

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

Agency Name	<b>Hospice of the Florida Keys, Inc.</b>
Physical Address	<b>1319 William Street</b>
Mailing Address	<b>SAA</b>
City, State, Zip	<b>Key West, FL 33040</b>
Phone	<b>305-294-8812</b>
Fax	<b>305-294-9348</b>
Email	<b>lkern@hospicevna.com</b>
Who should we contact with questions about this application?	<b>Liz Kern, President &amp; CEO</b>

Amount received for prior fiscal year ending 09/30/09	<b>\$145,000.00</b>
Amount received for current fiscal year ending 09/30/10	<b>\$145,000.00</b>
Amount requested for upcoming fiscal year ending 09/30/11	<b>\$146,516.00</b>

- ① top heavy + raises
  - ② all local board
  - ③ not just hospice services
  - ④ \$ is for salaries for indigent services for indigent
  - ⑤ 4.7 we got our budget
  - ⑥ fee schedule is dated 2008: are the current rates the same as those listed?
- if so, they are less than those of the other hospice

## 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:

Liz kern, President & CEO

Signature 

Date: 04/19/2010

Typed Name of Board President/Chairman:

Peter Rysman, Chairman

Signature 

Date: 04/19/2010

**HOSPICE OF THE FLORIDA KEYS, INC.  
& VISITING NURSE ASSOCIATION  
(HOSPICE/VNA)**

**1. MISSION STATEMENT FOR HOSPICE OF THE FLORIDA KEYS, INC. & VISITING NURSE ASSOCIATION:**

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

**2. SERVICES PROVIDED BY HOSPICE & VNA OF THE FLORIDA KEYS:**

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

**3. SERVICES REQUESTED TO BE FUNDED BY THIS GRANT INCLUDE:**

Services requested to be funded are those hospice and home health services requiring professional medical and personal care – approximately 9% of the salary, benefit and tax expense for the direct service clinical staff (i.e. registered nurses, home health aides, social workers and rehabilitation staff) who care for indigent and medically needy patients - where there is either no payer source or a source paying only partial cost of care (such as Medicaid).

**4. WILL COUNTY FUNDS BE USED AS A MATCH FOR A GRANT?**

No. Funders for Hospice and Visiting Nurse Association (VNA) are primarily Medicaid and Medicare – neither one requiring, nor accepting matching grants.

**5. IF YOU ANSWERED “YES” TO NUMBER FOUR, PLEASE SPECIFY:**

N/A

**6. DO YOU PLAN TO ALLOCATE ANY PART OF THIS HSAB GRANT, IF AWARDED, AS A SUB-GRANT TO ANOTHER ORGANIZATION?**

No.

**7. DOES YOUR ORGANIZATION ALLOCATE SUB-GRANTS TO OTHER ORGANIZATIONS USING OTHER SOURCES (NON COUNTY) OF FUNDING?**

No.

**8. WILL YOU OR HAVE YOU APPLIED FOR OTHER SOURCES OF COUNTY FUNDING?**

Yes. We are the recipient of funds from the County for the direct care component of In-Home Services (personal care, respite care, homemaking services, chore services) – the amount of funding depends on what the Alliance for Aging authorizes to the County (In-Home Services) at any point in time. We are reimbursed fee-for-service. Funds received through the HSAB Grant are not used for services for which we already receive funding for from the County (i.e. we do not double-dip).

**9. WHAT NEEDS OR PROBLEMS IN THIS COMMUNITY DOES YOUR AGENCY ADDRESS?**

Strategic planning (Board of Directors with Management) is ongoing, with the most recent planning session held in January of 2009. Programs directed to those suffering serious illness continue to top the list for home health (VNA) initiatives, while Hospice is challenged by lack of resources for those needing an alternative to care at home. The organization continues to “rise to the occasion,” planning new and expanding programs. For instance, the agency educates the public about and is a vendor of Personal Response Systems. The agency has also launched an array of new services, needed to assist elders and the disabled to remain in their preferred place of residence, primarily one’s own home – in a program named “Life. At Home.”

**10. WHAT STATISTICAL DATA SUPPORT THE NEEDS LISTED IN NUMBER NINE?**

Please refer to attachment C, which relates to this organization’s service area – Monroe County. Data sources used for Attachment C include: U.S. Census Bureau 2005 American Community Survey; Health Council of South Florida, Inc.; Florida

**Hospices and Palliative Care, Inc.; Visiting Nurse Associations of America, Inc.; and, Home Care Association of Florida Inc.**

**The Hospice potential census was calculated using in part Florida's criteria for Determining Need (CON), plus factoring in death statistics by age, less accidents, and adding clients who may need bereavement services. The potential census for home health (VNA) was calculated from census data, identifying individuals who are homebound.**

## **11. WHAT ARE THE CAUSES (NOT THE SYMPTOMS) OF THESE PROBLEMS?**

**People are living longer; many are frail, with conditions needing ongoing medical attention. Many do not have medical insurance, or have limited policies which fail to fully address the illnesses presented.**

## **12. WHAT DOES YOUR AGENCY DO TO ADDRESS THESE CAUSES?**

**In strategic planning sessions, plans have been made to begin new programs directly focused on and for the elderly and disabled, with the goal to maintain an individual in his/her residence (preferably one's own home) for as long as possible (preferably for life). The agency seeks to partner with other organizations with like goals (i.e. Monroe County In-Home Services), in order to reach a larger, more diverse census, particularly low income. In order to serve more low income individuals, the organization (under the umbrella of VNA) started a Private Duty Service ("Life. At. Home"), catering primarily to middle and high income elderly. Profits realized from this program will go toward offsetting losses incurred by serving indigent and low income patients, and/or those with limited insurance coverage and incomes too low to cover unplanned medical needs, yet too high to qualify for Medicaid.**

## **13. DESCRIBE YOUR TARGET POPULATION AS SPECIFICALLY AS POSSIBLE:**

**The target population consists of the elderly and the disabled, including other individuals who are seriously ill – primarily those with life limiting conditions and illnesses requiring highly skilled, intermittent care.**

## **14. HOW ARE CLIENTS REFERRED TO YOUR AGENCY?**

**Physicians, hospitals, other professional staff/organizations, potential patients and families continue to be the major sources of referrals. Detailed statistics regarding referrals are maintained and summarized for management and the Professional**

Advisory/Quality Improvement Committee. Summarized data is reported to and discussed with the Board of Directors on a monthly basis.

**15. WHAT STEPS ARE TAKEN TO BE SURE THAT PROSPECTIVE CLIENTS ARE ELIGIBLE AND THAT THE NEEDIEST CLIENTS ARE GIVEN PRIORITY:**

Referrals and admissions are carefully tracked, with non-admits thoroughly reviewed by top management. Two Community Relations Managers canvas the Keys, educating providers about hospice and home health, promoting referrals. Appropriate referrals are not denied care due to payer source or ability to pay. Agency resources continue to be severely stretched as VNA is the only home health agency that routinely takes all indigent and medically needy patients – as recognized by the Lower Keys Medical Center, which strives to give the Agency two referrals for every one referral to the other home health agencies, all for-profit entities. Community Education is a long standing initiative for this organization. Staff actively promote services at Senior Citizen Centers, housing complexes for low income elderly and by giving talks for various philanthropic organizations, about agency services, throughout the Keys. The agency coordinates care of veterans in the VA system and provides special training to staff in care issues for veterans.

**16. DESCRIBE ANY NETWORKING ARRANGEMENTS THAT ARE IN PLACE WITH OTHER AGENCIES:**

Networking continues and is increasing with many providers of health care and related services (i.e. other human service agencies). There are formal contracts/agreements with all of the hospitals and nursing homes in the County, as well as with other providers of care (such as Easter Seals, Monroe County In-Home Services and AIDS Help). Cost sharing is evident by the sharing of beds for Hospice patients in the three hospitals and nursing home within the County. The alternative arrangement would be for Hospice to have its own freestanding facility. The agency offices in Key West and Tavernier are made available to various support groups for their weekly meetings – i.e. Breast Cancer Support Group, Cancer Support Group.

A significant partnership has occurred. As VNA has been able to leverage its expertise in home care to provide services at a lower cost than previously possible for the County, VNA was awarded the contract to provide In-Home Services to Monroe County clients. Additionally, when the County terminated their In-Home Services staff, jobs were offered by the VNA to almost every past employee of the County in said department.

**17. LIST ALL SITES AND HOURS OF OPERATION:**

All services are managed from two office sites in the Keys – one serving patients from Key West to the 7 Mile Bridge, the other serving patients from the 7 Mile

Bridge to the Dade County line. Services are delivered, primarily in patients' homes, 24 hours a day, 7 days a week, with office hours from 8:00 am to 5:00 pm, from the following locations: 1319 William Street in Key West and 92001 US 1 in Tavernier. The administrative offices are in the Key West location.

## **18. WHAT FINANCIAL CHALLENGES DO YOU EXPECT IN THE NEXT TWO YEARS, AND HOW DO YOU EXPECT TO RESPOND TO THEM?**

Medicare has continued to present opportunities and challenges. Medicare revenues, if realized to the extent possible, can help to subsidize low-paying payers such as Medicaid, indigent care, the uninsured and the under-insured. Due to the small size of this agency, Medicare revenues, in the past, fell far short of breaking even. To add insult to injury, Florida Medicaid is the lowest home health payor in the country – covering less than one fourth the cost of care. In Monroe County the number of working uninsured continues to increase at an alarming rate. At the last Board/Managers Retreat, the above challenges were discussed, utilizing an outside consultant. Plans to increase revenue include: continuing to develop a comprehensive, full pay private duty service; continuing to grow the immunization program; and exploring methods to support sustainable funding for the organization. This past fiscal year proved to be a profitable one for the organization, enabling a significant pay down some of our debt, which had grown considerably, with multiple years of losses in the hundreds of thousands of dollars.

## **19. WHAT ORGANIZATIONAL CHALLENGES DO YOU EXPECT IN THE NEXT TWO YEARS, AND HOW DO YOU PLAN TO RESPOND TO THEM?**

A major challenge is expected to occur within the next two years – the retirement and replacement of the President & CEO. Liz Kern has held this position almost as long as the organization has existed (25 years at this writing). Succession planning, has begun, starting with the recruitment of Jody Gross, as the organization's first COO. It is anticipated, if all goes accordingly, that Ms. Gross will move into the CEO position. Ms. Kern may then assist the organization in other ways – particularly development. An excellent infrastructure is currently in place, throughout the agencies – boding a smooth transition into the future, assuring continued growth on behalf of the communities served. The organization will continue to struggle, and rise to the challenge when possible, with the unique geography in this service area – costs are higher, recruitment of qualified staff is often difficult, one road is the only main road for a 120 plus mile stretch, etc.

Competition from for-profit agencies that do not provide care to uninsured, Medicaid, or under-insured patients continues to challenge us, as does the specter of reduction in reimbursement in Medicare and in Medicaid's already dismal rates.

**20. HOW ARE CLIENTS REPRESENTED IN THE OPERATION OF YOUR AGENCY?**

Patient satisfaction surveys are sent to VNA patients and survivors of Hospice patients. Both types of surveys are sent by an outside company and summaries of responses are reviewed at meetings of the Professional Advisory Quality Improvement Committee. Some family members and ex-patients have served on various committees, joined the staff or Board of Directors. Volunteers are major providers of non-hands-on care, in the offices and in patient homes – a significant number of volunteers have been recipients of agency services. Many ex-clients provide invaluable services as volunteers at various fund-raising events.

**21. IS YOUR AGENCY MONITORED BY AN OUTSIDE ENTITY? IF SO, BY WHOM AND HOW OFTEN?**

As licensed Medicare Certified hospice and home health programs, the agencies are surveyed by The Agency for Health Care Administration – unannounced visits occur approximately every 1 to 2 years. Outside benchmarking companies are also retained to compare the organization's performance against other like agencies – ongoing on a daily basis.

**22. Over 2,000 HOURS OF PROGRAM SERVICE WERE CONTRIBUTED BY 43 VOLUNTEERS IN THE LAST YEAR.**

**23. WILL ANY SERVICES FUNDED BY THE COUNTY BE PERFORMED UNDER SUBCONTRACT BY ANOTHER AGENCY? IF SO, WHAT SERVICES, AND WHO WILL PERFORM THEM?**

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

**24. WHAT MEASURABLE OUTCOMES DO YOU PLAN TO ACCOMPLISH IN THE NEXT FUNDING YEAR?**

A consulting firm was retained in late 2008 to address this very question. A detailed report, with goals, was submitted to the CEO and the Board of Directors – including timelines. A primary goal is to increase the census in both agencies and the average length of stay in Hospice. This (growth) is occurring on a monthly basis, with census reports given to and discussed with management and the Board of Directors.

## **25. HOW WILL YOU MEASURE THESE OUTCOMES?**

Reports are completed by the President & CEO detailing the outcomes noted at the Planning Retreat. The goals will be compared with other like agencies, via benchmarking reports and other quality improvement initiatives.

## **26. PROVIDE INFORMATION ABOUT UNITS OF SERVICE BELOW.**

There are five basic direct services, with differing costs (as outlined in the schedule below). These actual costs are calculated for Medicare, per a detailed cost report. Visit cost by discipline is the most frequent unit used.

<b>Service</b>	<b>Unit (by visit)</b>	<b>Cost per visit (effective 4/2010)</b>
<b>Skilled Nursing</b>	<b>Per Visit</b>	<b>\$125.00 to \$175.00</b>
<b>Physical Therapy</b>	<b>Per Visit</b>	<b>\$125.00</b>
<b>Occupational Therapy</b>	<b>Per Visit</b>	<b>\$125.00</b>
<b>Speech Therapy</b>	<b>Per Visit</b>	<b>\$125.00</b>
<b>Home Health Aides</b>	<b>Per Visit</b>	<b>\$60.00</b>
<b>Routine Hospice Care</b>	<b>Per Day</b>	<b>\$132.87</b>
<b>Continuous Hospice Care</b>	<b>Per Hour</b>	<b>\$32.31</b>
<b>General Inpt. Hospice</b>	<b>Per Day</b>	<b>\$594.11</b>

## **27. IN 300 WORDS OR LESS, ADDRESS ANY TOPICS NOT COVERED ABOVE.**

The lack of resources for eldercare and the otherwise disabled, who wish to remain in the Keys, is serious. Thankfully, homecare and hospice are viable ways for most folk to be able to remain in Monroe County for the remainder of their lives. The closing of nursing homes in Marathon and Key West were significant losses (though justified by the entities involved), resulting in stress for patients and families in an outflow of patients from the County. Assisted living and adult foster care are almost non-existent in the Florida Keys. With increased support from Monroe County, Hospice & VNA can markedly help to fill the gap – enabling senior and other disabled residents to age and live in place, with dignity.

## ATTACHMENT CHECKLIST

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

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



**VISITING NURSE ASSOCIATION  
& HOSPICE OF THE FLORIDA KEYS  
BOARD OF DIRECTORS  
ANNUAL MEETING MINUTES – NOVEMBER 12, 2009  
Reception at the Eco-Discovery Center, Key West, Florida**

Prior to the meeting, there was a short community social in the Exhibition Hall. Story-boards of the various agency departments were on display throughout the area.

**I. Call to Order, Introductions: Chairman Peter Rysman**

Mr. Rysman welcomed everyone to the 2009 Annual Meeting, stating that the past year had been a very good one for VNA/Hospice. Ms. Rysman introduced all of the current Board Members, giving a brief history of their backgrounds and contributions to the agency. It was noted that Dr. John Calleja had been one of the founding Board Members 25 years ago. Liz Kern, President & CEO, was also commended for her two and a half decades working for the agency. Mr. Rysman thanked all Hospice volunteers and the community in general for all the assistance provided to the agency.

**II. Report of the Board Development Committee: Mindy McKenzie**

Ms. McKenzie presented the proposed slate for Elections and Re-Election (see attached). All nominees were unanimously approved. Ms. McKenzie reminded everyone of the need to increase Upper Keys representation on the Board, stating that there was a potential recruit from Tavernier being solicited.

**III. Remarks by the Chairman: Peter Rysman**

Mr. Rysman reported that the census for both Hospice and the VNA were up compared to the previous year. The newly expanded "Life. At Home." program was growing quite rapidly. As part of the new Marketing Plan, Mr. Rysman explained that the agency's public name had been changed from "Hospice of the Florida Keys & Visiting Nurse Association" to "Visiting Nurse Association and Hospice of the Florida Keys" to more accurately reflect the agency's presence in the community. Mr. Rysman reminded the audience that VNA/Hospice is the only agency that serves everyone in the county, regardless of their ability to pay. Mr. Rysman closed his remarks by thanking Ms. Kern for overseeing the growth and prosperity of the agency.

**IV. Remarks by the President & CEO: Liz Kern**

Ms. Kern commended all of the agency volunteers, as well as the staff and the Board of Directors, for their assistance and work of the past year. Among the many staff members present that were named, Dr. Al Sullivan was thanked for donating his billed services to the agency. Former Board members present were also thanked for their work. Ms. Kern gave an overview of the history of the agency, and its rise from a small Hospice, to the addition of home health services and the LAH program.

Special awards were given to former Board Members, as well as the volunteers who helped with flu clinics. Special donor appreciation was given to Sam Klitenick who donated the proceeds (over \$5,000) of his various Bar Mitzvah fundraisers.

A-2

**V. Guest Speaker: State Representative Ron Saunders**

Mr. Saunders congratulated the agency for its 25 years of service to the community, and on behalf of the entire Keys thanked everyone involved. Mr. Saunders stated that he has worked with Liz Kern for years and always attends the VNA/Hospice Annual Fourth of July Picnic and promises to support VNA/Hospice in the years to come.

**VII. Adjournment: Chairman Peter Rysman**

Mr. Rysman thanked everyone for attending and praised the volunteers who provided the refreshments for the meeting.

There being no further official business, Board Members, staff, and guests were free to mingle.

Respectfully submitted,

  
\_\_\_\_\_  
J. Christopher Burehard, Recorder

Hospice and Visiting Nurse Association of the Florida Keys  
Board of Directors Annual Meeting  
November 12, 2009

Proposed Slate for Term Election & Re-election

Name	Position
Fred Greenberg	Director (2 <sup>nd</sup> two-year term)
Dr. Sid Goldman	Director (1 <sup>st</sup> two-year term)
<b>New Officers:</b>	
Don Lanman	Vice-Chair
Dr. Margaret Domanski	Secretary







## ATTACHMENT E - AGENCY EXPENSES

2011

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

Hospice of the Florida Keys, Inc.

Expenditures	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	9/30/2011		9/30/2010	
	Total	%	Total	%
Salaries	2,700,030	57%	2,438,258	53%
Payroll Taxes	216,542	5%	195,548	4%
Employee Benefits	265,177	6%	212,820	5%
<b>Subtotal Personnel</b>	<b>3,181,749</b>	<b>67%</b>	<b>2,846,626</b>	<b>62%</b>
Postage	10,091	0%	9,797	0%
Office Supplies	47,787	1%	46,395	1%
Telephone	50,071	1%	48,613	1%
Professional Fees	36,989	1%	35,912	1%
Rent				
Utilities	33,978	1%	32,988	1%
Repair and Maint.	28,991	1%	28,147	1%
Travel	6,851	0%	6,651	0%
Miscellaneous	26,408	1%	25,639	1%
*Grants to Other Organizations				
<i>List others below</i>				
Patient Care Expense	501,581	11%	486,972	11%
Uncompensated Care Expense	289,978	6%	281,532	6%
Public Health Programs	62,799	1%	60,970	1%
Interest Expense	38,775	1%	37,646	1%
Insurance Expense	114,468	2%	111,134	2%
Computer System Expense	54,252	1%	52,672	1%
Depreciation	63,711	1%	61,855	1%
Continuing Education	32,967	1%	32,007	1%
Advertising	46,350	1%	45,000	1%
Temp and Contract Staffing	33,475	1%	32,500	1%
Consulting	15,450	0%	15,000	0%
Payment of Current Debt	41,064	1%	269,039	6%
*We do not fund grants to other organizations				
<b>Total Expenses</b>	<b>4,717,786</b>	<b>100%</b>	<b>4,567,095</b>	<b>100%</b>
<b>Revenue Over/(Under) Expenses</b>	<b>(0)</b>		<b>(30,254)</b>	



**HOSPICE OF THE FLORIDA KEYS, INC.**

**FINANCIAL STATEMENTS**  
**September 30, 2009 and 2008**



**Certified Public Accountants**  
**Business Consultants**  
**Limited Liability Company**

HOSPICE OF THE FLORIDA KEYS, INC.

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**INDEPENDENT AUDITORS' REPORT**



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

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

## INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying statements of financial position of Hospice of the Florida Keys, Inc. ("Hospice") as of September 30, 2009, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of Hospice's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements of Hospice as of September 30, 2008, were audited by other auditors whose report dated April 13, 2009, expressed an unqualified opinion on those financial statements.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our 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 Hospice of the Florida Keys, Inc. as of September 30, 2009, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

*Carr, Riggs + Ingram, LLC*

January 21, 2010

**FINANCIAL STATEMENTS**

HOSPICE OF THE FLORIDA KEYS, INC.

STATEMENTS OF FINANCIAL POSITION  
Years ended September 30, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<b>Assets:</b>		
Current assets:		
Cash and cash equivalents	\$ 263,824	\$ 108,488
Patient accounts receivables, net	441,049	361,881
Other receivables	1,102	500
Investments	683,352	933,802
Prepaid expenses and other current assets	<u>33,402</u>	<u>24,467</u>
<b>Total current assets</b>	1,422,729	1,429,138
Noncurrent assets:		
Property and equipment, net	657,549	710,150
Other assets	<u>20,180</u>	<u>20,180</u>
<b>Total noncurrent assets</b>	677,729	730,330
<b>Total assets</b>	<u>\$ 2,100,458</u>	<u>\$ 2,159,468</u>
<b>Liabilities and net assets:</b>		
Current liabilities:		
Accounts payable	\$ 63,568	\$ 123,738
Accrued expenses	159,182	112,229
Line of credit	230,000	663,000
Current portion of capital leases	3,154	4,422
Deferred revenue	42,771	33,122
Current portion of long-term debt	<u>39,039</u>	<u>29,655</u>
<b>Total current liabilities</b>	537,714	966,166
Noncurrent liabilities:		
Capital leases	4,000	6,970
Long-term debt	<u>369,576</u>	<u>416,312</u>
<b>Total noncurrent liabilities</b>	373,576	423,282
<b>Total liabilities</b>	911,290	1,389,448
<b>Net assets:</b>		
Unrestricted	1,035,550	629,872
Temporarily restricted	23,732	10,262
Permanently restricted	<u>129,886</u>	<u>129,886</u>
<b>Total net assets</b>	<u>1,189,168</u>	<u>770,020</u>
<b>Total liabilities and net assets</b>	<u>\$ 2,100,458</u>	<u>\$ 2,159,468</u>

HOSPICE OF THE FLORIDA KEYS, INC.

STATEMENTS OF ACTIVITIES  
Year ended September 30, 2009

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
<b>Revenue:</b>				
Net patient service revenue	\$ 3,956,601	\$ -	\$ -	\$ 3,956,601
Community support	151,738	20,000	-	171,738
Contributions to fundraising events	30,851	-	-	30,851
Fundraising events, net of expenses of \$34,465	80,407	-	-	80,407
Local government grants	145,000	-	-	145,000
Investment (loss)	(63,152)	3,139	-	(60,013)
Contributed services	57,125	-	-	57,125
Other income	-	-	-	-
	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Total revenue</b>	4,358,570	23,139	-	4,381,709
<b>Net assets released from restrictions:</b>				
Satisfaction of requirements	9,669	(9,669)	-	-
	<u>9,669</u>	<u>(9,669)</u>	<u>-</u>	<u>-</u>
<b>Total net assets released from restrictions</b>	9,669	(9,669)	-	-
<b>Expenses:</b>				
Program Services:				
Hospice	963,854	-	-	963,854
Visiting Nurse Association	1,431,039	-	-	1,431,039
Administrative and general	1,567,668	-	-	1,567,668
	<u>3,962,561</u>	<u>-</u>	<u>-</u>	<u>3,962,561</u>
<b>Total expenses</b>	3,962,561	-	-	3,962,561
<b>Change in net assets</b>	405,678	13,470	-	419,148
<b>Net assets, beginning of year</b>	629,872	10,262	129,886	770,020
	<u>629,872</u>	<u>10,262</u>	<u>129,886</u>	<u>770,020</u>
<b>Net assets, end of year</b>	<u>\$ 1,035,550</u>	<u>\$ 23,732</u>	<u>\$ 129,886</u>	<u>\$ 1,189,168</u>

HOSPICE OF THE FLORIDA KEYS, INC.

STATEMENTS OF ACTIVITIES  
Year ended September 30, 2008

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
<b>Revenue:</b>				
Net patient service revenue	\$ 3,192,304	\$ -	\$ -	\$ 3,192,304
Community support	110,763	-	-	110,763
Contributions to fundraising events	32,763	-	-	32,763
Fundraising events, net of expenses of \$37,119	111,605	-	-	111,605
Local government grants	154,206	-	-	154,206
Investment (loss)	(117,698)	(11,808)	-	(129,506)
Contributed services	-	-	-	-
Other income	2,462	-	-	2,462
	<u>3,486,405</u>	<u>(11,808)</u>	<u>-</u>	<u>3,474,597</u>
<b>Total revenue</b>				
<b>Net assets released from restrictions:</b>				
Satisfaction of requirements	<u>39</u>	<u>(39)</u>	<u>-</u>	<u>-</u>
	<u>39</u>	<u>(39)</u>	<u>-</u>	<u>-</u>
<b>Total net assets released from restrictions</b>				
<b>Expenses:</b>				
Program Services:				
Hospice	925,564	-	-	925,564
Visiting Nurse Association	1,319,177	-	-	1,319,177
Administrative and general	1,609,247	-	-	1,609,247
	<u>3,853,988</u>	<u>-</u>	<u>-</u>	<u>3,853,988</u>
<b>Total expenses</b>				
<b>Change in net assets</b>	<b>(367,544)</b>	<b>(11,847)</b>	<b>-</b>	<b>(379,391)</b>
<b>Net assets, beginning of year</b>	<u>997,416</u>	<u>22,109</u>	<u>129,886</u>	<u>1,149,411</u>
<b>Net assets, end of year</b>	<u>\$ 629,872</u>	<u>\$ 10,262</u>	<u>\$ 129,886</u>	<u>\$ 770,020</u>

HOSPICE OF THE FLORIDA KEYS, INC.

STATEMENTS OF CASH FLOWS  
Years ended September 30, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<b>Operating activities:</b>		
Cash received from patient revenues	\$ 3,829,045	\$ 3,014,445
Cash received from community support	282,996	255,131
Cash received from other revenues	145,000	154,206
Cash paid to suppliers and employees	(3,743,884)	(3,609,234)
Investment income	16,973	82,213
Noncash contributions	1,551	-
Loss on disposal of fixed assets	1,245	-
Interest paid	(65,902)	(63,939)
	<u>467,024</u>	<u>(167,178)</u>
<b>Cash provided (used) by operating activities</b>		
<b>Investing activities:</b>		
Purchases of property and equipment	(9,011)	(38,033)
Proceeds from sale of marketable securities	588,212	499,406
Purchases of marketable securities	(416,299)	(588,662)
	<u>162,902</u>	<u>(127,289)</u>
<b>Net cash provided (used) by investing activities</b>		
<b>Financing activities:</b>		
Net (payments)/borrowings on line of credit	(433,000)	469,354
Principal payments on long-term debt	(41,590)	(148,208)
	<u>(474,590)</u>	<u>321,146</u>
<b>Net cash (used) provided by financing activities</b>		
<b>Increase in cash and cash equivalents</b>	155,336	26,679
<b>Cash and cash equivalents, beginning of year</b>	<u>108,488</u>	<u>81,809</u>
<b>Cash and cash equivalents, end of year</b>	<u>\$ 263,824</u>	<u>\$ 108,488</u>
<b>Increase (decrease) in net assets</b>	\$ 419,148	\$ (379,391)
<b>Adjustments to reconcile increase in net assets to net cash provided (used) by operating activities:</b>		
Depreciation	60,367	60,552
Depreciation in value of investment activities	76,986	209,257
Provision for bad debt	57,435	52,586
Loss on disposition of fixed assets	1,245	-
Noncash contributions	1,551	-
Changes in assets and liabilities:		
Accounts receivable and other receivables	(137,205)	(180,409)
Prepaid expenses	(8,935)	73,826
Accounts payable and accrued expenses	(13,217)	(6,149)
Deferred revenue	9,649	2,550
	<u>9,649</u>	<u>2,550</u>
<b>Net cash provided (used) by operating activities</b>	<u>\$ 467,024</u>	<u>\$ (167,178)</u>

**HOSPICE OF THE FLORIDA KEYS, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
Year ended September 30, 2009

	<u>Program Services</u>		<u>Total Program Services</u>	<u>Management and General</u>	<u>Total</u>
	<u>Hospice</u>	<u>VNA</u>			
<b>Personnel expenses:</b>					
Salaries and wages	\$ 399,393	\$ 1,064,829	\$ 1,464,222	\$ 803,674	\$ 2,267,896
Employee benefits and taxes	82,184	159,651	241,835	162,851	404,686
<b>Total salaries and related expenses</b>	481,577	1,224,480	1,706,057	966,525	2,672,582
<b>Direct expenses:</b>					
Accounting	-	-	-	36,046	36,046
Advertising	-	-	-	12,689	12,689
Bad debt	27,002	30,433	57,435	-	57,435
Bank charges	-	-	-	3,343	3,343
Books and publications	-	-	-	4,398	4,398
Community relations	-	-	-	26,273	26,273
Computer expenses	-	-	-	47,432	47,432
Contractual services	7,022	3,806	10,828	73,531	84,359
Contributed services	57,125	-	57,125	-	57,125
Dues and subscriptions	-	-	-	14,293	14,293
Employee hiring expense	-	-	-	4,537	4,537
Inpatient costs	62,337	-	62,337	-	62,337
Insurance	-	-	-	70,096	70,096
Interest	-	-	-	65,902	65,902
Investment expense	-	-	-	4,465	4,465
Meetings and continuing education	-	-	-	11,750	11,750
Miscellaneous	-	-	-	296	296
Occupancy	-	-	-	34,010	34,010
Outpatient services	10,044	-	10,044	-	10,044
Public health programs	-	69,992	69,992	-	69,992
Repairs and maintenance	-	-	-	16,470	16,470
Supplies and pharmaceuticals	268,807	21,519	290,326	52,729	343,055
Taxes and licenses	-	-	-	3,039	3,039
Telephone	-	-	-	52,382	52,382
Travel	49,940	80,809	130,749	7,095	137,844
<b>Total expenses before depreciation</b>	963,854	1,431,039	2,394,893	1,507,301	3,902,194
Depreciation	-	-	-	60,367	60,367
<b>Total expenses after depreciation</b>	<u>\$ 963,854</u>	<u>\$ 1,431,039</u>	<u>\$ 2,394,893</u>	<u>\$ 1,567,668</u>	<u>\$ 3,962,561</u>

HOSPICE OF THE FLORIDA KEYS, INC.

STATEMENT OF FUNCTIONAL EXPENSES  
Year ended September 30, 2008

	Program Services		Total Program Services	Management and General	Total
	Hospice	VNA			
<b>Personnel expenses</b>					
Salaries and wages	\$ 384,609	\$ 924,766	\$ 1,309,375	\$ 869,926	\$ 2,179,301
Employee benefits and taxes	70,973	173,525	244,498	161,154	405,652
<b>Total salaries and related expenses</b>	455,582	1,098,291	1,553,873	1,031,080	2,584,953
<b>Direct expenses</b>					
Accounting	-	-	-	29,734	29,734
Advertising	-	-	-	19,113	19,113
Bad debt	13,869	38,717	52,586	-	52,586
Bank charges	-	-	-	4,949	4,949
Books and publications	-	-	-	4,479	4,479
Community relations	-	-	-	9,331	9,331
Computer expenses	-	-	-	52,951	52,951
Contractual services	10,074	100	10,174	35,368	45,542
Contributed services	-	-	-	-	-
Dues and subscriptions	-	-	-	12,262	12,262
Employee hiring expense	-	-	-	5,005	5,005
Inpatient costs	220,020	-	220,020	-	220,020
Insurance	-	-	-	69,352	69,352
Interest	-	-	-	63,939	63,939
Investment expense	-	-	-	8,045	8,045
Meetings and continuing education	-	-	-	30,409	30,409
Miscellaneous	-	-	-	4,185	4,185
Occupancy	-	-	-	37,361	37,361
Outpatient services	10,797	-	10,797	-	10,797
Public health programs	-	87,189	87,189	-	87,189
Repairs and maintenance	-	-	-	23,842	23,842
Supplies and pharmaceuticals	176,673	47,049	223,722	51,209	274,931
Taxes and licenses	-	-	-	4,701	4,701
Telephone	-	-	-	45,175	45,175
Travel	38,549	47,831	86,380	6,205	92,585
<b>Total expenses before depreciation</b>	925,564	1,319,177	2,244,741	1,548,695	3,793,436
Depreciation	-	-	-	60,552	60,552
<b>Total expenses after depreciation</b>	<u>\$ 925,564</u>	<u>\$ 1,319,177</u>	<u>\$ 2,244,741</u>	<u>\$ 1,609,247</u>	<u>\$ 3,853,988</u>

HOSPICE OF THE FLORIDA KEYS, INC.

NOTES TO FINANCIAL STATEMENTS  
September 30, 2009 and 2008

1. Summary of Significant Accounting Policies

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

Hospice operates two programs, described as follows:

Hospice

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

Visiting Nurse Association (VNA)

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

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

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

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

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

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

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

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

HOSPICE OF THE FLORIDA KEYS, INC.

NOTES TO FINANCIAL STATEMENTS  
September 30, 2009 and 2008

1. Summary of Significant Accounting Policies (Continued)

Hospice maintains a brokerage account with a national institution. Balances for the brokerage account are federally insured by the Securities Investor Protection Corporation (SIPC) up to \$500,000. At September 30, 2009, Hospice's uninsured balance totaled \$183,352.

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

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

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

Contributed Services – Many volunteers contributed numerous hours of administrative and fund-raising services to Hospice. However, these hours do not meet the requirements to be recorded as revenue and expense under ASC 958. A physician donated his time and services. An in-kind contribution of \$57,125 is included with net patient service revenue.

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

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

HOSPICE OF THE FLORIDA KEYS, INC.

NOTES TO FINANCIAL STATEMENTS  
September 30, 2009 and 2008

1. Summary of Significant Accounting Policies (Continued)

Functional Allocation of Expenses – The costs of providing the programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the activities benefited using Medicare allocation procedures. Those procedures require only direct, hands-on patient care costs be reflected in Program Services. All other expenses, though supporting Program Services, are captured in Management and General.

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

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

Accounts Receivable – Outstanding balances with healthcare providers are as follows:

	<u>2009</u>	<u>2008</u>
Medicare	\$ 231,442	\$ 190,305
Medicaid	35,777	87,719
Private Insurance and other	127,588	80,137
Life. At Home.	<u>95,307</u>	<u>35,874</u>
	490,114	394,035
Less: Allowance for doubtful accounts	<u>49,065</u>	<u>32,154</u>
Net accounts receivable	<u>\$ 441,049</u>	<u>\$ 361,881</u>

Reclassification – Certain amounts in 2008 have been reclassified to conform to the 2009 presentation.

Advertising costs – Are expensed as incurred.

Subsequent events – Management has evaluated subsequent events through January 21, 2010, which is the date the financial statements were issued.

HOSPICE OF THE FLORIDA KEYS, INC.

NOTES TO FINANCIAL STATEMENTS  
September 30, 2009 and 2008

2. Property and Equipment

Property and equipment consisted of the following at September 30, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Land	\$ 393,878	\$ 393,878
Building and improvements	632,401	632,401
Furniture and fixtures	110,613	110,363
Equipment	<u>298,513</u>	<u>299,251</u>
	1,435,405	1,435,893
Less: accumulated depreciation	<u>777,856</u>	<u>725,743</u>
Net property and equipment	<u>\$ 657,549</u>	<u>\$ 710,150</u>

3. Investments

Investments are recorded at fair market value and are summarized as follows:

	<u>2009</u>		<u>2008</u>	
	<u>Cost</u>	<u>Market</u>	<u>Cost</u>	<u>Market</u>
Bonds	\$ 167,286	\$ 169,733	\$ 112,233	\$ 113,606
Equity securities	189,023	209,929	565,578	502,443
Mutual funds	<u>299,399</u>	<u>303,690</u>	<u>351,866</u>	<u>317,753</u>
	<u>\$ 655,708</u>	<u>\$ 683,352</u>	<u>\$ 1,029,677</u>	<u>\$ 933,802</u>

Investment losses from these investments for the year ended September 30, 2009 and 2008 is summarized as follows:

	<u>2009</u>	<u>2008</u>
Net capital (losses) on investments	\$ (78,231)	\$ (175,662)
Interest and dividends	19,211	46,861
Investment fees	<u>(993)</u>	<u>(705)</u>
	<u>\$ (60,013)</u>	<u>\$ (129,506)</u>

HOSPICE OF THE FLORIDA KEYS, INC.

NOTES TO FINANCIAL STATEMENTS  
September 30, 2009 and 2008

4. Other Assets

Other assets consist of the following:

	<u>2009</u>	<u>2008</u>
Artwork	\$ 17,000	\$ 17,000
Deposits	<u>3,180</u>	<u>3,180</u>
Total other assets	<u><u>20,180</u></u>	<u><u>20,180</u></u>

5. Line of Credit

Hospice has \$500,000 and \$250,000 lines of credit agreement with a local bank, secured by the building at 1319 William Street and assignment of investments, expiring May 21, 2010 and February 6, 2010 and bearing interest at 7.75 and 6.75%, respectively. The total balances of all lines of credit as of September 30, 2009 and 2008 are \$230,000 and \$663,000, respectively.

6. Long-term Debt

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

	<u>2009</u>	<u>2008</u>
Mortgage payable to bank, collateralized by the building in Key West, payable in monthly installments of \$4,905 including interest at 5.00%, matures May 2018	<u>\$ 408,615</u>	<u>\$ 445,967</u>
Total long-term debt payable	408,615	445,967
Less: current portion	<u>39,039</u>	<u>29,655</u>
Total long-term debt	<u><u>\$ 369,576</u></u>	<u><u>\$ 416,312</u></u>

Long-term debt matures as follows:

Year ending September 30,	
2011	\$ 41,064
2012	43,150
2013	45,434
2014	47,792
2015	50,272
Thereafter	<u>141,864</u>
Total long-term debt	<u><u>\$ 369,576</u></u>

HOSPICE OF THE FLORIDA KEYS, INC.

NOTES TO FINANCIAL STATEMENTS  
September 30, 2009 and 2008

7. Net Patient Service Revenue

Net patient service revenue represents the estimated realizable amounts from patients, third party payers and others for services rendered. Approximately 74 percent in 2009 and 83 percent in 2008 of net patient revenues was derived under federal and state third-party reimbursement programs. These revenues are based, in part, on cost reimbursement principles and are subject to audit and retroactive adjustment by the respective third party intermediaries. In the opinion of management, retroactive adjustments, if any, would not be material to the financial position or results of operations of Hospice.

Net patient service revenue consisted of the following at September 30, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Medicare, net of contractual adjustment of \$174,473 and \$125,589, respectively	2,786,185	2,404,998
Medicaid, net of contractual adjustment of \$18,087 and \$18,864, respectively	126,575	256,780
Private insurance and other, net of contractual adjustment of \$38,676 and \$48,229, respectively	292,199	237,436
Life. At Home.	<u>751,642</u>	<u>293,090</u>
	<u>\$ 3,956,601</u>	<u>\$ 3,192,304</u>

8. Capital Lease Obligations

Hospice leases copiers under capital leases. For financial reporting purposes, the minimum lease payments relating to the copiers have been capitalized and included in equipment on the balance sheet. The lease equipment under capital leases as of September 30, 2009 and 2008, have a cost of \$16,019 and \$28,344. Amortization of the leased copiers is included in depreciation is \$9,336 and \$11,833 as of September 30, 2009 and 2008, respectively. The following is a schedule of future minimum lease payments under the capital leases:

Year ending September 30,	
2011	\$ 3,765
2011	3,230
2012	<u>1,153</u>
Total future minimum lease payments	8,148
Less: Amount representing interest	<u>994</u>
Present value of future minimum lease payments	<u>\$ 7,154</u>

HOSPICE OF THE FLORIDA KEYS, INC.

NOTES TO FINANCIAL STATEMENTS  
September 30, 2009 and 2008

9. Temporarily Restricted Net Assets

Temporarily restricted net assets as of September 30, 2009 and 2008 consist of \$7,621 and \$7,621 restricted for the Social Works Emergency Fund, \$5,780 and \$2,641 restricted for education, and \$10,331 and \$0 restricted for Key West indigent/underfunded care.

10. Permanently Restricted Net Assets (Endowments)

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

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

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

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

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

HOSPICE OF THE FLORIDA KEYS, INC.

NOTES TO FINANCIAL STATEMENTS  
September 30, 2009 and 2008

10. Permanently Restricted Net Assets (Endowments) (Continued)

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

11. Risks and Uncertainties

Hospice maintains bank accounts in one banking institution. As of September 30, 2009, approximately \$14,000 in deposits is in excess of the amounts insured by the Federal Deposit Insurance Corporation.

12. Income Taxes

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

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

**2008**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>HOSPICE OF THE FLORIDA KEYS, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1319 WILLIAM STREET</b> City or town, state or country, and ZIP + 4 <b>KEY WEST, FL 33040</b>  <b>F</b> Name and address of principal officer: <b>LIZ KERN</b> <b>1319 WILLIAM STREET, KEY WEST, FL 33040</b>	<b>D</b> Employer identification number <b>59-2386289</b>  <b>E</b> Telephone number <b>(305) 294-8812</b>  <b>G</b> Gross receipts \$ <b>5,026,485.</b>  <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ <b>WWW.HOSPICEVNA.COM</b>	
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1984</b> <b>M</b> State of legal domicile: <b>FL</b>	

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ENABLE INDIVIDUALS TO REMAIN IN THEIR HOME BY PROVIDING COMPASSIONATE, EFFECTIVE, LIFE ENHANCING</b>			
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>8</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>	
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>118</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>202</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 297,732.	<b>Current Year</b> 427,996.	
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,192,304.	3,956,601.	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,751.	-158,627.	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	114,067.		
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,683,854.	4,225,970.	
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,584,953.	2,672,583.	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)				
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶				
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,269,035.	1,233,846.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,853,988.	3,906,429.		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-170,134.	319,541.		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b> 2,159,468.	<b>End of Year</b> 2,100,460.	
	<b>21</b> Total liabilities (Part X, line 26)	1,389,448.	911,292.	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	770,020.	1,189,168.	

**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 ▶ **CLIENT'S COPY** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 ▶ **LIZ KERN, PRESIDENT AND CEO**  
 Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____ Firm's name (or yours if self-employed), address, and ZIP + 4 <b>CARR, RIGGS, &amp; INGRAM, LLC</b> <b>2111 DREW STREET</b> <b>CLEARWATER, FL 33765-3215</b>	Date <b>JAN 22 2010</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ _____ Phone no. ▶ <b>727-446-0504</b>
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May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION TO ENABLE INDIVIDUALS TO REMAIN IN THEIR HOME BY PROVIDING COMPASSIONATE, EFFECTIVE, LIFE-ENHANCING HEALTH AND SUPPORTIVE SERVICES. THIS IS ACCOMPLISHED THROUGH OUR HOSPICE AND HOME HEALTH PROGRAMS, WHICH ARE RENDERED REGARDLESS OF THE RECIPIENTS' ABILITY TO

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

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

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 963,857. including grants of \$ ) (Revenue \$ 1,827,211.) HOSPICE - OUR HOSPICE PROGRAM WAS STARTED BY THE COMMUNITY IN 1984. SINCE THEN WE HAVE BEEN PROVIDING END-OF-LIFE CARE TO THOSE IN THE FLORIDA KEYS. THE SERVICES INCLUDE PHYSICIAN, NURSING, HOME CARE AIDE, SOCIAL WORK AND SPIRITUAL COUNSELING. WE ALSO PROVIDE THE NECESSARY MEDICAL EQUIPMENT, SUPPLIES AND CARE FOR PAIN CONTROL AND SYMPTOM MANAGEMENT.

OVER OUR 25 YEARS, WE'VE PROVIDED CARE FOR THOUSANDS OF PEOPLE. IN THE COMMUNITY WE'RE KNOWN SIMPLY AS "HOSPICE." WE HAVE TOUCHED THE LIVES OF MANY MORE BY OUR COMPASSIONATE CARE OF THEIR LOVED ONES AND BY PROVIDING BEREAVEMENT SUPPORT AFTER THE PASSING OF A LOVED ONE.

4b (Code: ) (Expenses \$ 1,431,038. including grants of \$ ) (Revenue \$ 2,129,390.) OUR VISITING NURSE ASSOCIATION (VNA) PROGRAM PROVIDES HOME HEALTH CARE.

UNDER A PHYSICIAN'S DIRECTION, WE PROVIDE SERVICES SUCH AS NURSING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND HOME CARE AIDES. THESE SERVICES ARE FOR THE TREATMENT OF ILLNESSES OR INJURIES THAT KEEP PEOPLE IN THEIR HOME OR WHERE IT WOULD TAKE A GREAT EFFORT TO GET OUT OF THE HOUSE. WE WANT PEOPLE TO STAY INDEPENDENT AND COMFORTABLE WHILE WE HELP PROVIDE THEM WITH A BETTER QUALITY OF LIFE.

IN OUR COMMUNITY, WE CARED FOR OVER 120 HOME HEALTH PATIENTS. WITH OUR PRIVATE DUTY PROGRAM WE CARED FOR ANOTHER 130 PEOPLE EACH MONTH AND HAVE FORMED A PARTNERSHIP WITH OUR COUNTY TO PROVIDE IN-HOME SERVICES

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

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

4e Total program service expenses \$ 2,394,895. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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>		X
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as 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 U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <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 more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total 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 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
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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

Form 990 (2008)

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	21	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	118	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	<b>Section 501(c)(7) organizations.</b> Enter: <u>N/A</u>		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	<b>Section 501(c)(12) organizations.</b> Enter: <u>N/A</u>		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u>		
	12b		

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

**Section A. Governing Body and Management**

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body		8
1b	Enter the number of voting members that are independent		8
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	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c 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	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

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

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
LIZ KERN PRESIDENT AND CEO	40.00	X		X			115,004.	0.	7,255.	
PETER RYSMAN CHAIRMAN	1.00	X		X			0.	0.	0.	
KATHY HOUTZ VICE CHAIR	1.00	X		X			0.	0.	0.	
DON LANMAN SECRETARY	1.00	X		X			0.	0.	0.	
JACK NILES, JR. TREASURER	1.00	X		X			0.	0.	0.	
JOHN F. CALLEJA, MD DIRECTOR	1.00	X					0.	0.	0.	
FRED GREENBERG DIRECTOR	1.00	X					0.	0.	0.	
MINDY MCKENZIE DIRECTOR	1.00	X					0.	0.	0.	
MARGARET DOMANSKI DIRECTOR	1.00	X					0.	0.	0.	
GREG WHEELER CFO	40.00			X			91,955.	0.	7,255.	



**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					
	b	Membership dues					
	c	Fundraising events	80,407.				
	d	Related organizations					
	e	Government grants (contributions)	145,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	202,589.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f		427,996.			
	Program Service Revenue	2 a	<u>VISITING NURSES ASSOCI</u>	Business Code 621610	2129390.	2129390.	
b		<u>HOSPICE SERVICES</u>	621610	1827211.	1827211.		
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		3956601.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		19,211.		19,211.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real				
			(ii) Personal				
			b	Less: rental expenses			
			c	Rental income or (loss)			
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b	Less: cost or other basis and sales expenses	764806.	1,244.	
			c	Gain or (loss)	-176,594.	-1,244.	
	d	Net gain or (loss)		-177,838.		-177838.	
	8 a	Gross income from fundraising events (not including \$ <u>80,407.</u> of contributions reported on line 1c). See Part IV, line 18	a	34,465.			
			b	Less: direct expenses	34,465.		
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				
		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				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		4225970.	3956601.	0.	-158627.	

**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	213,757.		213,757.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(1)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,069,561.	1,464,222.	605,339.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	213,323.	130,371.	82,952.	
10 Payroll taxes	175,942.	111,464.	64,478.	
11 Fees for services (non-employees):				
a Management	5,530.		5,530.	
b Legal				
c Accounting	36,046.		36,046.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,343.		3,343.	
g Other				
12 Advertising and promotion	26,982.		26,982.	
13 Office expenses	52,382.		52,382.	
14 Information technology	47,432.		47,432.	
15 Royalties				
16 Occupancy	50,480.		50,480.	
17 Travel	137,843.	130,748.	7,095.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,750.		11,750.	
20 Interest	70,367.		70,367.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,367.		60,367.	
23 Insurance	70,096.		70,096.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>SUPPLIES</b>	347,450.	290,326.	57,124.	
b <b>CONTRACTUAL SERVICES</b>	84,360.	67,954.	16,406.	
c <b>INPATIENT/OUTPATIENT CO</b>	72,382.	72,382.		
d <b>PUBLIC HEALTH PROGRAM</b>	69,992.	69,992.		
e <b>BAD DEBT</b>	57,436.	57,436.		
f All other expenses	29,608.		29,608.	
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>3,906,429.</b>	<b>2,394,895.</b>	<b>1,511,534.</b>	<b>0.</b>
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	200.	1	200.
	2	Savings and temporary cash investments	82,239.	2	263,624.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	361,881.	4	441,049.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	500.	7	1,102.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	24,467.	9	33,402.
	10a	Land, buildings, and equipment: cost basis	1,435,405.	10a	
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	777,854.	10b	
	11	Investments - publicly traded securities	710,150.	10c	657,551.
	12	Investments - other securities. See Part IV, line 11	959,851.	11	683,352.
	13	Investments - program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11	20,180.	14	20,180.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,159,468.	15	2,100,460.	
Liabilities	17	Accounts payable and accrued expenses	235,967.	16	222,752.
	18	Grants payable		17	
	19	Deferred revenue	33,122.	18	42,771.
	20	Tax-exempt bond liabilities		19	
	21	Escrow account liability. Complete Part IV of Schedule D		20	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23	Secured mortgages and notes payable to unrelated third parties	1,120,359.	22	645,769.
	24	Unsecured notes and loans payable		23	
	25	Other liabilities. Complete Part X of Schedule D		24	
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,389,448.	25	911,292.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	606,256.	26	1,035,550.
	28	Temporarily restricted net assets	33,878.	27	23,732.
	29	Permanently restricted net assets	129,886.	28	129,886.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		29	
	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
	32	Retained earnings, endowment, accumulated income, or other funds		31	
	33	<b>Total net assets or fund balances</b>	770,020.	32	1,189,168.
	34	<b>Total liabilities and net assets/fund balances</b>	2,159,468.	33	2,100,460.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	502,039.	241,979.	380,098.	297,732.	427,996.	1,849,844.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	502,039.	241,979.	380,098.	297,732.	427,996.	1,849,844.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						1,849,844.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	502,039.	241,979.	380,098.	297,732.	427,996.	1,849,844.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,826.	34,352.	44,768.	46,158.	19,211.	166,315.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						2,016,159.
12 Gross receipts from related activities, etc. (see instructions)					12 16,377,737.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	91.75 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

Name of the organization

**HOSPICE OF THE FLORIDA KEYS, INC.**

Employer identification number

**59-2386289**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

**General Rule**

For 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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 answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

HOSPICE OF THE FLORIDA KEYS, INC.

59-2386289

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JL EVERITTS FOUNDATION P.O. BOX 510686 KEY COLONY BEACH, FL 33051	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	KLAUS MURPHY FOUNDATION 200 SOUTH BISCAVNE BLVD, 14TH FLOOR MIAMI, FL 33131	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CAPTAIN LEON SHELL BILLFISH TOURNAMENT P.O. BOX 510910 KEY COLONY BEACH, FL 33051	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ESTATE OF JESSEE CLIFTON 530 FIFTH AVENUE 20TH FLOOR NEW YORK, NY 10036	\$ 68,738.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MONROE COUNTY - CLERK OF THE COURT 500 WHITEHEAD STREET KEY WEST, FL 33040	\$ 145,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2008**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations described below.  
▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

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

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

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

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

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

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details.

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

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

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

**Part II-B** To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV	X		103.
j Total lines 1c through 1i			103.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

**Part III-B** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

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

**Part IV Supplemental Information**

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

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

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

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

HOSPICE OF THE FLORIDA KEYS, INC.

Employer identification number

59-2386289

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

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

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

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

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

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	132,527.				
b Contributions					
c Investment earnings or losses	3,139.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	135,666.				

- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	393,878.			393,878.
b Buildings	557,042.		427,920.	129,122.
c Leasehold improvements	75,359.		37,985.	37,374.
d Equipment	298,513.		240,129.	58,384.
e Other	110,613.		71,820.	38,793.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				<b>657,551.</b>

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

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

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Includes a Total line at the bottom.

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

Table with 2 columns: (a) Description, (b) Book value. Includes a Total line at the bottom.

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

Table with 2 columns: (a) Description of liability, (b) Amount. Includes a Total line at the bottom.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,225,970.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,906,429.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	319,541.
4	Net unrealized gains (losses) on investments	4	99,607.
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 4-8	9	99,607.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	419,148.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,381,709.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	99,607.
b	Donated services and use of facilities	2b	57,125.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	156,732.
3	Subtract line 2e from line 1	3	4,224,977.
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	993.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	993.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	4,225,970.

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

1	Total expenses and losses per audited financial statements	1	3,962,561.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	57,125.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	57,125.
3	Subtract line 2e from line 1	3	3,905,436.
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	993.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	993.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	3,906,429.

**Part XIV Supplemental Information**

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		4TH OF JULY ANNUAL PICNIC (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	114,872.		114,872.
	2	Less: Charitable contributions	80,407.		80,407.
	3	Gross revenue (line 1 minus line 2)	34,465.		34,465.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	34,465.		34,465.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			( 34,465. )
	9	Net income summary. Combine lines 3 and 8 in column (d)			0.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:			
a The organization's facility .....	13a	%	
b An outside facility .....	13b	%	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....			
		<b>15a</b>	
<p style="padding-left: 20px;">b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____</p> <p style="padding-left: 20px;">c If "Yes," enter name and address:</p> <p style="padding-left: 40px;">Name ▶ _____</p> <p style="padding-left: 40px;">Address ▶ _____</p>			
<b>16</b> Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....		<b>17a</b>	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

HOSPICE OF THE FLORIDA KEYS, INC.

Employer identification number  
59-2386289

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

HEALTH AND SUPPORTIVE SERVICES. THIS IS ACCOMPLISHED THROUGH OUR HOSPICE AND HOME HEALTH PROGRAMS, WHICH ARE RENDERED REGARDLESS OF THE RECIPIENTS' ABILITY TO PAY, AND OUR PRIVATE DUTY PROGRAM.

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

PAY, AND OUR PRIVATE DUTY PROGRAM.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THOUGH PARTS OF THE PROGRAM EXISTED PRIOR TO FISCAL YEAR 2009, THE LIFE AT HOME PROGRAM EXPANDED SIGNIFICANTLY DURING THE YEAR. THIS PROGRAM PROVIDES PRIVATE DUTY CARE, IMMUNIZATION, AND PERSONAL RESPONSE SYSTEMS. FOR REPORTING PURPOSES, LIFE AT HOME IS A BRANCH OF THE VISITING NURSES ASSOCIATION (VNA).

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

DURING THIS FISCAL YEAR WE PROVIDED CARE FOR APPROXIMATELY 50 PATIENTS EACH MONTH. WE ARE PROUD THAT WE ARE ABLE TO HELP OUR COMMUNITY AND OUR NEIGHBORS IN THEIR TIMES OF NEED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

TO THE ELDERLY AND DISABLED IN MONROE COUNTY.

FORM 990, PART VI, SECTION A, LINE 10: THE FINANCE/AUDIT COMMITTEE AND THE TREASURER WILL REVIEW A DRAFT OF THE 990 BEFORE IT IS FILED.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

HOSPICE OF THE FLORIDA KEYS, INC.

Employer identification number

59-2386289

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

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

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

FORM 990, PART VI, SECTION B, QUESTION 13

WRITTEN WHISTLEBLOWER POLICY

ALTHOUGH THE ORGANIZATION DID NOT HAVE A WRITTEN WHISTLEBLOWER POLICY AS OF YEAR-END, A POLICY WAS PUT IN PLACE SHORTLY AFTER YEAR-END AND THUS, THIS QUESTION WILL BE ANSWERED YES ON THE ORGANIZATION'S NEXT FORM 990. STAFF HAVE ALWAYS BEEN ENCOURAGED TO DISCUSS CONCERNS WITH MANAGERS OR DIRECTLY WITH THE CEO.

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning OCT 1, 2008, and ending SEP 30, 20 09

**2008**

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

Employer identification number

**HOSPICE OF THE FLORIDA KEYS, INC.**

**59-2386289**

Name and title of officer

**LIZ KERN  
PRESIDENT AND 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 from the return if any. 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, line 12) .....	1b <u>4225970</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 2008 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 CARR, RIGGS, & INGRAM, LLC 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 2008 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 2008 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. 50233109876  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

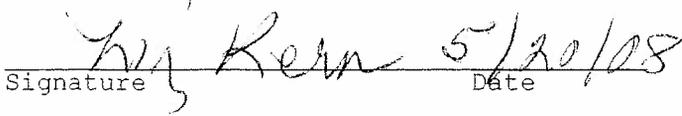
**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.  
823051  
10-24-08

Form **8879-EO** (2008)

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

**Attachment I**

Subject: <b>Fee Schedule - Hospice</b> Status: N/A	Policy No. 612.1 Effective Date: 04/01/2008 Initiator: LK/GW
Approved By: <u>Liz Kern, President &amp; CEO</u>  Signature _____ Date <u>5/20/08</u>	Replaces Policy No. 612 Issue Date: <u>7/89, 12/96,</u> <u>3/98, 4/05, 11/05,</u> <u>9/06, 03/07</u>  Page <u>1</u> of <u>2</u>

**Policy:**

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

**Scope:**

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

**Guidelines (Procedures):**

1. CHARGES FOR SERVICES: Hospice

DIRECT SERVICES	PER VISIT	PER HOUR	FEE
Routine Care			\$127.38/day
Continuous Care		X	\$30.98/hr. (\$743.42/day)
Respite Home Care			\$133.46/day
General Inpatient Care			\$568.97/day
Private Duty RN Assessment		X	\$75
Private Duty RN		X	\$75
Private Duty LPN		X	\$50
Private Duty Home Care Aide/Companion/Homemaker		X	\$25/hr (minimum of 2 hours, then prorated in 15 minute increments)
Private Duty Home Care Aide/Companion/Homemaker (6pm - 8am & Holidays)		X	\$35/hr (minimum of 2 hours, then prorated in 15 minute increments)
Private Duty Home Care Aide/Companion/Homemaker (Live-In)			\$250/day (24 hours)
MEDICAL RESPONSE SYSTEM			
Installation			\$75
Rental			\$40/month or \$1.50/day
Dual Subscription Installation			\$25
Dual Subscription Monitoring			\$10/month
SUPPLIES			
Routine*			\$9.50/day
Wound Care*			\$19.00/day

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

**Notes:**

1. All fees/compensation may be considered on a sliding scale or as negotiated with third party payors.
2. The Hospice per diem rate may be lowered depending on the contracted extent of

coverage through third party insurers - i.e.: if drugs are not included under the per diem rate, the charge to the insurer may be lowered to a rate agreed upon by Hospice and the insurer.

3. A visit is considered any service up to two hours in length.
4. Fees for the Medical Response System are billed at daily rates for any month with partial service.

**Related Policies (if any):**

- # 614 - Notification of Non-coverage of Services
- # 619 - Financial Assessment

**Applicable Forms (if any):**

None.

**Reference:**

None.

Date	Revision Required		Responsible Staff Name and Title
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

612.1

Internal Revenue Service

District Director

DATE: March 20, 1996

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

Department of the Treasury

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

Date of Inquiry:

EIN: 59-2386289

Dear Sir or Madam:

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

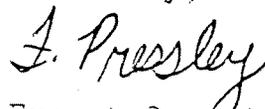
Your organization shall continue to be recognized as exempt from Federal income tax under section 501(c)(03) of the Internal Revenue Code, by our letter dated February 1985 . You may continue to rely on this exemption until it is modified, terminated or revoked by the Internal Revenue Service.

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

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

Thank you for your cooperation.

Sincerely,



Exempt Organizations  
Coordinator

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

RECEIPT # 46110-10549

Business Name: HOSPICE OF THE FL KEYS INC AND VISITING NURSES ASSOC

Owner Name: LISBETH KERN EXEC DIRECTOR  
Mailing Address: 1319 WILLIAM ST  
KEY WEST, FL 33040

Exemption: 003-30.00: NON PROFIT  
Business Location: 1319 WILLIAM ST  
KEY WEST, FL 33040  
Business Phone: 305-294-8812  
Business Type: PROFESSIONALS (NP PROF  
HEALTHCARE)

**Rooms      Seats      Employees      Machines      Stalls**

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

PAID-121-08-00006629      08/31/2009      0.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

THIS BECOMES A TAX RECEIPT WHEN VALIDATED

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

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

# CITY OF KEY WEST, FLORIDA

## Business Tax Receipt

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

Business Name HOSPICE OF THE FLORIDA KEYS IN CtlNbr:0004279  
Location Addr 1319 WILLIAM ST  
Lic NBR/Class 10-00004280 SERVICE - GENERAL  
Issue Date: September 16, 2009 Expiration Date: September 30, 2010  
License Fee \$0.00  
Add. Charges \$0.00  
Penalty \$0.00  
Total \$0.00

Comments: HEALTH CARE PROVIDER FOR TERMINALLY ILL

This document must be prominently displayed.

HOSPICE OF THE FLORIDA KEYS IN  
1319 WILLIAM ST

HOSPICE OF THE FLORIDA KEYS IN

KEY WEST FL 33040

# CITY OF KEY WEST, FLORIDA

## Business Tax Receipt

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

Business Name VISITING NURSE ASSOC OF THE FL CtlNbr:0004278  
Location Addr 1319 WILLIAM ST  
Lic NBR/Class 10-00004279 SERVICE - GENERAL  
Issue Date: September 16, 2009 Expiration Date: September 30, 2010  
License Fee \$0.00  
Add. Charges \$0.00  
Penalty \$0.00  
Total \$0.00

Comments: VISITING NURSES ASSOC.

This document must be prominently displayed.

VISITING NURSE ASSOC OF THE FL  
1319 WILLIAM ST

KERN, LISBETH, EXECUTIVE DIR.

KEY WEST FL 33040

CERTIFICATE #: 1008

LICENSE #: 50310951

**State of Florida**  
AGENCY FOR HEALTH CARE ADMINISTRATION  
DIVISION OF HEALTH QUALITY ASSURANCE

**HOSPICE  
LICENSED**

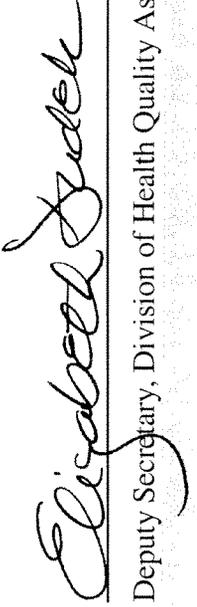
This is to confirm that HOSPICE OF THE FLORIDA KEYS, INC. has complied with rules and regulations adopted by the State of Florida, Agency for Health Care Administration, authorized in Chapter 400, Part IV, Florida Statutes and is authorized to operate the following:

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

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

EFFECTIVE DATE: 12/01/2009

EXPIRATION DATE: 11/30/2011

  
Deputy Secretary, Division of Health Quality Assurance

CERTIFICATE #: 22832

LICENSE #: 21245096

# State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION  
DIVISION OF HEALTH QUALITY ASSURANCE

## MEDICARE/MEDICAID CERTIFIED HOME HEALTH AGENCY

LICENSED

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

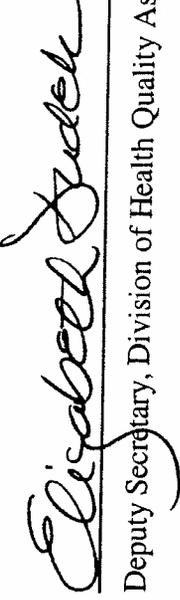
### VISITING NURSE ASSOCIATION OF THE FLORIDA KEYS

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

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

EFFECTIVE DATE: 07/01/2008

EXPIRATION DATE: 06/30/2010

  
Deputy Secretary, Division of Health Quality Assurance

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
CERTIFICATE OF WAIVER

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

LABORATORY DIRECTOR  
LISBETH KERN

CLIA ID NUMBER  
10D0645330

EFFECTIVE DATE  
09/01/2008

EXPIRATION DATE  
08/31/2010

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

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

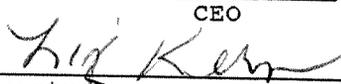


Judith A. Yost, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Medicare and State Operations



9706 06181-080208

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

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

**Policy:**

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

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

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

**Scope:**

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

**Related Policies:**

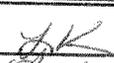
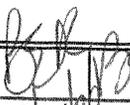
- 501.1 - Americans With Disabilities Act of 1990
- 511 - Employee Grievance
- 524 - Sexual Harassment
- 531 - Employee Eligibility (I-9)

**Applicable Forms (if any):**

**Reference:**

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

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

Reviewed by Dept. Head					
Date	<u>10/14/96</u>	<u>10/14/96</u>	<u>10/11/96</u>	<u>10/10/96</u>	



CHARLIE CRIST  
GOVERNOR

HOLLY BENSON  
SECRETARY

June 15, 2009

Administrator  
Visiting Nurse Association Of Florida Keys  
1319 William Street  
Key West, FL 33040

Dear Administrator:

On June 11, 2009, a follow-up to the Recertification and Relicensure survey was conducted in your facility by the following staff of this office: Anne Dolan, Registered Nurse Specialist.

Attached is the provider's copy of the Statement of Deficiency and Plan of Correction, CMS Form 2567 and/or State (3020) Form, which indicates no deficiencies were identified on the day of the visit. **You will not receive a copy of this report in the mail, you will only receive this faxed report.**

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

In closing, I would like to encourage you to help in spreading the word about the Cover Florida Health Care Access Program. As Florida families face today's economic challenges, it is clear that too many are finding health insurance coverage out of reach, and the numbers are growing at an alarming rate. Cover Florida, a new program offering low cost health insurance options to Floridians, is an opportunity for those who are uninsured to purchase cost effective coverage. The web page [www.coverfloridahealthcare.com](http://www.coverfloridahealthcare.com) is the most up-to-date location for information about the initiative and includes a comparison of benefits and costs along with a comprehensive set of frequently asked questions.

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

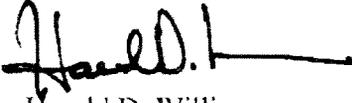


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Fort Myers Field Office  
2295 Victoria Avenue, Room 340  
Ft. Myers, FL 33901  
Phone (239) 338-2366; Fax (239) 338-2372

Thank you for the assistance provided to the surveyor(s). If you have questions, please contact this office at (239) 338-2366.

Sincerely,

A handwritten signature in black ink, appearing to read "Harold D. Williams", with a horizontal line extending to the right.

Harold D. Williams  
Field Office Manager

sn

Enclosure(s): CMS 2567, State Form and Revisit Report

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

 PRINTED: 06/15/2009  
 FORM APPROVED  
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  107263	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  R 06/11/2009
NAME OF PROVIDER OR SUPPLIER  VISITING NURSE ASSOCIATION OF FLORIDA KEYS			STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WILLIAM STREET KEY WEST, FL 33040		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{G'000}	<p>INITIAL COMMENTS</p> <p>This is the follow-up survey conducted on 6/11/09 to the Recertification survey which was completed on 4/01/09 for Visiting Nurses Association of the Florida Keys, Inc., a Florida Certified Home Health Agency (HHA).</p> <p>All previous citations have been substantially improved or corrected.</p> <p>This Home Health Agency is in compliance with 42 CFR Part 484 requirement for Home Health Agencies.</p>	{G 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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

Post-Certification Revisit Report

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

(Y1) Provider / Supplier / CLIA / Identification Number 107263	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 6/11/2009
---	--	-----------------------------------

Name of Facility VISITING NURSE ASSOCIATION OF FLORIDA KEYS	Street Address, City, State, Zip Code 1319 WILLIAM STREET KEY WEST, FL 33040
--	--

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

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix G0121 Reg. # 484.12(c) LSC	Correction Completed 06/11/2009	ID Prefix G0145 Reg. # 484.14(a) LSC	Correction Completed 06/11/2009	ID Prefix G0158 Reg. # 484.18 LSC	Correction Completed 06/11/2009
ID Prefix G0159 Reg. # 484.18(a) LSC	Correction Completed 06/11/2009	ID Prefix G0211 Reg. # 484.36(b)(1) LSC	Correction Completed 06/11/2009	ID Prefix G0214 Reg. # 484.36(b)(2)(ii) LSC	Correction Completed 06/11/2009
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By <i>[Signature]</i>	Date: 6-16-09	Signature of Surveyor: <i>[Signature]</i>	Date: 6-16-09
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 4/1/2009	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
--	--

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HH351083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>06/11/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VISITING NURSE ASSOCIATION OF FLORIDA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1319 WILLIAM STREET KEY WEST, FL 33040</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 000}	<p><b>INITIAL COMMENTS</b></p> <p>This is the follow-up survey conducted on 6/11/09 to the Relicensure survey completed on 4/01/09 for Visiting Nurses Association of the Florida Keys, Inc., a Florida Licensed Home Health Agency (HHA).</p> <p>All previous citations have been substantially improved or corrected.</p> <p>No deficiencies were cited relevant to the survey during this visit.</p>	{H 000}		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6899

JN2X12

If continuation sheet 1 of 1

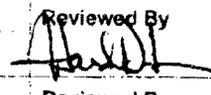
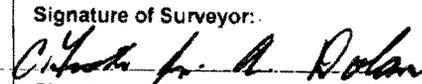
### State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number HH351083	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 6/11/2009
---	--	-----------------------------------

Name of Facility VISITING NURSE ASSOCIATION OF FLORIDA KEYS	Street Address, City, State, Zip Code 1319 WILLIAM STREET KEY WEST, FL 33040
--	--

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix H0202 Reg. # 59A-8.0185(2) LSC	Correction Completed 06/11/2009	ID Prefix H0205 Reg. # 400.4785(1) LSC	Correction Completed 06/11/2009	ID Prefix H0206 Reg. # 400.4785(1)(b), F.S. LSC	Correction Completed 06/11/2009
ID Prefix H0215 Reg. # 59A-8.004(8) LSC	Correction Completed 06/11/2009	ID Prefix H0243 Reg. # 59A-8.0095(5)(h) LSC	Correction Completed 06/11/2009	ID Prefix H0302 Reg. # 400.487(2), F.S. LSC	Correction Completed 06/11/2009
ID Prefix H0320 Reg. # 59A-8.0215(1) LSC	Correction Completed 06/11/2009	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By _____ State Agency _____	Reviewed By  CMS RO _____	Date: 6-16-09	Signature of Surveyor: 	Date: 6-16-09
Reviewed By _____ CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 4/1/2009	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
--	--