

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

Agency Name	WomanKind, inc.
Physical Address	3142 Northside Drive Suite 101
Mailing Address	Same
City, State, Zip	Key West, FL 33040
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Who should we contact with questions about this application?	Betsy Langan, MSW Executive Director

Amount received for prior fiscal year ending 09/30/09	\$70,000
Amount received for current fiscal year ending 09/30/10	\$70,000
Amount requested for upcoming fiscal year ending 09/30/11	\$80,000

Rec'd 4/27/10 2:00

CERTIFICATION

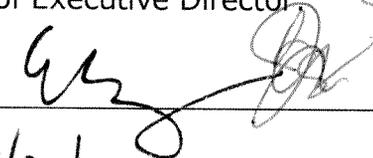
To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may 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.

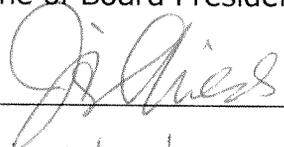
We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be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

Typed Name of Executive Director: Elizabeth Langan, MSW

Signature  _____

Date: 4/20/10 _____

Typed Name of Board President/Chairman: Janis Childs

Signature  _____

Date: 4/22/10 _____

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

WomanKind's mission is to provide accessible, affordable women's primary, gynecologic and mental healthcare to women that is safe, individualized and prevention focused, to women throughout the lifecycle, regardless of ethnicity or socioeconomic level.

2. List the services your agency provides.

- Annual gynecological exams and Pap smears
- Breast exams, mammogram referrals and vouchers
- Hispanic translation and outreach
- Testing and treatment for sexually transmitted infections
- Screening for diabetes and heart disease
- Colposcopy (diagnostic testing for cervical cancer)
- Human Papillomavirus (HPV) testing and vaccine to prevent cervical cancer
- Menopausal counseling
- Minor illness treatments
- Hormone replacement therapy
- Birth control methods
- Emergency contraception
- Pre-conception and interconceptional care
- Pregnancy testing and options counseling
- Referrals to appropriate providers for prenatal care, abortion, and adoption services
- Free teen clinic
- School physicals
- Human Immunodeficiency Virus (HIV) pre- and post-test counseling, and HIV testing
- Supportive counseling
- Wellness classes
- Free and low cost contraceptives and antibiotics
- Free and low cost lab work
- Referrals to specialized or secondary care providers
- Outreach and education
- Reduced fees for those living at or below poverty level

3. What services will be funded by this request?

WomanKind is requesting a total of \$80,000 for FY 2011.

\$10,000 for medical services and procedures
\$50,000 to support a Nurse Practitioner's salary
\$20,000 for our Hispanic Outreach position

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

No

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

- a. Grant award title, granting agency, and purpose: N/A
- b. Grant amount: N/A
- c. Match percentage requirement and amount: 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 funding from within the County? If yes, please list source(s) and amount(s). Also be sure to reflect this information on Attachment F.

Monroe County Health Department, \$42,000
Sheriff's Asset Forfeiture Fund, \$8,750

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

WomanKind addresses the problem of a lack of health insurance coverage and affordable health care for the working middle class and poor in our community. This problem is exacerbated by the extremely high cost of living and lack of affordable housing in the Florida Keys. Without health insurance, with limited or no income, and without access to truly affordable healthcare services, residents often bypass important screenings for prevalent conditions including diabetes, cancers such as breast, cervical and colon, sexually transmitted infections (STIs) including HIV, and heart disease. The later these conditions are detected, the greater the cost for treatment, and the less positive the outcomes. Healthcare is even less accessible for minorities, such as Hispanic residents for whom English is a second language, or not spoken at all.

WomanKind also addresses the problem of risky teen sexual activity, working to reduce both the incidence of teen pregnancy and sexually transmitted infections among the teens of Monroe County. Because of funding from the HSAB, WomanKind has consistently been able to serve our teen population completely free of charge for reproductive health services since our inception. Teens made up more than 20% of the patients seen at WomanKind in 2009 and we have logged more than 5,000 teen visits in the past nine years. In addition to providing outreach and education, WomanKind works to decrease the rates of pregnancy and STIs in Monroe County teens by providing free medical screenings and treatment. Our attention has broadened to include STI prevention for rampant infections including HIV and Human Papillomavirus (HPV).

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

Without access to truly affordable healthcare, the uninsured often delay life-saving preventative health measures. Countless studies have demonstrated that the uninsured are more likely than those with private insurance to receive a more serious health diagnosis in the later stages, often diminishing their chances of survival. Resources such as the American Cancer Society also document that advanced-stage diagnosis "leads to increased morbidity, decreased quality of life and survival and, often, increased costs."¹

Being poor, uninsured, and/or a minority makes one more vulnerable to major health issues, and puts one at higher risk of death. Numerous studies demonstrate that lower income is linked with worse health. Compared with adults in the highest income group, poor adults are nearly five times as likely to be in poor health.² Additionally, "lack of insurance compromises the health of the uninsured because they receive less preventive care, are diagnosed at more advanced disease stages, and once diagnosed, tend to receive less therapeutic care and have higher mortality rates than insured individuals."³

Sources such as the U.S. Census Bureau, the Florida Department of Health, and the Florida Agency for Health Care Administration vary in their reports of the exact number of uninsured in Monroe County. However, all sources agree that the rate of uninsured in the Florida Keys is well above the State of Florida rate of 18.7% and the national rate of 16.6%. In addition to lacking health insurance, nearly 13% of full-time residents in the Florida Keys live at or below the Federal poverty level.

Hispanics continue to lag behind non-Hispanics in health insurance coverage.⁴ According to the US Census Bureau, nearly 16% of Monroe County residents are Hispanic or Latino. Minority women are more likely to experience disparities in accessing healthcare when compared to their white/English-speaking counterparts.⁵

In addition to low-income, uninsured and minority women, teens are another segment of WomanKind's particularly vulnerable target population. High teen pregnancy rates have a detrimental effect on communities as a whole. Teen mothers are less likely to complete school and more likely to be single parents. Teen mothers are also at greater risk of living in poverty than those who delay childbearing⁶, which has a direct effect on a community's overall health, safety and quality of life issues, such as substance abuse, crime and education. The harmful effects of poverty on primary and secondary education outcomes are well documented, as is poverty's effect on our crime rate, and other health and safety factors. Reported incidents of abuse and neglect in families headed by a teen mother are more than double the rate in families with a mother in their early twenties. Teen mothers are more likely to be child abusers because they lack the maturity to handle parenting and have little training in basic human development⁷. Finally, teenage mothers are also less likely to seek regular prenatal care. According to the American Medical Association (AMA), babies born to women who do not have regular prenatal care are 4 times more likely to die before the age of 1 year⁸.

This is disturbing, for the Key West Citizen recently reported that *sixteen girls at Key West High School are currently pregnant*.⁹ Our region reflects what has occurred on a larger scale. Teen pregnancy rates in the United States peaked in 1990, when our nation reported 117 pregnancies per 1,000 girls ages 15 to 19. From 1991 until 2005, teen pregnancy steadily decreased to historic lows, which was also reflected the teen birth and teen abortion rates during the period. Disturbingly however, in 2007, the Centers for Disease Control reported an increase in teen pregnancies and the number of teens having babies in 2006. Nationwide, the U.S. saw a 3 percent increase in births to teens between 2005 and 2006.

In Florida, teen birth rates decreased to a low of 41.6 births per 1,000 women in 2004, then the teen birth rate increased in 2005 and 2006 in the state of Florida. In Monroe County, teen birth rates declined to a low 21.9 births per 1,000 women in 2003. The teen birth rate has subsequently increased and remained above the 2003 rate in Monroe County¹⁰. This disturbing trend underscores the importance of counseling, education and clinical services to teenagers, 70% of whom have had sexual intercourse by the time they reach age 19¹¹.

As with teen pregnancy, it is imperative to the health and safety of our teens that we test and treat for STIs, including HIV and HPV. The health problems caused by STIs include infertility, abnormal and pre-cancerous PAP smears, cervical cancer, ectopic pregnancy, serious illness and death. Infants who begin their lives infected by an STI contracted from their mother have compromised health, both immediately and in future years. Additionally, the presence of an STI such as chlamydia makes a young woman more susceptible to HIV infection. HIV is currently a leading cause of death in young Americans, especially in African American and Hispanic young women¹².

While increases in the local, state and national teen pregnancy and birth rates cause alarm and highlight the need for services, STI rates of infection are equally as shocking.

- Of the 18.9 million new cases of STIs each year, 48% occur among 15-24 year-olds¹³,
- While 15-24 year-olds represent only ¼ of the sexually active population, they account for nearly half of all new STIs each year¹⁴
- An estimated half of all sexually active youth will contract a sexually transmitted infection by the age of 25¹⁵,
- Florida teens account for more than 20,000 of all new reportable (gonorrhea, chlamydia and syphilis) sexually transmitted diseases each year¹⁶.

In 2009, WomanKind diagnosed 13 cases of reportable STIs among teens seeking services at our clinic. The detection of new gonorrhea and/or chlamydia cases among teen patients at WomanKind causes for concern because, in order for teens to be at risk of contracting these infections, these teens participated in behaviors that would also put them at risk for more serious infections, including HIV/AIDS. This is frightening, for our region ranks extremely high in rates of HIV/AIDS. According to the Florida Department of Health, Florida ranks as the third state in the nation in the number of reported AIDS cases. With extremely high rates of HIV/AIDS in our region, teens in our community who are engaging in unprotected sex which results in an STI (such as gonorrhea and/or chlamydia) are truly gambling with their health.

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

The problems of the lack of health insurance coverage and affordable health care for the working middle class and poor, and the lack of accessible care for Hispanic residents, have common causes. The extremely high cost of living and lack of affordable housing in the Florida Keys has created a setting where many live and work simply to pay for housing and basic expenses. Additionally, increasing expenses, combined with a suffering economy, create a setting in which it is extremely difficult for employers to offer health insurance to their employees.

While property values in the Keys have dropped, the cost of housing still remains high in relation to income. With so many residents financially strapped because of housing-related costs, many are unable to afford the cost of annual preventative gynecological examinations, and testing for the most life-threatening health risks at a private gynecologist or primary care practitioner.

The problem of a high prevalence of many of the leading health risks in our region is linked to an extremely limited number of accessible healthcare facilities for the uninsured. Without access to free and low-cost medical facilities, prevention and early disease detection becomes more difficult. Keys residents are at higher risk also because of additional lifestyle factors specific to the Keys. The Key West "culture" is one that celebrates and encourages tobacco and alcohol abuse, as our tourist economy thrives upon it.

The problem of inaccessible healthcare for non-English speaking Hispanic women is a result of a lack of facilities offering bi-lingual for these vulnerable residents. WomanKind is the only family planning facility in Key West that offers free or reduced cost services for low-income residents that has a Spanish-speaking person on staff. This presents a significant barrier. Addressing this, in 2009 19% of WomanKind patients were Hispanic.

The causes of teen pregnancy are many and complex. Lack of education on safe sex to lack knowledge of, and/or access to birth control methods contribute to unintended teen pregnancy. Additionally, pressure to have sex, substance use, abusive relationships, socioeconomic factors, the home environment, and influences from the media all can encourage teen pregnancy.

A lack of health insurance coverage combined with lack of accessible health care for the working middle class and poor, Hispanic and teen residents, have serious consequences for our community. In order to cut costs, low and middle income workers may opt to treat physical health care as an optional expenditure. Sadly, when preventative healthcare is postponed, and medical care is sought when illness or disease has progressed, outcomes are poorer, and treatment is more costly. Similarly, when teens are too embarrassed or frightened to seek accurate reproductive health information, or do not have access to income or parental permission to acquire medical care from a private healthcare practitioner, they may be more likely to participate in risky sexual activity, resulting in unintended pregnancy.

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

WomanKind provides accessible, free and affordable women's primary and gynecologic healthcare that is prevention-focused. We provide outreach and translation services to Spanish speaking women, and make medical services available to women across the socioeconomic spectrum. We incorporate health counseling and education into every patient visit, in addition to providing the actual tests for cervical, breast, ovarian and colon cancer, HIV and other sexually transmitted infections, heart disease, and diabetes. We facilitate early disease detection in order to decrease morbidity, increase survival rates, and reduce future healthcare costs.

WomanKind's Teen Clinic provides health education, outreach, screening and treatment for Monroe County teens. At WomanKind, We offer teens well-woman exams, PAP smears, testing and treatment for STIs, and free contraceptive methods. In addition to providing actual medical visits, we educate in the areas of contraception, abstinence, resisting sexual coercion, and HIV and STI risk reduction. *WomanKind's teen pregnancy rate held steady at 6.57% in 2009.* While state and national data lags, this compares favorably to a 2007 report of rate of 8.4% for the United States, and 9.7% in the state of Florida.

13. Describe your target population as specifically as possible.

While WomanKind aims to serve all women, our target population is women who would otherwise be unable to obtain healthcare. Key among our target groups are women who experience barriers to healthcare, including racial and ethnic minorities, immigrants, the indigent un/underinsured, teens and the working middle class and poor. Our target population includes all women of reproductive age, from the teen years through menopause.

WomanKind is designed to serve all women in the lower Florida Keys. WomanKind works to attract full-fee paying patients, who may even have private health insurance, but who choose to come to WomanKind for our high quality care. These women, in paying our full fees, still benefit from excellent care at prices that are much less than any of the private gynecology offices in town. In paying our full-fees, these women also help to subsidize care for those women living at or below poverty level, who access our free and sliding scale services.

Additionally, WomanKind sees male patients for testing for sexually transmitted infections, including HIV, and we offer treatment for the male partners of those female WomanKind patients who are diagnosed with a reportable sexually transmitted infection. WomanKind welcomes men who wish to come to our center with their female partners for education and information. We also see men in individual, couples, and family counseling sessions.

14. How are clients referred to your agency?

WomanKind's number one referral source is word of mouth. Women often hear about WomanKind from friends, neighbors, and co-workers. Clients also come to WomanKind from many agencies throughout the community. Top among referring social service agencies is the Keys Center for Girls (formerly PACE), whose therapist brings students to our center almost daily. Other referrals come from Healthy Start, the Department of Juvenile Justice, the Domestic Abuse Shelter, the Care Center for Mental Health, Wesley House, Healthy Families Monroe, Monroe County Health Department, and Samuel's House. All of the private gynecology offices in Key West are familiar with WomanKind, and often refer to our facility patients who express an inability to pay private office fees.

Our Hispanic Outreach worker currently circulates written materials, in both English and Spanish, about our agency services in the Key West community. Additionally, staff member representatives consistently attend local health fairs to distribute information about the availability of follow-up and/or additional services at WomanKind.

Teens who exhibit high-risk behavior are frequently referred to our center by school counselors, nurses and other child advocates. The counselor at the Keys Center for Girls (formerly PACE) routinely brings several students at a time to WomanKind for healthcare. Many parents also bring their teens to the clinic for abstinence, contraceptive and risk reduction counseling, as well as for healthcare and screening.

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

No one is denied service at WomanKind because of an inability to pay for services. Simultaneously, we have systems in place to ensure that those who are receiving free or reduced fee healthcare are eligible for this care. We screen all prospective clients when they make their initial phone call to WomanKind. Those women who are uninsured, and who wish to apply for

reduced fees, are asked to bring documentation of their financial situation. This could include a pay stub, a W-2 form, an unemployment or social security check stub, or a letter from their employer. A WomanKind staff member then meets with the client and discusses total household income and number of individuals supported by that income. Federal poverty guidelines are used to determine what percentage of the fee the client will pay. Our neediest clients are given priority when assistance or vouchers are issued for secondary care services.

Any woman who comes to WomanKind with private medical insurance automatically pays our full fee. WomanKind found business to be much more efficient and cost effective when contracts with private insurance companies were eliminated. (This is changing with new health care legislation – see Question 19, below.) Insured women are given the appropriate paperwork to file for reimbursement from their insurance company. In paying our top fees, these women help to offset costs for those who qualify for free or reduced cost care.

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

WomanKind values collaboration and would not be able to accomplish its mission without effective partnerships with other non-profits in the community. Through networking, sharing resources, and meeting the diverse needs of shared clientele, WomanKind works with a myriad of Monroe County nonprofits and private organizations and agencies.

AHEC

WomanKind's newest networking relationship is with an agency with which we have long partnered: Florida Keys Florida Keys Area Health Education Center (AHEC). Our agencies have joined forces with Florida Keys Community College (FKCC) and the Metropolitan Community Church (MCC) to create "Partners in Care", a free clinic for the indigent, uninsured and homeless of Key West. This program is available free of charge every Thursday afternoon at MCC. WomanKind's Executive Director was recently quoted in the Key West Citizen as explaining: "Partners in Care is the perfect example of an effective collaboration of non-profit agencies. Together our four organizations are accomplishing what none of us could alone. We have combined resources to create a vehicle to deliver services to those who need them most."¹⁷

WomanKind has for years partnered with AHEC, serving as a training site for medical, physician assistant and nursing students through this long-standing relationship. WomanKind has also partnered with AHEC to provide smoking cessation screening, counseling and referrals. This past year, WomanKind has also hosted AHEC one evening per week to offer a "Quit Smoking Now" group facilitated by a Licensed Mental Health Counselor.

Good Health Clinic

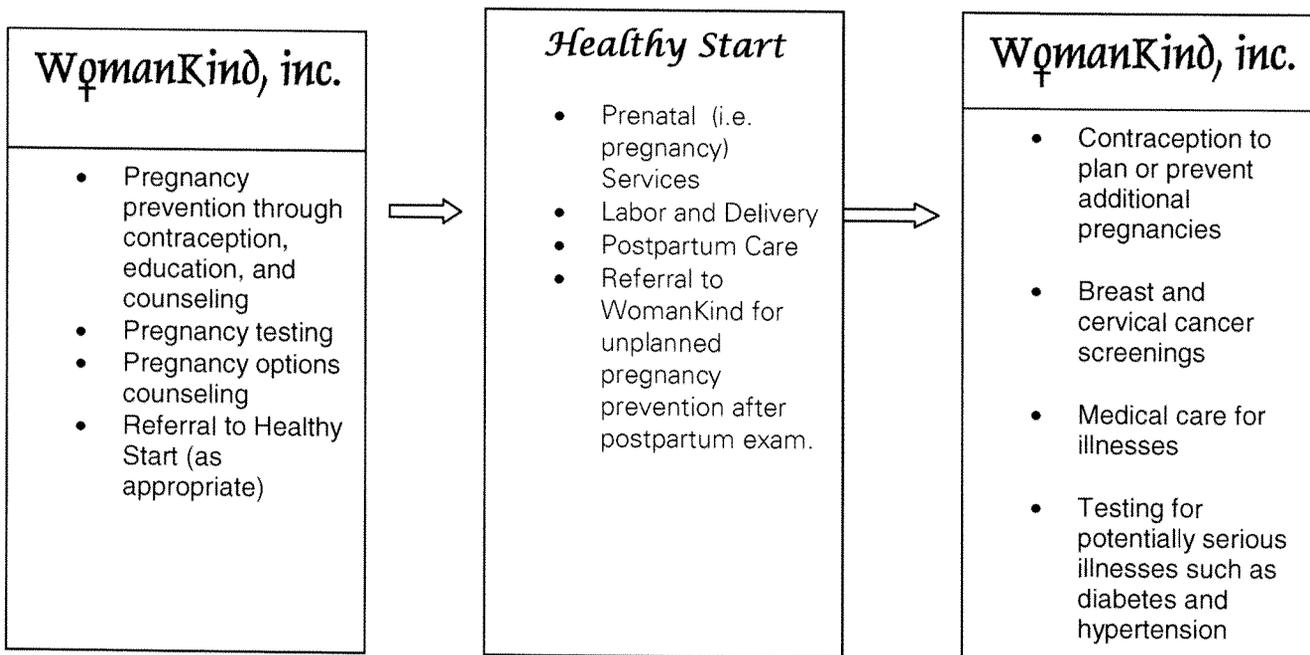
Another close networking relationship is with the Good Health Clinic (GHC) in Tavernier. WomanKind's Medical Director is also the Director of this free clinic, which allows for clinical collaboration, sharing of medical best practices and regular review of protocols. GHC and WomanKind currently share a common grant writer, which allows the two agencies to understand how each uses resources, and eliminates the duplication of two different staff people researching and summarizing information which is common among Monroe County non-profit healthcare agencies.

Healthy Start Coalition

Perhaps one of our next closest collaborators is the Florida Keys Healthy Start Coalition. WomanKind networks with Healthy Start to provide seamless preconception, prenatal, postpartum and interconceptional care to women in our community. Due to the high cost of professional liability insurance for medical providers who provide obstetrics, WomanKind *does not provide prenatal care for pregnant women*. Our agency has determined that we would be unable to provide free and affordable breast and cervical cancer screenings, contraceptive management, pregnancy prevention, and basic primary care if we took on the greatly

increased cost of malpractice insurance that included coverage for obstetrics. Care for pregnant women is where Healthy Start begins.

As soon as a woman tests positive for pregnancy at WomanKind, our staff discusses pregnancy options with the patient. If she wishes to carry her pregnancy to term, the WomanKind staff member connects the patient to Healthy Start. The Healthy Start program then provides services free of charge, including assistance with Medicaid, nutritional counseling, childbirth and breastfeeding education, and assistance to help pregnant women obtain prenatal care. After the birth of the child and the six-week follow-up postpartum exam, Healthy Start then refers the patient back to WomanKind for interconceptional care. WomanKind provides gynecological exams and birth control methods, so that women can appropriately space their pregnancies. We also offer longer-term contraceptive methods, such as intrauterine devices, for women desiring significant spacing or who no longer wish to bear children. The following chart depicts WomanKind referral relationship with Healthy Start:



In order to ensure that WomanKind and the Healthy Start Coalition are not duplicating services, in 2007 the Executive Director of WomanKind joined the board of directors of the Coalition, as well as Healthy Start’s Healthy Babies Committee. Similarly, the Chief Executive Officer of Healthy Start joined the board of WomanKind in 2007. The significant volunteer work of both agency leaders allowed each to more fully understand the functions of the other agency, quickly identify areas where our agencies might have overlapped, eliminate duplication, collaborate, and share resources such as staff and materials. While these terms have since ended for both agencies, both remain committed to working collaboratively and not overlapping service delivery to clients. WomanKind remains a member of the non-voting member of the Coalition.

Monroe County Health Department

WomanKind also contracts with the Monroe County Health Department (MCHD) to provide family planning services to qualifying low-income women and teens. WomanKind provides the clinical facility, personnel and associated costs, while the Health Department provides some reimbursement on a per capita basis for services provided. This arrangement also allows WomanKind to send sexually transmitted infection (STI) specimens to the Florida Health Department laboratory. For our patients living at or below poverty level, the state lab processes and reports STI tests at a greatly reduced cost. Because WomanKind does not have any space large enough for a group meeting room, the MCHD also provides space for WomanKind meetings and staff trainings. Several MCHD employees have served on WomanKind's Board of Directors in the past.

Monroe County Health Department/ AIDS Help

WomanKind networks with the MCHD and AIDS Help to provide free HIV pre and post-test counseling, and HIV testing to members of our community. The MCHD provides consent forms, educational materials, specimen processing, staff training, and support. WomanKind provides on-site testing, and staffing for outreach, events and health fairs. WomanKind's Hispanic Outreach worker attends HIV Prevention Planning Committee meetings, and together with the MCHD and AIDS Help, has staffed events such as WomenFest, Lower Keys Medical Center Health Fair, the University of Miami Health Fair at Key West High School, National HIV/AIDS Awareness Day, and National Condom Day. An employee of AIDS Help currently provides free Rapid Testing for HIV every Monday afternoon at WomanKind.

Rural Health Network

WomanKind has significantly increased collaboration with the Rural Health Network of the Florida Keys last year, following funding to support work together. The Monroe County Collaborative Cancer Screening, funded by the Health Foundation of South Florida, is a grant-funded project to improve patient health status, decrease breast, cervical and colorectal cancer incidence, and increase collaboration within the Monroe County healthcare community. In addition to this initiative, Rural Health and WomanKind have partnered to share staff, medical equipment, advertising and transportation to and from Miami-based meetings.

Planned Parenthood

WomanKind networks with Planned Parenthood of Miami-Dade, Palm Beach and the Treasure Coast to provide women's healthcare on their behalf in the Lower Keys and Key West, as it was not economically feasible for this agency to provide services in this region. Planned Parenthood provides technical assistance, training, equipment and funding in return.

Private Healthcare Providers

WomanKind networks with Key West Diagnostics to provide services such as bone density scans, ultrasounds and MRIs at a greatly reduced fee for low-income women referred by WomanKind. For example, a qualifying WomanKind patient pays only \$200 for a pelvic and transvaginal ultrasound, while a patient referred by a private gynecologist would pay nearly \$900 for the same test. Similarly, we network with Lower Keys Medical Center, as they accept WomanKind vouchers for mammograms, ultrasounds, surgical consults and procedures. Finally, several of the private practice gynecologists and other healthcare

providers accept WomanKind vouchers to help meet the cost of care for services delivered to patients referred from WomanKind for services outside of our scope of practice.

Zonta Club of Key West

WomanKind works closely with the Zonta Club of Key West to provide free mammograms, Pap smears and vaccination against the Human Papillomavirus (HPV) to low and middle income women in our community. The Executive Director of WomanKind is a member of Zonta, and serves as the Zonta Service Committee Co-chair and as a member of the Board of Directors of Zonta. This involvement facilitated the establishment of a Zonta HPV Initiative, including a series of vaccination clinics at Florida Keys Community College. Through community fundraising efforts, the Zonta program provides vouchers to WomanKind for important cancer screening services. Our agency issues Zonta vouchers to qualifying, uninsured WomanKind patients in need of a mammogram, Pap smear, or cervical cancer vaccine who express an inability to pay. This year Zonta also funded a Women's' Heart Health Initiative, which allowed 56 women to have a comprehensive heart health screening exam, lab testing and education session with WomanKind's nurse practitioner.

Florida Keys Community College and the Keys Center for Girls

Florida Keys Community College frequently utilizes WomanKind facilities for clinical nursing experience. FKCC also provides the physical space for the HPV vaccination clinic which WomanKind has held with the Zonta Club of Key West. WomanKind also sends our Bilingual Hispanic Outreach staff person to the Keys Center for Girls, on the campus of FKCC, one afternoon per week to meet with their students to answer questions and provide information about reproductive health issues.

Community Networking Opportunities

WomanKind's Executive Director participates in the C.E.O. Forum, sponsored by the Community Foundation of the Florida Keys, which meets regularly as a vehicle for non-profit directors to share information, resources and strategies. Our Executive Director also regularly attends monthly Interagency Council meetings, whose purpose is to bring health and social service providers together to resolve issues of common concern, to improve coordination of services, and to identify and improve resources to support these services. WomanKind's Director also graduated from Leadership Monroe County in 2009. Leadership Monroe seeks to build relationships for constructive alliances among Florida Keys leaders. The program is aimed at residents who are active in leadership roles in the private sector, government, or not-for-profit community organizations. Through a series of one- and multi-day sessions, participants examine fundamental segments of the local community and gather information to help them contribute to and make quality leadership decisions. Sessions covered topics such as the local economy, government, education, housing and land use, health and human services, as well as leadership skill development.

17. List all sites and hours of operation:

3142 Northside Drive
Suite 101
Key West, FL 33040
Mon, Tues, Weds, Friday 8 a.m. – 5 p.m.
Thursdays 8 a.m. – 7p.m.

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

Womankind's financial and organizational challenges are closely inter-related, and both are tied to the rapid and major changes over-hauling the healthcare landscape through federal reform. While the national debate has focused so intensely on healthcare reform, many of the proposed changes will not take place until 2014. In the meantime, there is been a growing pool of individuals *that need care now* and are not yet eligible to benefit from systemic changes on the horizon.

The catastrophic economic downturn has greatly impacted Womankind's client demographics. As with so many other non-profits, we have experienced an increase in the number of low-income, uninsured individuals seeking out and qualifying for our services. As the economy has faltered, individuals have lost jobs, and many of those with employment have lost health insurance coverage. This has dramatically affected Womankind's original business model.

Womankind has always sought to maintain a 50-50% balance of full-fee and sliding scale patients through our marketing efforts. This has traditionally worked because, in paying our top fees, full-fee women helped to offset costs for those who qualify for free or reduced cost care. With recent changes in the local and national economy, however, we have experienced significant increases in the number of women requesting and qualifying for services on our sliding scale. In 2009, 64% of our patients qualify for free or reduced-fee services because they are living at or below 250% of the Federal Poverty Level. *This reduction in full-fee paying clientele resulted in a 15% reduction in the revenue generated by office visits in 2009.*

This shift in our patient demographics is particularly distressing, given changes in our funding. In the past year alone, Womankind has experienced the following:

- Avon Foundation reduced our funding *by 15%* for breast health outreach and education;
- Klaus-Murphy Foundation reduced our funding *by 17%* for services to low-income, uninsured Key West residents;
- Monroe County Health Department, which provides Womankind with the majority of our funding to subsidize low-income women needing reproductive health services, reduced our funding *by 45%* in the 2009-2010 fiscal year.

Womankind continues our constant search for adequate funding that is not subject to annual reductions in the face of growing costs. Funds must be received in order to ensure the uninterrupted provision of services to those in our community who are most vulnerable and in need of care.

To this end, our administrative staff is restructuring in 2010. Our current Executive Director is in the process of transitioning her role to become a contracted, dedicated grant writer, with the goal of pursuing some of the new money that will become available to community-based health centers in the coming years. Womankind is also beginning the process of shifting from being entirely fee-for-service to accepting a variety of health insurance plans, in anticipation of health insurance coverage for more individuals and a broader scope of health issues.

Until new funding is secured, in order to deal with current funding cuts, Womankind has reduced our agency budget by 13% between 2009 actual and 2010 proposed figures. We achieved this by freezing salaries, reducing staff through attrition, employing consultants instead of benefits-eligible, salaried employees, converting on-site space to storage and eliminating off-site storage fees, changing payroll administration to a less expensive company, and eliminating group health insurance for full-time employees. Finally, the agency is exploring future collaborations to share staff, resources and physical space with other agencies.

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

Womankind outgrew our current physical space years ago, which is far too small to accommodate merging with any other entities in our current location, program expansion, or increasing our clinical capacity. Our board's strategic plan includes tiered changes around our physical space needs. This transition takes into consideration new health care law, which will allow community health centers that serve low-income, uninsured to double the number of Americans assisted each year. Funds will be coming available to address needs to expand and improve existing community healthcare facilities.

In addition to our physical space, Womankind is preparing to adjust our infrastructure to accommodate those who will be seeking services as a result of expanded health insurance coverage.

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

Most of our staff members are patients at Womankind. Many of our volunteers give their time to demonstrate their appreciation for services that they, or their friends or family members, have received. Current and past members of our Board of Directors use Womankind clinical and counseling services.

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

Because of our contracts with these two agencies, Womankind is monitored by both Planned Parenthood and the Department of Health annually. Every three years we are visited by the U.S. Department of Health and Human Service Public Health Service Region IV. The results of our most recent audit included favorable evaluations, with two recommendations for continued quality assurance (See Attachment P). Womankind is also monitored by numerous medical agencies for quality assurance and medical regulation compliance, including: Florida Department of Professional Regulation, Florida Board of Nursing, State of Florida Clinical Laboratory Improvement Amendments (CLIA), and the Agency for Healthcare Administration.

22. 200 hours of program service were contributed by 2 volunteers in the last year. (Please note: Womankind relies on a base of more than 100 volunteers for non-clinical programs and events. Any volunteer that works directly with patients in our medical clinic are subject to a detailed background screening, which we have found to be cost-prohibitive. We therefore opt to use volunteers extensively to assist outside of the clinical practice.)

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

Secondary care funds, including assistance with procedures, consultations, medications and lab tests, are provided to outside practices that serve low-income patients requiring medical treatment beyond the scope of Womankind's nurse practitioners. These services are funded through the use of vouchers, with payment provided by Womankind to the physician, lab or pharmacy as required. Womankind then submits proof of payment to the HSAB for reimbursement.

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

WomanKind served 1,552 unduplicated patients during the course of 3,994 office visits in 2009. Funding from the HSAB at the \$80,000 level will allow uninterrupted service delivery to women who experience barriers to healthcare, including racial and ethnic minorities, immigrants, the indigent un/underinsured, teens and the working middle class and poor. We will continue to deliver free and sliding scale services at the same level, despite significant cuts from other funding sources and reduced revenue from office visits resulting from a poor economy. No one will be denied services based on an inability to pay for care.

25. How will you measure these outcomes?

WomanKind maintains detailed statistics about the total number and demographics of our clients served. This data is monitored by the Executive Director on a daily and monthly basis, and reported to our board of directors. This data tracking and monitoring allows WomanKind to measure on an ongoing basis that our benchmarks for delivering services are being met.

26. Provide information about units of service below.

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Hispanic Outreach and Translation	1 interpreter contact hour	\$17
Voucher	1 test, procedure or medication	\$200 (average)
Nurse Practitioner	1 patient hour	\$38

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

In addition to the screenings described in detail in the narrative above, WomanKind provides screenings for some of the most common and pressing healthcare issues affecting women during the course of her annual gynecological examination.

Screenings are especially important for the most prevalent and deadly conditions in our region, including diabetes, cancers such as breast and colon, and heart disease.

- Heart disease is the number one killer of both men and women in the United States.¹⁸ Monroe County ranks unfavorably compared to the rest of Florida in the age adjusted death rate for heart failure.¹⁹
- Breast cancer is the second-leading cause of cancer death in U.S. Women.²⁰ Monroe County ranks unfavorably compared to the rest of Florida in the age-related death rate for both breast and cervical cancer.²¹ According to the National Cancer Institute, the five-year survival rate for breast cancer is 98.1% if the cancer is still localized and 27.1% if the cancer has metastasized. However, lower income and African American women are at increased risk of dying from breast cancer, as the disease is often diagnosed at later stages.²²
- Diabetes is the seventh leading cause of death listed in the U.S., but indications are that it is underreported as a cause of death. 1.6 million new cases of diabetes were diagnosed in people aged 20 years or older in 2007.²³

- Monroe County ranks in the least favorable quartile in the state for rates of colorectal cancer age-adjusted incidence.²⁴ Colorectal cancer is the third leading cause of cancer death for women in the U.S.²⁵

The key to a longer, healthier life with lower healthcare costs is disease prevention and early detection. For example, the American Cancer Society also reports that five-year survival rates are 90 to 95 percent for common cancers if they are discovered before they spread beyond the organ where the cancer originated.²⁶ In order for diseases such as cancer to be detected early, residents need access to accessible and affordable medical facilities that provide screenings. Womankind works hard to provide exactly this for our community.

Endnotes

- ¹ (<http://www.rwjf.org/programareas/features/digest.jsp?c=EMC-ND132&pid=1132&id=7275>)
- ² (<http://www.commonwealthfund.org/Content/Charts/Report/Mirror--Mirror-on-the-Wall--An-International-Update-on-the-Comparative-Performance-of-American-Health/H/Health-Status-by-Income--2004.aspx>)
- ³ (Institute of Medicine. Care Without Coverage – Too Little, Too Late. The National Academies Press, 2002.)
- ⁴ (<http://www.rwjf.org/coverage/product.jsp?id=35728&c=OTC-RSS&attr=PA>)
- ⁵ (Women’s Health 2006 Data report, <http://www.doh.state.fl.us/family/wh/2006data.pdf>)
- ⁶ (www.teenpregnancy.org)
- ⁷ (The National Campaign to Prevent Teen and Unplanned Pregnancy, www.thenationalcampaign.org)
- ⁸ (www.womenshealthchannel.com)
- ⁹ Budget Ax Aimed at Prenatal Care, the Key West Citizen, April 6, 2010.
- ¹⁰ (<http://www.floridacharts.com/charts>)
- ¹¹ (www.guttmacher.org)
- ¹² (Bureau of HIV/AIDS, Florida Department of Health)
- ¹³ (www.guttmacher.org)
- ¹⁴ (www.guttmacher.org)
- ¹⁵ www.kff.org)
- ¹⁶ (Florida Department of Health)
- ¹⁷ Health Clinic Opens for Homeless, Working Poor. Health File. Key West Citizen. April 2010.
- ¹⁸ (U.S. National Center for Health Statistics, Health, United States, 2007).
- ¹⁹ (<http://www.floridacharts.com/charts/viewrpt.aspx?ID=7230&prompt0=0200020380&prompt1=44&prompt2=2007&prompt3=4>).
- ²⁰ (www.mayoclinic.com).
- ²¹ (<http://www.floridacharts.com/charts/viewrpt.aspx?ID=7230&prompt0=0200020084&prompt1=44&prompt2=2007&prompt3=4>)
- ²² (<http://www.mayoclinic.com/health/breast-cancer/DS00328/DSECTION=risk-factors>)
- ²³ (<http://diabetes.niddk.nih.gov/dm/pubs/statistics/#deaths>)
- ²⁴ (www.floridacharts.com)
- ²⁵ (<http://www.healthywomen.org/healthtopics/coloncancer>)
- ²⁶ (<http://www.cancer.org/downloads/COM/FloridaCancerFactsFigures.pdf>)

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
A. Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients and Services	X		
D – F. Financial Information	X		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.	X		
H. Copy of IRS Form 990 from most recent fiscal year	X		
I. Copy of current fee schedule	X		
J. Copy of IRS Letter of Determination indicating 501 C 3 status	X		
K. Copy of Current Monroe County and City Occupational Licenses	X		
L. Copy of Florida Dept. of Children And Families License or Certification		X	N/A - We are not monitored by DCF
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	
R. Other (specify) TWO PAGE LIMIT		X	

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

* We had a site visit from the US Department of Health and Human Services in December 2009. We are still awaiting the written report from this visit.

ATTACHMENT A 1 - BOARD INFORMATION

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

2011

You must have at least five directors.

Womankind, inc.

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

Name/Board Position	Affiliation/Title	City/State	Telephone No.	Years Served	Current Term Expiration Date
Janis Childs, President	Artist & Owner SoDu Gallery	Key West, FL	296-4400	6	2012
The Honorable Peary Fowler, Vice President	Monroe County Judge Financial Advisor, Merrill Lynch	Key West, FL	292-3517	5	2012
Leslie Concepcion, Treasurer	Consultant, Elisa Levy Seminars	Key West, FL	587-4130	<1	2012
Elisa Levy, Secretary	Attorney, Grossman & Roth	Key West, FL	296-5437	3	2012
A.B. Maloy, Esquire	Area Manager Key West, Community Blood Centers of South Florida	Key West, FL	240-4241	2	2011
Lu Moore	CFO, FishBusterz	Key West, FL	923-4430	3	2011
Colleen Quirk	Attorney, Horan, Wallace and Higgins	Key West, FL	797-9283	6	2012
Michelle Maxwell, Esquire	Retired School District; Utility Board Member	Key West, FL	294-4585	<1	2012
Mona Clark	Self-employed, Writer and T.V. Host	Key West, FL	304-8665	6	2011
Margit Bisztray		Key West, FL	304-5649	<1	2012

**ATTACHMENT A 2 - EVIDENCE OF ANNUAL ELECTION OF OFFICERS: Attached

WOMANKIND, INC.
BOARD OF DIRECTORS MEETING MINUTES
January 11, 2010

Board members present:	Colleen Quirk, Elisa Levy, A.B. Maloy, Janis Childs, Mona Clark, Leslie Concepcion, Peary Fowler
Womankind staff present:	Betsy Langan, Cali Roberts, Gail Hardy
Call to Order:	
Approval of Meeting Minutes:	The Board agreed to the following changes to the December 2009 minutes: Old Business/Events – Peary and Judge Taylor will take Ed Knight to dinner. Governance - AB already gave input on the policy and procedure manual. AB moved to approve the amended minutes. Leslie seconded. All were in favor.
President's/Treasurer's Report:	Colleen congratulated Betsy for a great job balancing the budget.
Executive Director's Report:	The Board agreed that it was premature to pass the annual budget given the changes within the organization, and decided to resume discussions once the new Executive Director is in place. Janis will host the February M&G at her house on Feb. 10 th . Betsy alerted the Board about Maureen Kempa's accident during Smart Ride.
Development Director's Report:	No report
Old Business:	Committees: No reports <ul style="list-style-type: none"> • <u>Fundraising:</u> • <u>Events:</u> • <u>Marketing:</u> • <u>Education:</u> • <u>Finance:</u> • <u>Governance:</u>
New Business:	The Board voted to approve a new member, Michelle Maxwell: Elisa moved to accept the nomination; Peary seconded. All were in favor. Elisa will mentor her. Information on new nominees will be sent to the Governance committee. Possible members include Sandy Rodriguez and Melissa Impallomeni Marian Briscoe is available for our next Board retreat. Betsy

	<p>passed around a sign up sheet for possible dates, and will get back to the Board with a final date.</p> <p>Officers for next term were elected. They include: President: Janis Childs VP: Peary Fowler Treasurer: Leslie Concepcion Secretary: Elisa Levy</p> <p>The new officers will start at the February 2010 meeting.</p> <p>Maggie decided to resign.</p> <p>Cali has expressed interest in taking the lead on the Croquet tournament. The Board agreed that if Cali takes on this responsibility, her salary should be reconsidered.</p> <p>Betsy's proposed contract was discussed and reviewed. Colleen motioned to accepted it; Mona seconded. All approved.</p> <p>A.B. Malloy asked the Board to consider her for the position of ED.</p>
--	--

The meeting adjourned at 6:55 p.m. A motion was made by AB and seconded by Peary.

Respectfully submitted,

Elisa Levy

ATTACHMENT B - AGENCY COMPENSATION DETAIL

2011

Include each position in the entire agency.

Put an "X" next to each position directly related

to program for which funding is requested.

Please round all dollar amounts to the nearest dollar; do not round FTE'S.

A 40-hour/week employee would be 1.00 FTE; a 20-hour/week employee would be .5 FTE, etc.

WomanKind, inc.

		Proposed - Upcoming		Projected - Current Year	
		Year Ending:		Ending:	
		12/31/2011		12/31/2010	
Position Title	"X"	# FTE'S	Total Compensation Package	# FTE'S	Total Compensation Package
Advanced Registered Nurse Practitioner (ARNP)	X	1.00	85,799	1.00	83,300
Director		1.00	76,800	1.00	76,800
Registered Nurse		1.40	65,952	1.40	65,952
Assistant		1.00	54,800	1.00	54,800
Bilingual Hispanic Outreach/Medical Assistant	X	1.00	40,160	0.80	33,088
Front desk/ Reception		1.00	38,080	1.00	38,080
Counselor		0.15	7,800	0.15	7,800
Totals	2	6.55	369,391	6.35	359,820

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

2011

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

Womankind, inc.

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	Current # of Clients ("snapshot") as of 3/4/10
Reproductive, primary and mental health care	Women who experience barriers to health care, including racial and ethnic minorities, immigrants, the indigent un/underinsured, teens and the working middle class and poor. Our target population includes all women of reproductive age, from the teen years through menopause.	12,715	Monroe County: Big Pine to Key West	Monday through Friday 8 a.m. to 5 p.m.; 5-7p.m. Thursdays Teen Clinic	1,552 unduplicated clients over 3994 total office visits	25
Prescribed contraceptive method	Women of reproductive age	4,293	Monroe County: Big Pine to Key West	Monday through Friday 8 a.m. to 5 p.m.; 5-7p.m. Thursdays Teen Clinic	940	18
Pap tests	Women teen through menopause	12,715	Monroe County: Big Pine to Key West	Monday through Friday 8 a.m. to 5 p.m.; 5-7p.m. Thursdays Teen Clinic	965	3
Management of abnormal pap smears (potentially pre-cancerous)	Women teen through menopause	12,715	Monroe County: Big Pine to Key West	Monday through Friday 8 a.m. to 5 p.m.; 5-7p.m. Thursdays Teen Clinic	265	162

ATTACHMENT D - COUNTY FUNDING BUDGET

2011

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

WomanKind, inc.

	Proposed Expense Budget for Upcoming Year Ending:	
	9/30/2011	
Expenditures	Total	%
Salaries	70,000	87.5%
Payroll Taxes		0
Employee Benefits		0
Subtotal Personnel	70,000	87.5%
Postage		0
Office Supplies		0
Telephone		0
Professional Fees		0
Rent		0
Utilities		0
Repair and Maint.		0
Travel		0
Miscellaneous		0
Grants to Other Organizations		0
<i>List others below</i>		0
Medical tests, consults, procedures, lab work & medications	10,000	12.5%
		0
		0
		0
		0
Total Expenses	80,000	100.0%

ATTACHMENT E - AGENCY EXPENSES

2011

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

WomanKind, inc.

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	12/31/2011		12/31/2010	
	Total	%	Total	%
Expenditures				
Salaries	340,591	58%	331,020	58%
Payroll Taxes	28,950	5%	28,137	5%
Employee Benefits	28,800	5%	28,800	5%
Subtotal Personnel	398,341	68%	387,957	68%
Postage	2,858	0%	2,775	0%
Office Supplies	7,622	1%	7,400	1%
Telephone	4,606	1%	4,472	1%
Professional Fees	13,390	2%	13,000	2%
Rent	44,746	8%	43,443	8%
Utilities	5,150	1%	5,000	1%
Repair and Maint.	6,180	1%	6,000	1%
Bank Charges	206	0%	200	0%
Contract Labor	6,180	1%	6,000	1%
Credit Card Commissions	2,678	0%	2,600	0%
Donations	824	0%	800	0%
Donor Database	1,030	0%	1,000	0%
Equipment Purchases	5,150	1%	5,000	1%
Equipment Rental	618	0%	600	0%
Furniture & Fixtures	206	0%	200	0%
Insurance	7,345	1%	7,131	1%
Laboratory Fees	41,200	7%	40,000	7%
Licenses and Permits	1,236	0%	1,200	0%
Medical Director	8,240	1%	8,000	1%
Medical Supplies	9,064	2%	8,800	2%
Printing and Reproduction	2,369	0%	2,300	0%
Program Expenses	10,300	2%	10,000	2%
Program Promotion	7,210	1%	7,000	1%
Training and Education	2,060	0%	2,000	0%
Website	604	0%	586	0%
Total Expenses	589,413	100%	573,464	100%
Revenue Over/(Under) Expenses	(34,150)		0	

ATTACHMENT F - AGENCY REVENUE

2011

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

WomanKind, inc.

	Proposed Revenue Budget for Upcoming Year Ending:			Projected Revenue for Current Year Ending:		
	12/31/2011			12/31/2010		
Revenue Sources	Cash	In-Kind	%-age of Total	Cash	In-Kind	%-age of Total
Monroe County (HSAB)	80,000		14%	70,000		12%
Children and Fam			0%			0%
M.C. Sheriff's Dept.			0%			0%
Key West			0%			0%
Marathon			0%			0%
Islamorada			0%			0%
Layton			0%			0%
Key Colony Beach			0%			0%
Client fees	117,722		21%	147,153		26%
Donations	19,000		3%	14,600		3%
Sheriff Shared Asset	8,000		1%	8,750		2%
United Way			0%			0%
List all others below			0%			0%
Benefits/ Special Events	95,500		17%	93,350		16%
Contracts	62,000		11%	58,584		10%
Monroe County Health Department	35,000		6%	42,000		7%
Grants/ Foundations	130,000		23%	128,975		22%
Prescription Sales	8,041		1%	10,052		2%
			0%			0%
			0%			0%
			100%			100%
Total Revenue	555,263	0		573,464	0	

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CERTIFIED PUBLIC ACCOUNTANTS
132 MINORCA AVENUE
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Yr end 08

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

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

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
WomanKind, Inc.

We have audited the accompanying statement of financial position of WomanKind, Inc., (the "Company") (a non-profit organization) as of December 31, 2008, and the related statement of activities and cash flow for the year then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of WomanKind, Inc. as of December 31, 2008, and the results of its operations and its cash flows for the year then ended in conformity with generally accepted accounting principles.

*(Audit + 990
for yr end 09 provided w/ supp. mat'ls - also
attached.)*

In accordance with Government Auditing Standards, we have also issued a report dated May 19, 2009 on our consideration of WomanKind, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations contracts and grants.

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

Smith, Oly. Byr - Byr PA.

May 19, 2009

WOMANKIND, INC.

Statement of Financial Position

December 31, 2008

Assets

Current assets	
Cash	\$ 87,273
Contracts and other receivables	13,169
Other assets	<u>4,263</u>
Total current assets	<u>104,705</u>
Assets restricted to investment in furniture and equipment	47,398
Accumulated depreciation	<u>(42,516)</u>
Net assets restricted to investment in furniture and equipment	<u>4,882</u>
Total assets	\$ <u>109,587</u>

Liabilities and Net Assets

Current liabilities	
Line of credit	\$ -
Accounts payable and accrued expenses	<u>3,120</u>
Total current liabilities	<u>3,120</u>
Net assets	
Unrestricted	101,585
Restricted to investment in furniture and equipment	<u>4,882</u>
Total net assets	<u>106,467</u>
Total liabilities and net assets	\$ <u>109,587</u>

See accompanying notes to financial statements.

WOMANKIND, INC.

Statement of Activities

For the Year Ended December 31, 2008

Public support and revenue	
Grant revenue	\$ 236,679
Contract fees	56,044
Contributions, including in-kind contributions	27,018
Benefits	<u>87,159</u>
	<u>406,900</u>
Revenue	
Prescription sales	42,694
Office visits	304,221
Other income	<u>1,187</u>
Total revenue	<u>348,102</u>
Total public support and revenue	<u>755,002</u>
Expenses	
Salaries and related costs	393,473
Advertising	3,931
Contract labor	18,885
Insurance	26,530
Laboratory fees	57,365
Medical director	6,000
Medical supplies	11,916
Office supplies	5,604
Professional fees	11,560
Rent	42,858
Depreciation	7,094
Repairs and maintenance	11,510
Subsidized health care	13,763
Utilities	9,190
Fundraising expenses	6,332
Interest expense	196
Office expense	33,422
Prescription purchases	<u>18,850</u>
	<u>678,479</u>
Increase in net assets	76,523
Net assets, beginning of year	<u>29,944</u>
Net assets, end of year	<u>\$ 106,467</u>

See accompanying notes to financial statements.

WOMANKIND, INC.

Statement of Cash Flows

For the Year Ended December 31, 2008

Cash flows from operating activities:	
Change in net assets	\$ 76,523
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	7,094
Decrease in contracts, other receivables and other assets, net	6,657
Increase in accounts payable	<u>367</u>
Net cash provided by operating activities	<u>90,641</u>
Cash flows used by investing activities:	
Acquisition of equipment	<u>-</u>
Cash flows from financing activities:	
Line of credit repayments, net	<u>(6,713)</u>
Net increase in cash and cash equivalents	83,928
Cash and cash equivalents, at beginning of year	<u>3,345</u>
Cash and cash equivalents, at end of year	<u>\$ 87,273</u>
Interest paid during the year	<u>\$ 196</u>

See accompanying notes to financial statements.

WOMANKIND, INC.

Notes to Financial Statements

For the Year Ended December 31, 2008

1. Summary of Significant Accounting Policies

a) Organization

WomanKind, Inc. ("the Company") is a nonprofit organization developed to increase access to affordable women's primary, gynecological and mental health care for all women regardless of ethnic, cultural or economic and mental health care status. Key among the Company's target groups are women who experience barriers to healthcare, including racial and ethnic minorities, the indigent uninsured or underinsured, and the working poor. Services are provided in Monroe County. The Company's funding comes primarily from public and private grants, community partnerships and client fees. Since its inception, the Company has rapidly become a valuable resource and a leader in women's healthcare and education in Monroe Country. In 2008, the company served a total of 1,743 patients during 4,215 clinical visits.

b) Basis of Presentation

The Company's financial statements have been prepared on the accrual basis of accounting and in conformity with the standards promulgated by the American Institute of Certified Public Accountants. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Company and changes therein are classified and reported as follows:

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

The primary sources of revenue for the Company consist of grants from governmental agencies which, absent a specific restriction by the grantor, are considered to be available for unrestricted use, and office visit fees. Included in office visit fees is reimbursement on a fee for service basis with the State of Florida, Department of Health. Grant revenue includes only that portion of the grant that was earned prior to the statement of financial position date. All grant funds received as of the statement of financial position date which are considered to be applicable to future periods are reflected as deferred revenue on the Statement of Financial Position.

WOMANKIND, INC.

Notes to Financial Statements

For the Year Ended December 31, 2008

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

b) Basis of Presentation - (Cont.)

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

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

c) Assets Restricted to Investment in Furniture and Equipment

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

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

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

d) Contributions

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

Taxpayers Copy

OMB No. 1545-1150

Form **990-EZ**

Short Form 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)

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning _____ **and ending** _____

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

C Name of organization
WOMANKIND, INC.

D Employer identification number
65-1003208

E Telephone number
305-294-4004

F Group Exemption Number ▶

G Accounting method: Cash Accrual
Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **WWW.WOMANKINDKEYWEST.ORG**

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **755,002**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															406,900											
	2	Program service revenue including government fees and contracts															348,102											
	3	Membership dues and assessments																										
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory																										
	b	Less: cost or other basis and sales expenses																										
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)																										
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																										
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																										
	b	Less: direct expenses other than fundraising expenses																										
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																											
7a	Gross sales of inventory, less returns and allowances																											
b	Less: cost of goods sold																											
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe ▶ _____)																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															755,002												
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits															393,473											
	13	Professional fees and other payments to independent contractors															11,560											
	14	Occupancy, rent, utilities, and maintenance															49,952											
	15	Printing, publications, postage, and shipping															33,550											
	16	Other expenses (describe ▶ See Statement 1)															189,944											
17	Total expenses. Add lines 10 through 16															678,479												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															76,523											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															29,939											
	20	Other changes in net assets or fund balances (attach explanation) See Statement 2															5											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															106,467											

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	3,345	87,273
23	Land and buildings	11,976	4,882
24	Other assets (describe ▶ See Statement 3)	24,089	17,432
25	Total assets	39,410	109,587
26	Total liabilities (describe ▶ See Statement 4)	9,471	3,120
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,939	106,467

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

Form **990-EZ** (2008)

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ FL		
42a	The books are in care of ▶ ELIZABETH LANGAN 3142 NORTHSIDE DRIVE Located at ▶ KEY WEST, FL	Telephone no. ▶ 305-294-4004	ZIP + 4 ▶ 33040
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 ▶ <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000		

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

Sign Here
 Signature of officer: *[Signature]* Date: 6/25/09
 Type or print name and title: Elizabeth Langan, Executive Director

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: 6/22/09 Check if self-employed:
 Firm's name (or yours if self-employed): Smith, Ortiz, Gomez and Buzzi, PA Preparer's Identifying Number (See instr): P00853282
 address, and ZIP + 4: 132 Minorca Avenue Coral Gables, FL 33134 Phone no: 305-441-1012

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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.")						
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						
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 1, column (f)						
6 Public support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <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	%
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 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.")	465,753	526,041	564,196	631,857	755,002	2,942,849
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	465,753	526,041	564,196	631,857	755,002	2,942,849
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)	465,753	526,041	564,196	631,857	755,002	2,942,849

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	465,753	526,041	564,196	631,857	755,002	2,942,849
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.)	465,753	526,041	564,196	631,857	755,002	2,942,849

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	100.0000 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	100.0000 %

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

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Interest	196
CONTRACT LABOR	18,885
INSURANCE	26,530
LAB FEES	57,365
MEDICAL DIRECTOR	6,000
MEDICAL SUPPLIES	11,916
OFFICE SUPPLIES	5,604
REPAIRS	11,510
SUBSIDIZED HEALTH CARE	13,763
UTILITIES	9,190
FUND RAISING EXPENSES	6,332
PRINTING	2,639
TRAVEL	1,164
PRESCRIPTION PURCHASES	18,850
Total	\$ 189,944

Statement 2 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Other Increases	\$ 5
Total	\$ 5

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 19,826	\$ 13,169
OTHER ASSETS	4,263	4,263
Total	\$ 24,089	\$ 17,432

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,758	\$ 3,120
Mortgage and Other Notes Payable	6,713	
Total	\$ 9,471	\$ 3,120

Federal Statements

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

OUR GOAL IS TO INCREASE ACCESSIBILITY TO SAFE, HUMANISTIC AND PREVENTION ORIENTED HEALTHCARE FOR WOMEN ACROSS THE LIFESPAN, REGARDLESS OF RACE, CULTURE, SOCIOECONOMIC STATUS OR OTHER POTENTIAL BARRIERS TO CARE.

Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

ACCESSIBILITY TO SAFE, HUMANISTIC AND PREVENTION ORIENTED HEALTHCARE FOR WOMEN

Federal Statements

651003208 WOMANKIND, INC.
65-1003208
FYE: 12/31/2008

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
FURNITURE & EQUIPMENT	\$ 47,398	\$ 35,422	\$ 47,398	\$ 42,516
Total	\$ 47,398	\$ 35,422	\$ 47,398	\$ 42,516

WOMANKIND, INC.

Financial Statements with
Independent Auditors' Report Thereon and
Schedule of Financial Assistance

For the Year Ended December 31, 2009

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

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

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

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
WomanKind, Inc.

We have audited the accompanying statement of financial position of WomanKind, Inc., (the "Company") (a non-profit organization) as of December 31, 2009, and the related statement of activities and cash flow for the year then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of WomanKind, Inc. as of December 31, 2009, and the results of its operations and its cash flows for the year then ended in conformity with generally accepted accounting principles.

In accordance with Government Auditing Standards, we have also issued a report dated June 15, 2010 on our consideration of WomanKind, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations contracts and grants.

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

Smith, Ortiz, Gomez & Bezzi PA

June 15, 2010

WOMANKIND, INC.
Statement of Financial Position
December 31, 2009

<u>Assets</u>	
Current assets	
Cash	\$ 68,023
Contracts and other receivables	33,262
Other assets	<u>4,264</u>
Total current assets	<u>105,549</u>
Assets restricted to investment in furniture and equipment	49,581
Accumulated depreciation	<u>(46,208)</u>
Net assets restricted to investment in furniture and equipment	<u>3,373</u>
Total assets	<u>\$ 108,922</u>

<u>Liabilities and Net Assets</u>	
Current liabilities	
Line of credit	\$ -
Accounts payable and accrued expenses	<u>10,011</u>
Total current liabilities	<u>10,011</u>
Net assets	
Unrestricted	95,538
Restricted to investment in furniture and equipment	<u>3,373</u>
Total net assets	<u>98,911</u>
Total liabilities and net assets	<u>\$ 108,922</u>

See accompanying notes to financial statements.

WOMANKIND, INC.

Statement of Activities

For the Year Ended December 31, 2009

Public support and revenue	
Grant revenue and contract fees	\$ 318,684
Contributions, including in-kind contributions	24,117
Benefits	<u>95,511</u>
	438,312
Revenue	
Prescription sales	33,281
Office visits	183,942
Other income	<u>3,363</u>
Total revenue	<u>220,586</u>
Total public support and revenue	<u>658,898</u>
Expenses	
Salaries and related costs	361,763
Contract labor	25,401
Insurance	23,290
Laboratory fees	44,647
Medical director	6,000
Medical supplies	8,800
Office supplies	7,423
Professional fees	69,216
Rent	43,443
Depreciation	3,692
Repairs and maintenance	6,589
Subsidized health care	4,590
Utilities	9,634
Program promotion	13,402
Interest expense	11
Office expense	15,324
Prescription purchases	<u>23,229</u>
	<u>666,454</u>
Increase in net assets	(7,556)
Net assets, beginning of year	<u>106,467</u>
Net assets, end of year	<u>\$ 98,911</u>

See accompanying notes to financial statements.

WOMANKIND, INC.

Statement of Cash Flows

For the Year Ended December 31, 2009

Cash flows from operating activities:	
Change in net assets	\$ (7,556)
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	3,692
Decrease in contracts, other receivables and other assets, net	(20,093)
Increase in accounts payable	<u>6,891</u>
Net cash used by operating activities	<u>(17,066)</u>
Cash flows used by investing activities:	
Acquisition of equipment	<u>(2,184)</u>
Cash flows from financing activities:	
Line of credit repayments, net	<u>-</u>
Net decrease in cash and cash equivalents	(19,250)
Cash and cash equivalents, at beginning of year	<u>87,273</u>
Cash and cash equivalents, at end of year	\$ <u>68,023</u>
Interest paid during the year	\$ <u>11</u>

See accompanying notes to financial statements.

WOMANKIND, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

1. Summary of Significant Accounting Policies

a) Organization

WomanKind, Inc. ("the Company") is a nonprofit organization developed to provide accessible and affordable primary, gynecological and mental health care that is safe, individualized, humanistic and prevention focused to women through the lifecycle, regardless of ethnicity or socioeconomic level. Key among the Company's target groups are women who experience barriers to healthcare, including racial and ethnic minorities, the indigent uninsured or underinsured, and the working poor. Services are provided in Monroe County. The Company's funding comes primarily from public and private grants, community partnerships and client fees. Since its inception, the Company has rapidly become a valuable resource and a leader in women's healthcare and education in Monroe County. In 2009, the company served a total of 1,552 patients during 3,994 clinical visits.

b) Basis of Presentation

The Company's financial statements have been prepared on the accrual basis of accounting and in conformity with the standards promulgated by the American Institute of Certified Public Accountants. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Company and changes therein are classified and reported as follows:

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

The primary sources of revenue for the Company consist of grants which, absent a specific restriction by the grantor, are considered to be available for unrestricted use, and contract fees. Included in contract fees is reimbursement on a fee for service basis with the State of Florida, Department of Health. Grant revenue includes only that portion of the grant that was earned prior to the statement of financial position date. All grant funds received as of the statement of financial position date which are considered to be applicable to future periods are reflected as deferred revenue on the Statement of Financial Position.

WOMANKIND, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

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

b) Basis of Presentation - (Cont.)

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

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

c) Assets Restricted to Investment in Furniture and Equipment

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

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

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

d) Contributions

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

WOMANKIND, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

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

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

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

The Company records revenue when earned. The Company does not record any accounts receivable on office visits. As a result of significant delays or non-payment this income is recorded when received. All expenses are recorded on the accrual basis and are charged against operations when incurred. Donated materials are recorded at fair value on the date of donation as unrestricted support. Donated services have not been reflected in the financial statements. The impact of those services upon the financial statements is unknown as there is no objective basis available to measure the value of such services. However, because recognition of donated services as revenue would also involve recognition of corresponding expenses, there would be no effect on the net assets.

f) Income Taxes

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

g) Allocation of Common Expenses

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

h) Cash and Cash Equivalents

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

WOMANKIND, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

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

i) Estimates

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

j) Long-Lived Assets

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

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

The Company is funded through grants and contracts from various funding sources. The following summarizes major grant activity for the year ended December 31, 2009.

	<u>Support</u>	<u>Receipt</u>
Monroe County Health Dept.	\$ 77,088	71,352
Health Foundation	8,536	8,536
Board of County Commissioners - Monroe County, Florida (HSAB)	67,603	54,627
Zonta Club Grant	6,894	5,977
Planned Parenthood & Other (Contract Fee)	53,603	40,000
Avon Grant	40,000	40,000
Monroe County Sheriff Grant	8,400	8,400
Blue Foundation	20,300	20,300
Klaus Murphy Foundation	30,000	30,000
Other	6,260	6,260

Grant and contract fees for the year ending December 31, 2009 amounted to \$318,684. At December 31, 2009 contracts and other receivable amounted to \$33,262. Of this amount, \$13,923 represent grant receivables, \$5,736 represent contract receivables (Monroe County Health Department) and \$13,603 is due from contract fees.

WOMANKIND, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

3. Assets Restricted to Investment in Furniture and Equipment.

Furniture and office equipment, at cost, and accumulated depreciation are summarized as follows at December 31, 2009:

Computer	\$ 11,926
Furniture and fixtures	17,734
Office equipment	6,965
Lease improvements	<u>12,956</u>
Total costs	49,581
Less accumulated depreciation	<u>(46,208)</u>
	<u>\$ 3,373</u>

Depreciation expense for the year ended December 31, 2009 amounted to \$3,692.

4. Line of Credit

On May 14, 2002 the Company entered into an unsecured line of credit facility agreement with a local bank. This agreement was for \$7,500 to be used for working capital purposes. In 2003 the amount was increased to \$25,000. The line of credit currently carries interest at 5.25% per annum. Draws outstanding at December 31, 2009 amounted to \$0.00. Interest expense for 2009 was \$11.

5. Facilities Cost

The Company's premises are located in Key West, Florida. Rent expense for the year amounted to \$43,443. The Company's monthly rent amounts to \$3,620.

WOMANKIND, INC.

Notes to Financial Statements

For the Year Ended December 31, 2009

6. Commitments and Contingencies

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

WOMENKIND, INC.

Schedule of Financial Assistance
(Single Audit)

For the Year Ended December 31, 2009

<u>Program Title</u>	<u>CFDA Number</u>	<u>Contract Number</u>	<u>Revenue Recognized</u>	<u>Program Receipts</u>	<u>Disbursements/ Expenditures</u>	<u>Accounts Receivable</u>	<u>Deferred Support</u>
Zonta Club	-	-	\$ 6,894	5,977	6,894	917	-
Health Foundation of South Florida	-	2002-19	8,536	8,536	8,536	-	-
Board of County Commissioners of Monroe County, Florida	-	-	67,603	54,627	67,603	12,976	-
Avon Grant	-	-	40,000	40,000	40,000	-	-
Monroe County Sheriffs Department	-	-	8,400	8,400	8,400	-	-
Blue Foundation	-	-	20,300	20,300	20,300	-	-
Klaus Murphy Foundation	-	-	30,000	30,000	30,000	-	-
Monroe County Health Dept.	-	-	77,088	71,352	77,088	5,736	-
Florida Keys AHSC	-	-	2,300	2,300	2,300	-	-
Planned Parenthood	-	-	53,603	40,000	53,603	13,603	-
Florida Keys Healthy Start Coalition	-	-	3,360	3,360	3,360	-	-
Other	-	-	600	600	600	-	-
Total			<u>\$ 318,684</u>	<u>285,452</u>	<u>318,684</u>	<u>33,232</u>	<u>-</u>

SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.
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JOSE E. SMITH, C.P.A.
RODOLFO L. ORTIZ, CONSULTANT.

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

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

To the Board of Directors of
WomanKind, Inc.:

We have audited the financial statements of WomanKind, Inc. (the "Company") as of and for the year ended December 31, 2009 and have issued our report thereon dated June 15, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance

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

Internal Control Over Financial Reporting

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

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

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

Smith, Arty, Gomez & Bugzi PA

June 15, 2010

SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.
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RODOLFO L. ORTIZ, CONSULTANT.

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

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

To the Board of Directors of
WomanKind, Inc.:

Compliance

We have audited the compliance of WomanKind, Inc. (the "Company") with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the year ended December 31, 2009. The Organization's major federal programs are identified in the accompanying schedule of federal and State financial assistance. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the Company's management. Our responsibility is to express an opinion on the Company's compliance based on our audit.

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

In our opinion, the Company complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended December 31, 2009.

Internal Control Over Compliance

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

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

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

Smith, Ortiz, Gomez & Buzzi PA

June 15, 2010

Smith, Ortiz, Gomez and Buzzi, PA
132 Minorca Avenue
Coral Gables, FL 33134
305-441-1012

August 13, 2010

CONFIDENTIAL

WOMANKIND, INC.
3142 NORTHSIDE DRIVE 101
KEY WEST, FL 33040

Dear ELIZABETH LANGAN:

We have prepared the following returns from information provided by you without verification or audit.

990 - Return of Organization Exempt From Income Tax

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 12/31/09 shows no balance due. The return should be signed and dated on Page 1 by an officer representing the organization. Mail the return by August 15, 2010 to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Smith, Ortiz, Gomez and Buzzi, PA

Smith, Ortiz, Gomez and Buzzi, PA
132 Minorca Avenue
Coral Gables, FL 33134
305-441-1012

August 13, 2010

CONFIDENTIAL

WOMANKIND, INC.
3142 NORTHSIDE DRIVE 101
KEY WEST, FL 33040

For professional services rendered in connection with the preparation of the following tax forms
for year ending 12/31/09.

Amount due \$ 0.00

WOMANKIND, INC.
3142 NORTHSIDE DRIVE 101
KEY WEST, FL 33040

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027



Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization: **WOMANKIND, INC.**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3142 NORTHSIDE DRIVE 101
 City or town, state or country, and ZIP + 4
KEY WEST FL 33040

D Employer identification number: **65-1003208**

E Telephone number: **305-294-4004**

G Gross receipts: **658,898**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: ▶ **WWW.WOMANKINDKEYWEST.ORG**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: _____ **M** State of legal domicile: _____

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of employees (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	406,900	438,312
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	348,102	220,586
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	755,002	658,898
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			361,762
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 59,463			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)			304,692
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			666,454
19 Revenue less expenses. Subtract line 18 from line 12	755,002	-7,556	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	109,587	108,922
	22 Net assets or fund balances. Subtract line 21 from line 20	3,120	10,011
		106,467	98,911

Part II Signature Block

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

Sign Here
 Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only
 Preparer's signature: _____ Date: **08/13/10**
 Check if self-employed Preparer's identifying number (see instructions): **P00853282**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Smith, Ortiz, Gomez and Buzzi, PA**
132 Minorca Avenue
Coral Gables, FL 33134
 EIN ▶ **65-0232836**
 Phone no. ▶ **305-441-1012**

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

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **560,144** including grants of\$) (Revenue \$)

ACCESSIBILITY TO SAFE, HUMANISTIC AND PREVENTION ORIENTED HEALTHCARE FOR WOMEN

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

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

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

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

4e Total program service expenses ▶ **560,144**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	438,312				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	438,312				
Program Service Revenue	2a	Program Service Revenue	220,586	220,586			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	220,586				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less: rental exps.					
	c	Rental inc. or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis & sales exps.					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total Revenue. See instructions.		658,898	220,586	0	0	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	71,385	60,677	10,708	
7 Other salaries and wages	260,118	255,390	4,728	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	2,438		2,438	
10 Payroll taxes	27,821	25,032	2,789	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,753	4,300	5,453	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other	59,463			59,463
12 Advertising and promotion				
13 Office expenses	15,325	13,639	1,686	
14 Information technology				
15 Royalties				
16 Occupancy	43,443	42,140	1,303	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11		11	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,692		3,692	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a LAB FEES	44,647	44,647		
b CONTRACT LABOR	25,401	25,401		
c INSURANCE	23,290	13,974	9,316	
d PRESCRIPTION PURCHASES	23,229	23,229		
e PROGRAM PROMOTION	13,402	13,402		
f All other expenses	43,036	38,313	4,723	
25 Total functional expenses. Add lines 1 through 24f	666,454	560,144	46,847	59,463
26 Joint costs. 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	87,273	1	68,006
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	13,169	4	33,232
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,581		
	b Less: accumulated depreciation	10b 46,208	4,882	10c 3,373
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,263	15	4,311
16 Total assets. Add lines 1 through 15 (must equal line 34)	109,587	16	108,922	
Liabilities	17 Accounts payable and accrued expenses	3,120	17	10,011
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,120	26	10,011
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	101,585	27	95,538
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	4,882	29	3,373
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	106,467	33	98,911	
34 Total liabilities and net assets/fund balances	109,587	34	108,922	

Part XI Financial Statements and Reporting

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

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

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

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

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

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

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization WOMANKIND, INC.	Employer identification number 65-1003208
--	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	526,041	564,196	631,857	755,002	438,312	2,915,408
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					220,586	220,586
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 through 5	526,041	564,196	631,857	755,002	658,898	3,135,994
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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						3,135,994

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	526,041	564,196	631,857	755,002	658,898	3,135,994
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					0	
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.)	526,041	564,196	631,857	755,002	658,898	3,135,994
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

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

- 19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors
 ► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization WOMANKIND, INC.	Employer identification number 65-1003208
---	--

Organization type (check one):

- | | | |
|--------------------|---|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation | |

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

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

General Rule

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

Special Rules

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

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

Name of organization WOMANKIND, INC.	Employer identification number 65-1003208
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KAWALAR FAMILY FOUNDATION	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	OTHER	\$ 89,628	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

WOMANKIND, INC.

65-1003208

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions about conservation easement types, monitoring, and expenses.

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.

Table with 3 columns: Line number, Description, Amount. Includes questions about reporting art and historical treasures.

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

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

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

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

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

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

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	▶			

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

WOMANKIND, INC.

Employer identification number
65-1003208

Form 990 - Organization's Mission or Most Significant Activities

OUR GOAL IS TO PROVIDE ACCESSIBLE AND AFFORDABLE WOMEN'S PRIMARY,
GYNECOLOGICAL AND MENTAL HEALTH CARE THAT IS SAFE, INDIVIDUALIZED,
HUMANISTIC AND PREVENTION FOCUSED TO WOMEN THROUGH THE
LIFECYCLE, REGARDLESS OF ETHNICITY OR SOCIOECONOMIC LEVEL.

Form 990, Part III, Line 4d - All Other Achievements

ACCESSIBILITY TO SAFE, HUMANISTIC AND PREVENTION ORIENTED
HEALTHCARE FOR WOMEN

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

FEE SCHEDULE

Date of Service _____

Patient # _____

CPT	Office Visit (New)	Fee	CPT	Procedure	HD	Fee	Billing Information		
99201	Brief	40.48	57452	Colposcopy		300	Ins/Self/HD _____ Total this visit _____		
99202	Expanded	69.45	57454	Colposcopy, Cx.Bx.& ECC		400	MCHD Portion _____		
99203	Detailed	101.79	57455	Colposcopy, One Cx Bx		350	Patient Portion _____		
99204	Comprehensive	154.88	57456	Colposcopy, ECC		350	Past Due _____		
	Office Visit (Est)		17111	Destruction Condylomata	35	35	Payment Today _____		
99211	Brief	20.38	75170	Diaphragm Fit		35	Balance _____ Payment Method _____		
99211NC	Brief No Charge	0							
99212	Expanded	40.86	58100	Endometrial Biopsy		100			
99213	Detailed	65.52	71.22	I&D Bartholin Abscess		100			
99214	Comprehensive	98.95		Individual Therapy	30/40	60			
	Preventative Visit		90772	Injection	10	10			
99384	New Pt. 12-17 years	114.47	58300	IUD Insertion	100	100	ICD-9	ICD-9 Code	
99385	New Pt. 18-39 years	114.47	58301	IUD Removal		25	99.50	Chlamydia	
99386	New Pt. 40-64 years	133.63	57505	Removal of Endocx Polyp		100	622.7	Cervical Polyp	
99387	New Pt. 65+ years	145.91	57415	Removal of Foreign Body		30	78.11	Condylomata accuminata	
99394	Est. Pt. 12-17 years	98.71	36415	Venipuncture	10	10	372.03	Conjunctivitis	
99395	Est. Pt. 18-39 years	99.10					V25.9	Contraceptive RX, IM	
99396	Est. Pt. 40-64 years	108.69					V25.01	Contraceptive RX, oral	
99397	Est. Pt. 65+ years	121.35					V25.0	Contraceptive counseling	
CPT	Test	HD	Fee	# Alwd	Supply	<83% Fee	# sold		
85018	Hgb	0	4		Aldara	150	150	V65.3	Counsel, diet
82270	Hemocult		10		Amoxicillin	0	10	V65.49	Counsel, health ed
81002	Urine Dip	0	5		Aviane	25	25	V69.2	Counsel high risk behavior
81025	Urine Preg. Test	0	10		Depo Provera	0	44	V65.45	Counsel STI
87210	Wet Smear		20		Diflucan	5	5	525.3	Dysmenorrhea
	Labs Ordered	HD	Fee		Doxycycline	0	10	311	Depression
87081	B-Strep Culture		22		Gardasil	150	150	V25.02	Emergency Contraception
86304	CA 125		25		LoOvral	0	15	621.2	Enlarged Uterus
85025	CBC w/diff		12		Metrogel	0	26	558.9	Gastritis
80053	CMP		16		Metronidazole #4 (Flagyl)	0	6	98.0	Gonorrhea
82947	FBS		10		Metronidazole #14 (Flagyl)	0	15	054.10	HSV
83001	FSH		40		Miconazole (Monistat)	6	6	079.4	HPV
87070	Genital Culture		20		Nitrofurantoin (Macrobid)	15	15	V07.4	HRT
87590	GC/Chlamydia	0	36		Ortho Cyclen	15	15	272.4	Hyperlipidemia
84703	HCG qual		25		Ortho Tricyclen	0	15	401.9	Hypertension
80058	Hepatic Function Panel		15		Ortho Tricyclen Lo	0	15	244.9	Hypothyroidism
86706	Hepatitis B Antibodies		30		Plan B	18	18	V25.1	IUD Insertion
86803	Hepatitis C Antibodies		30		Rocephin	0	0	V25.42	IUD surveillance
86705	Hepatitis Panel		90		Sulfameth w/Trimeth	10	10	627.2	Menopause/disorder
86701	HIV	0	20		Valtrex #30	84	84	256.4	PCOS
86694	HSV serum w/ typing		40		Yasmin	32	32	V22.2	Pregnancy
87621	HPV Reflex	47	100					V76.2	Pap smear
80061	Lipid Panel		20		ICD-9			795.0	ICD-9 Codes
88142	Pap Thin Prep	23.81	66		789.00			461.9	Abdominal Pain
84146	Prolactin		25		309.0			V01.8	Adjustment Disorder
86592	RPR	0	10		626.00			V74.5	Amenorrhea
87060	T3		10		V72.6			240.9	Annual blood screen
84480	T4 (Thyroxine)		10		285.9			465.9	Anemia
84443	TSH		20		V72.31			616.10	Annual Exam
87086	Urine c & s		20		300.00			569.42	Anxiety
					616.3			131.01	Bartholin Abscess
					626.8			939.2	Bleeding, DUB
					626.4			599.0	Irregular Menses
Next Appointment					626.2				Mennorrhagia
					626.7				Postcoital
Clinician signature					627.1				Postmenopausal
					V16.3				Breast Lump
					311.71				Breast Pain

WomanKind, Inc.
3142 Northside Drive, Suite 101· Key West, FL 33040· (305)294-4004

Attachment I
WOMANKIND, INC

Internal Revenue Service

Date: January 3, 2007

WOMANKIND INC
3142 NORTHSIDE DR
KEY WEST FL FL 33040-8012

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Mrs. E. Eckert ID 31-07436
Customer Service Specialist

Toll Free Telephone Number:
877-829-5500

Federal Identification Number:
65-1003208

Dear Sir or Madam:

This is in response to your request of January 3, 2006, regarding your organization's tax-exempt status.

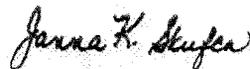
In October 2000 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

Attachment J

WomanKind, Inc.

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

RECEIPT# 47162-80456

Business Name: WOMANKIND INC

Owner Name: WOMANKIND INC
Mailing Address: 3142 NORTHSIDE DR
KEY WEST, FL 33040

Business Location: 3142 NORTHSIDE DR 101
KEY WEST, FL 33040

Business Phone: 305-294-4004
Business Type: MEDICAL OFFICES

Rooms	Seats	Employees	Machines	Stalls
0	0	3	0 / 0	0

Number of Machines :		For Vending Business Only		Vending Type :	
----------------------	--	---------------------------	--	----------------	--

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
\$22.00		\$22.00		\$0.00		\$22.00

PAID-112-08-00009390 07/30/2009 22.00

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.

MONROE COUNTY BUSINESS TAX RECEIPT

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

RECEIPT# 46113-102149

Business Name: GAIL HARDY WOMAN KIND INC

Owner Name: GAIL HARDY ARNP
Mailing Address: 3142 NORTHSIDE DR
101
KEY WEST, FL 33040

Business Location: 3142 NORTHSIDE DR
101
Business Phone: 305 234 40433040
Business Type: PHYSICIAN (ARNP)

Rooms Seats Employees Machines Stalls

STATE LICENSE: SL 1151258

Number of Machines :		For Vending Business Only				
		Vending Type				
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
\$30.00		\$30.00		\$0.00		\$30.00

PATD-118-08-00005097 09/28/2009 30.00

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.

MONROE COUNTY BUSINESS TAX RECEIPT

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 . . : WOMANKIND / HARDY Ctl nbr . . : 18569
Location addr . . : 3142 NORTHSIDE DR
Lic Nbr/Class . . : 10 00023844 SERVICE - PROFESSIONAL
Issue date . . . : 7/24/09 Expiration date . . : 9/30/10
Lic Fee : 309.75
Penalty : .00
Total : 309.75
Comments : NURSE PRACTITIONER

This document must be prominently displayed.

WOMANKIND / HARDY
3142 NORTHSIDE DR STE 101
KEY WEST FL 33040

Oper: CWALKER Type: OC Drawer: 1
Date: 7/24/09 51 Receipt no: 94444
GAIL HARDY 23844
OR LIC OCCUPATIONAL 1 \$309.75
Trans number: 2367399
CK CHECK 18569 \$309.75
Trans date: 7/24/09 Time: 13:07:37

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF PROVIDER-PERFORMED MICROSCOPY PROCEDURES

LABORATORY NAME AND ADDRESS

WOMANKIND INC
3142 NORTHSIDE DRIVE SUITE 101
KEY WEST, FL 33040

CLIA ID NUMBER

10D0984341

EFFECTIVE DATE

03/20/2009

LABORATORY DIRECTOR
SANFORD YANKOW MD

EXPIRATION DATE

03/19/2011

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.



A handwritten signature in cursive script, reading "Judith A. Yost".

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

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE

ORIGINAL - CUSTOMER

(Non-Transferable)



STATE OF FLORIDA
DEPARTMENT OF HEALTH

321989

OPERATING PERMIT

For: **BioMedical Waste Program-Medical Doctor**

Audit Control: **M00240**

Permit Number: **44-64-90307**

Issued To: **WomanKind, Inc.**
3142 Northside Dr
Numb 101
Key West, FL 33040

County: **Monroe**

Issue Date: 09/24/09

Amount Paid: \$ 85.00

Date Paid: 9/24/09

Mailed To: **WomanKind, Inc.**
3142 Northside Dr
Numb 101
Key West, FL 33040

Permit Expires On:
September 30, 2010

ISSUED BY: Monroe County Health Dept.

Signature

3333 Overseas Highway, Marathon, Florida 33050 (305) 289-2721

ENVIRONMENTAL HEALTH ADMINISTRATOR
Please verify all information, make changes where applicable

AC# 8168907

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

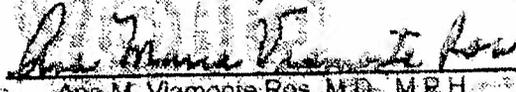
DATE	LICENSE NO.	CONTROL NO.
11/04/2008	ME 17565	257682

The MEDICAL DOCTOR
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2011**
SANFORD L. YANKOW
91558 OVERSEAS HWY #2
TAVERNIER, FL 33070
UNITED STATES



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC#B485867

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
07/07/2009	ARNP 9292028	1151258

The **ADV REG NURSE PRACTITIONER**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2011**

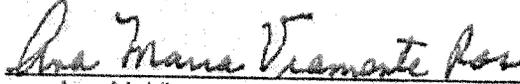
GAIL MARIE HARDY
1119 FLORIDA STREET
KEY WEST, FL 33040

QUALIFICATION(S):

DISPENSING PRACTITIONER
CERTIFIED NURSE MIDWIFE



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC#B347587

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
03/18/2009	MH 4938	35126

The LICENSED MENTAL HEALTH COUNSELOR named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **MARCH 31, 2011**
BEVERLY DOLEN ALLEN
818 WHITE ST
#7
KEY WEST, FL 33040
UNITED STATES



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC# 0012400

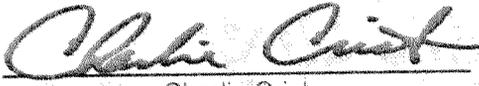
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/02/2009	ISW 3681	12909

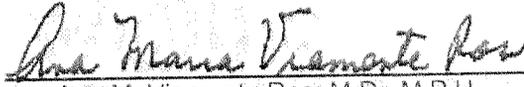
The REGISTERED CLINICAL SOCIAL WORKER INTERN named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **MARCH 31, 2011**

ELIZABETH L LANGAN
3142 NORTHSIDE DRIVE
SUITE 101
KEY WEST, FL 33040



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC#292012

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/05/2009	MH 8703	32388

The LICENSED MENTAL HEALTH COUNSELOR
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **MARCH 31, 2011**

MAUREEN L KEMPA
ATTN: CARE CENTER FOR MENTAL HEALTH
1205 FOURTH STREET
KEY WEST, FL 33040



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

Equal Employment Opportunity Policy

Womankind's policy is to employ, retain, promote, layoff, eliminate positions, or terminate and otherwise treat all employees on the basis of behavior, competency, qualifications and overall work performance. Employment decisions are made without regard to age, race, sex, country of origin, religion, creed, color, ancestry, physical or mental disability, medical condition, sexual orientation, marital status, or any other legally defined characteristic.

It is not only expected, but also demanded, that all employees shall cooperate to fulfill this commitment to the objective of equal opportunity for all. Anyone who uses language or displays conduct which reflects negatively on any of the above mentioned characteristics or any other legally defined characteristics may be subject to disciplinary actions up to and including discharge. Language or conduct given in jest or fun will be treated as though it was by intention.

Purpose:

To provide equal employment opportunities to all staff. To guarantee each employee and applicant for employment the right to be treated as an individual and to succeed in employment on the basis of each individual's efforts, qualifications, and abilities in performance.

Procedure:

1. Any employees with questions or concerns about any type of discrimination in the work place are encouraged to bring these issues to the attention of their immediate supervisor or the Executive Director. If the complainant is uncomfortable for any reason discussing such matters with either of these individuals or if the employee is not satisfied after bringing the matter to the attention of these individuals, then he or she may report the matter to the Executive/Human Resources Committee.
2. WomanKind prohibits retaliation against anyone for having raised such a complaint or cooperation with an investigation of a complaint.
3. Anyone found to be engaged in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

Introduction

The WomanKind, Inc., Family Planning program review was conducted December 3-4, 2008. A team consisting of Planned Parenthood of South Florida and the Treasure Coast (PPSFTC) staff led by Maria Kulp, Vice President of Education, Libby Feidt, Vice President of Medical Services and an off-site review of financial information (audited statements) by Saida Pichardo, Miami Operations Manager. The following program components were reviewed: Administration, Clinical, Community Outreach and Information, and Financial Management.

On December 3, 2008, the team conducted an entrance meeting with Elizabeth Langan, Executive Director. During the entrance the team explained the purpose of the review. WomanKind presented the team with program updates and/or changes from the previous year's review.

The team conducted an exit interview on December 4, 2008 and discussed preliminary findings and observations.

To conduct the program review, the team utilized the audit tool provided by the Department of Health and Human Services, Office of Population Affairs as well as a review of administrative and program documents, on-site observations, patient charts, and staff interviews.

We would like to extend our sincere appreciation and thanks to Betsy Langan, Executive Director and all of her staff for their hospitality and cooperation during this review.

Services Available:

WomanKind is a nonprofit women's healthcare center that offers reduced fees and affordable care to all women in the Lower Florida Keys. Founded in 2001 by two locals: a midwife and a nurse practitioner, it was formed to provide accessible women's health care that is safe, individualized, humanistic and prevention-focused. WomanKind offers comprehensive primary and reproductive health care and mental health counseling services. Family Planning services are provided by Advanced Registered Nurse Practitioners (ARNP) and medical assistants. Counseling services are provided by a Licensed Clinical Social Worker. Women are not denied services based on their ability to pay. The target population for subsidized family planning services includes all women at or below 150% of the federal poverty level. Family planning services are always free for teens with an emphasis on prevention and decision making around sexual activity.

All recommendations from the previous review (December 2007) have been implemented and/or corrected in a satisfactory manner with no further action required.

The following are findings, comments and recommendations based on Title X requirements:

Clinical Section

Medical records

Findings:

During the chart review it was noted that some areas on the history form were left blank by the clinician.

Suggestion/Recommendation:

It is recommended that the clinician indicate not applicable (n/a) on the form so as to indicate the area was not skipped or missed.

Findings:

During the chart review it was noted that on the Spanish version of the history form there was not a question regarding Rubella status.

Suggestions/Recommendations:

It is recommended that Rubella status be added to the history form.

Community Outreach and Information Section

There were no findings and/or recommendations for this section.

Administration Section:

There were no findings and/or recommendations for this section.

Financial Management Section

The review determined that WomanKind has an appropriate financial management system and provides sound stewardship of federal funds.