINE THE ACTION  
THAT NEEDS TO BE TAKEN.

FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE DURING  
STANDARD BUSINESS OPERATING HOURS AT OUR LOCATION: 1100 SIMONTON STREET,  
KEY WEST, FL 33040

2009 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	2 MONITORS	0112705SL		5.00	16	514.			514.	463.		51.
12	PRINTER OKI	020206SL		5.00	16	425.			425.	334.		85.
13	COMPUTER DEM E310	062906SL		5.00	16	972.			972.	631.		194.
14	INJOY DVDS	052307SL		10.00	16	10,978.			10,978.	2,287.		1,098.
15	DESKS - 2	0112005SL		7.00	16	760.			760.	553.		109.
16	SHELVING	052406SL		7.00	16	126.			126.	55.		18.
32	TOSHIBA OVERHEAD	063004200DB5		5.00	17	1,318.			1,318.	1,318.		0.
33	M OVERHEAD	063004200DB5		5.00	17	230.			230.	230.		0.
55	PRINTER	063008SL		5.00	16	399.			399.	80.		80.
56	COMPUTER	063008SL		5.00	16	2,008.			2,008.	402.		402.
57	COMPUTER	063008SL		5.00	16	2,008.			2,008.	402.		402.
58	COMPUTER	063008SL		5.00	16	2,007.			2,007.	401.		401.
59	COMPUTER	063008SL		5.00	16	2,007.			2,007.	401.		401.
60	CELL PHONE	063008SL		7.00	16	376.			376.	54.		54.
61	CAMERA	063008SL		5.00	16	187.			187.	37.		37.
62	PRINTER DESKS AND	063008SL		5.00	16	109.			109.	22.		22.
63	ACCESSORIES	121609SL		7.00	16	646.			646.			46.
	* TOTAL 990 PAGE 10 DEPR					25,070.		0.	25,070.	7,670.	0.	3,400.

928102  
06-24-09

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Attachment ↓



**IRS** Department of the Treasury  
Internal Revenue Service

P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077556534  
Apr. 02, 2009 LTR 4168C 0  
65-0051482 000000 00 000  
00029020  
BODC: TE

FLORIDA KEYS HEALTHY START  
COALITION INC  
1100 SIMONTON ST  
KEY WEST FL 33040-3110



015418

Employer Identification Number: 65-0051482  
Person to Contact: SHARON LENARD  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Dec. 02, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in July 1993, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

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

Sincerely yours,

A handwritten signature in cursive script that reads "Cindy Westcott".

Cindy Westcott  
Manager, EO Determinations

Department of The Treasury

Internal Revenue Service  
EO Group 7404  
Suite 1109, Stop 520  
401 West Peachtree St.  
Atlanta, GA 30365

MONROE COUNTY PERINATAL NETWORK INC  
PO BOX 9107  
KEY WEST, FL 33041

Person To Contact: Kim Artis  
Telephone Number: (404)331-1967  
Refer Reply To: EO:7404:AM  
EIN: 65-0051482  
Date: MAR 17 1994

Dear Sir or Madam:

We have received and reviewed the amended organizing documents that you submitted on behalf of your organization, in which the organizing documents were approved and/or adopted on 11/19/93. This information has been made a part of your file.

Your organization shall continue to be recognized as exempt under Section 501(C)(3) of the Internal Revenue Code, effective as of 04/93. You may continue to rely on this exemption until it is modified, terminated or revoked by the Internal Revenue Service.

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

A copy of this letter should remain in your permanent records as it may help resolve any question about your exempt status. Thank you for your cooperation.

Sincerely,  
*[Signature]*  
Coordinator  
Exempt Organizations

# EMPLOYMENT POLICIES

## At Will Employment

Policies set forth in this handbook are not intended to create a contract, nor are they to be construed to constitute contractual obligations of any kind or a contract of employment between Florida Keys Healthy Start Coalition of Monroe County, Inc. and any of its employees. **All employees of the Coalition are employed at-will.** Accordingly, either the employee, or the Coalition can terminate employment at any time, with or without prior notice or counseling.

The Coalition employees have no authority to make any agreements or promises altering an employee's status as an employee-at-will, unless in writing and signed by the CEO. These provisions supercede all existing policies and practices and may not be amended or added to without the express written approval of the Board of Directors.

If any provision is found to be in conflict with Florida or Federal law, the remaining provisions of the Policy will remain in full force and effect.

## Equal Employment Opportunity

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at the Coalition will be based on merit, qualifications, and abilities. Except where required or permitted by law, employment practices will not be influenced or affected by an applicant's or employee's race, color, religion, sex, national origin, age, or any other characteristic protected by law. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Any employee with questions or concerns about any type of discrimination in the workplace is encouraged to bring these issues to the attention of their immediate supervisor or the CEO. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

## Immigration Law Compliance

The Coalition is committed to employing only United States citizens and aliens who are authorized to work in the United States and does not unlawfully discriminate on the basis of citizenship or national origin.

In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 with the Coalition within the past 3 years, or if their previous I-9 is no longer retained or valid.



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

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## DESK AUDIT FOR THE HEALTHY START COALITION CONTRACTS

### FLORIDA KEYS HEALTHY START COALITION, INC.

**Date of Desk Audit:** June 8, 2009

**Contract Numbers:** COSO9-R2; COSP2-R2; COSP1-R2

**Contract Amounts:** \$543,352; \$70,968; \$25,038 = \$639,358

**Date of Report:** July 22, 2009

**Contract Period:** July 1, 2008 – June 30, 2009

**Department Representative:** Laura Pan, Contract Manager

**Coalition Representative:** Arianna Nesbitt, Chief Executive Officer

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On June 8, 2009, the Department of Health contract manager conducted a conference call desk audit monitoring of the Healthy Start Planning and Direct Service contract; as well as the Medicaid Waiver and SOBRA contracts to determine if the coalition was in compliance with the terms and conditions of these contracts. Based on the review, the coalition chief executive officer, staff and lead care coordination subcontracted provider are to be commended on the manner in which services are being provided to women and infants in Monroe County. The coalition is also commended for the system of care put in place for clinical prenatal care for its citizens.

The monitoring tool (Attachment I) was developed using the department's Standard Contract and Attachment I of each of the contracts mentioned above. The monitoring also included a review of the department's Health Problem Analysis (HPA), infant and prenatal screening results, direct service data, as well as reviewing previous deliverables.

The coalition was found to be in compliance with all programmatic terms and conditions of the three contracts.

#### 2007 Health Problem Analysis

A copy of the 2007 health problem analysis is attached (Attachment II). Each of the health status indicators was discussed. In general, the numbers are very small and the rates can be skewed by just one case; therefore, care must be taken in analyzing the statistics and remember to look at 3-year rolling averages as well. The items of interest are listed below:

Infant Death Rate: Actual vs. Expected - the actual infant death rate of 2.47% is significantly lower than the expected rate of 6.05%. This is very good.

Infant Mortality – the total, white and black numbers and rates have decreased from the 2006 single-year data and are below the state rate. The three-year rolling averages show a decrease as well in the total, white and black rates while the other rate has remained the same at 0.

Neonatal Mortality – the total, white and black single-year numbers and rates have decreased from the 2006 numbers and rates. They are all below the state rate. The three-year rolling average shows a decrease in total, white and black while the other rate has remained the same at 0.

Postneonatal Mortality – the total, white and black single-year numbers and rates have remained the same as the 2006 numbers and rates with all at 0. They are all below the state rate. The three-year rolling average shows the total, white and black rates all at 0.

Fetal Mortality - the total, white and black single-year numbers and rates for 2007 have decreased from the previous calendar year with the other category remaining the same at 0. The three-year rolling average for 2005-2007 shows a decrease in all races and black while the white rate has slightly increased and the other rate remains at 0.

Low Birthweight – The single-year total and white numbers have increased while their percentages have decreased. The black numbers and percentage have increased and is above the state rate. The total percentage is below the state rate; the white percentage is above the state rate. The 2005-2007 three-year rolling averages show an increase in all races, white and black while the other rate decreased. This is of concern to the coalition.

Very Low Birthweight - The single-year total and white numbers and rates have decreased while the black percentage has increased. The total percentage is the same as the state rate; the white percentage is below the state rate; the black percentage is above the state rate while the other is below the state rate. The three-year rolling averages show that the all races and white rates are the same as the state rate while the black rate has increased and other remains at 0.

Repeat Births to Teens – The 2007 rate of 12.1% shows an increase over the 2006 rate of 6.3% but is below the state rate of 16.2%.

Reported Smoking Prevalence in Pregnancy – The 2007 rate for Monroe County shows an increase but remains below the state rate.

Prenatal Care by Trimester of Pregnancy – The first trimester entry is lower than the state's rate and efforts to increase are being implemented by the coalition; second trimester entry is higher than the state's rate; the percentage of pregnant women with no prenatal care is higher than the state's rate and once again efforts to decrease this rate are being implemented by the coalition.

**Prenatal and Infant Screening Rates**

Using the latest data available at the time of the desk audit (March 2009), the coalition exceeded its prenatal and infant goals for the 2008-2009 fiscal year. The coalition also exceeded the set goal for consent to screen. All three measures exceeded the state goal.

<b>FLORIDA KEYS</b>	Prenatal Screening Rate Will Increase to <b>63.0 %</b>	Infant Screening Rate Will Increase to <b>90.0%</b>	Consent to the Prenatal Screen Will Increase to <b>91.0%</b>
7/1/08 – 03/31/09	78.61%	97.62%	94.51%
State Rate	71.23%	88.19%	82.41%

**Waiver Contract - Intensity and Duration of Healthy Start Service Delivery**

The GH330L and Executive Summary (July 2008 through March 2009) reports were reviewed to ascertain if there has been an increase in the intensity and duration of Healthy Start services since the onset of the Medicaid Waiver in 2001.

Although the numbers for 2008-2009 have decreased when compared to the baseline year of 1999-2000, many program changes have taken place since the baseline year that can explain the decrease (such as new leveling system, new care coordination changes). When looking at the individual fiscal year reports, the coalition shows an increase in intensity and duration as the woman's and infant's risk level increases. The coalition is in compliance with the goals of the waiver contract which are to increase the amount of service delivery and encounters as a woman and infant's risk level increases. Results are listed below:

**Executive Summary Report – Prenatal**

Line:	1999-2000 Baseline	Enc /Woman	Serv /Enc	07/08 – 03/09	Enc /Woman	Serv /Enc	Increase or Decrease
14. CC-Tracking or not F-2-F w/w-out other HSS w/out FSP (L1-L2)	219	3.12	2.45	72	4.07	2.62	Increase in encounters per woman; increase in services per encounter over baseline

Line:	1999-2000 Baseline	Enc /Woman	Serv /Enc	07/08 – 03/09	Enc /Woman	Serv /Enc	Increase or Decrease
15. CC F-2-F w/w-out other HSS without FSP (L2)	161	6.54	3.21	123	6.89	3.30	Increase in encounters per woman; increase in services per encounter over baseline
16. CC F-2-F w/w-out other HS with FSP (L3)	144	7.71	3.73	43	9.30	3.90	Increase in encounters per woman; increase in services per encounter over baseline

**Executive Summary Report – Infant**

Line:	1999-2000 Baseline	Enc /Inf	Serv /Enc	07/08 – 03/09	Enc /Inf	Serv /Enc	Increase or Decrease
13. CC- Tracking or not F-2-F w/w-out other HSS w/out FSP (L1-L2)	196	2.24	2.14	72	4.07	3.10	Increase in encounters per infant; increase in services per encounter over baseline
14. CC F-2-F w/w-out other HSS without FSP (L2)	123	6.46	3.27	92	6.47	3.59	Increase in encounters per infant; increase in services per encounter over baseline
15. CC F-2-F w/w-out other HS with FSP (L3)	21	4.48	3.80	36	11.22	4.28	Increase in encounters per infant; decrease in services per encounter over baseline

**GH330L Report – Prenatal**

Service Units Components	7/99- 6/00 FY Baseline	7/08- 3/09 (9 months)	99/00- 08/09 FY Comparison
Initial Contact	1,204	1,099	Decrease
Initial Assessment	1,125	509	Decrease
Care Coordination	6,060	3353	Decrease
<b>Wraparound:</b>			
Psychosocial Counseling	134	133	Decrease
Parenting Education	273	40	Decrease
Childbirth Education	205	128	Decrease
Breastfeeding Education	472	162	Decrease
Smoking Cessation	43	72	Increase
Nutritional Counseling		11	Increase
<b>Total Direct Services</b>	<b>20,433</b>	<b>6,072</b>	<b>Decrease</b>

**GH330L Report – Infant**

Service Units Components	7/99-6/00 FY Baseline	7/07- 3/08 (9 months)	99/00-05/06 FY Comparison
Initial Contact	576	739	Increase
Initial Assessment	356	323	Decrease
Care Coordination	2,775	1,708	Decrease
<b>Wraparound:</b>			
Psychosocial Counseling	65	66	Increase
Parenting Education	327	235	Decrease
Childbirth Education	2	0	Decrease
Breastfeeding Education	136	106	Decrease
Smoking Cessation	4	10	Increase
Nutritional Counseling	0	10	Increase
<b>Total Direct Services</b>	<b>13,222</b>	<b>3,777</b>	<b>Decrease</b>

The first coalition's waiver contract performance measure is that Healthy Start prenatal participants shall receive care coordination face-to-face services with a family support plan at a rate of 14.0%. The latest Executive Summary Report shows that the coalition, as of March 2009, has reached 14.58%, above the goal and state rate. The coalition's waiver contract performance measure states that Healthy Start infant participants shall receive care coordination face-to-face services with a family support plan at a rate of 12.0%. The latest Executive Summary Report for infants shows that the coalition, as of March 2009, has only achieved 7.96% which is below the contractual goal and state rate. The coalition has been unable to achieve their goal for the 9 months reported in this fiscal year.

The contract manager discussed the importance of meeting and/or exceeding this goal for the 2009-2010 fiscal year. The chief executive officer and program coordinator reviewed this and advised by e-mail in February 2009 that they performed additional record reviews and care coordinators were contacted. It is believed that the low percentage is due to coding issues and can be matched to specific records of one care coordinator who left the program in the month of February. This measure will be closely monitored by the contract manager and chief executive officer and we will return to this issue in the coming months to review progress towards meeting this goal.

**Non-Expendable Property Inventory**

The coalition's property inventory was sent to the contract manager and satisfies this item in the contract Attachment I.

**Emergency Plan to Respond To Public Health Crises**

The coalition shared their written emergency plan created with the Monroe County Health Department's (MCHD) Healthy Start care coordinators and MomCare Advisor for evacuation and post-evacuation procedures for Healthy Start clients. The coalition uses all the plans that are in place in the county for internal staff. The county health department contacts Healthy Start clients; prenatal care provider's contact pregnant Healthy Start clients seven months or over to make sure they have a plan. Individual records are locked and safeguarded. The coalition is well attuned to emergency preparation procedures due to the proximity of Monroe County to the Gulf and Atlantic coasts.

**SOBRA (MomCare) Contract Performance Measures**

A review of the SOBRA contract performance measures from July 1, 2008 through March 31, 2009 on the total/all clients report shows that 4 out of 5 performance measures were met and exceeded while one measure, number 5 listed below, was not met. It is recommended that the coalition discuss this with the MomCare supervisor and put corrections in place to rectify this deficiency.

<b>Goal</b>	<b>Achieved as of 03/31/2009</b>
<b>75%</b> of enrollees will receive an attempt to contact within 5 working days of referral	95.80%
<b>85%</b> of auto-assigned enrollees will receive three documented attempts to contact	86.00%
<b>85%</b> of the enrollees will be enrolled with a prenatal care provider within 30 days	94.27%
<b>85%</b> of enrollees successfully contacted will receive, or will have already received, WIC information	95.73%

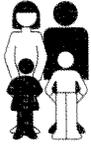
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<b>Goal</b>	<b>Achieved as of 03/31/2009</b>
<u>70%</u> of recipients that have been auto-assigned or not verbally contacted but their provider choice is registered, will receive an additional attempt to communicate (by letter, phone or face-to-face) prior to the follow-up service provided between the sixth and ninth months of pregnancy.	40.00% - Measure Not Met

LDP/lab

Attachments

cc: Cheryl Cottrell, Coalition Board President  
Marie Melton, Registered Nursing Consultant Coordinator  
Kris-Tena Albers, Executive Community Health Nursing Director



STANLEY SACK, M.D., P.A.  
*Care of Children and Adolescents*

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1201 White Street, Suite 103  
Key West, FL 33040  
Tel: (305) 295-7337  
Fax: (305) 295-0597

April 7, 2010

Monroe County Human Services Advisory Board  
1100 Simonton St.  
Key West, Florida 33040

Dear Advisory Board Members:

I am pleased to provide this letter of support to the Florida Keys Healthy Start Coalition. Their grant application in support of the Healthy Babies program will provide critically needed medical services for our most at-risk and needy pregnant women within Monroe County.

During my participation as a member of this organization for the last four years, I have seen the development and delivery of much needed programming to high risk pregnant women in our community. As a local pediatrician, I am acutely aware and appreciative of how adequate prenatal care impacts the health, growth and development of the young children I see in my practice.

The working relationships this Coalition has developed with local health care and social service providers provide a safety net system of care and resources for women who may otherwise struggle in the navigation of our health care system. This program, as funded by the HSAB, will provide critically needed medical services to women who may have no other alternatives in seeking or receiving necessary care during their pregnancies.

Thank you in considering their application for funding. Should you have any further questions or concerns you may contact me at anytime.

Sincerely,

A handwritten signature in cursive script that reads "Stanley S. Sack".

Stanley S. Sack, M.D.  
Pediatrician  
Member, Florida Keys Healthy Start Coalition