

April 10, 2012

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

Dear Ms. Tennyson:

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

Our proposal requests \$50,000.00 to fully implement this medical program for children ages 1-5. The program addresses primary, secondary and specialty medical needs of children living in low income homes and considered at-risk where medical care and coverage is lacking and unaffordable.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Michael L. Cunningham".

Michael L. Cunningham
CEO

Enc.

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
A-1. Current Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients, Client Numbers and Services (Performance Report)	X		
D. County HSAB Funding Budget	X		
E. Agency Expenses	X		
F. Agency Revenue	X		
G. Copy of Audited Financial Statement from most recent fiscal year (2010) if organization's expenses are \$150,000 or greater.	X		
H. Copy of filed IRS Form 990 from most recent fiscal year (2010)	X		
I. Copy of current fee schedule		X	We have no current fee schedules for project.
J. Copy of IRS Letter of Determination indicating 501 C 3 status & Copy of GUIDESTAR printout	X		
K. Copy of Current Monroe County and City Occupational Licenses	X		
L. Copy of Florida Dept. of Children And Families License or Certification		X	No Certification from DCF required.
M. Copy of any other Federal or State Licenses		X	No other licences held.
N. Copy of Florida Dept. of Health Licenses/Permits		X	No permits held.
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *		X	No Eval or Monitoring Report other than Audit.
Q. Data showing need for your program (See Question 12)		X	In Application.
R. Other (specify) TWO PAGE LIMIT	X		Letter from ELC on Support.

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

**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2013
October 1, 2012 – September 30, 2013**

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

Amount received for prior fiscal year ending 09/30/11	\$35,000
Amount received for current fiscal year ending 09/30/12	\$35,000
Amount requested for upcoming fiscal year ending 09/30/13	\$50,000 (Request is the same as the two previous years)

CERTIFICATION

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

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

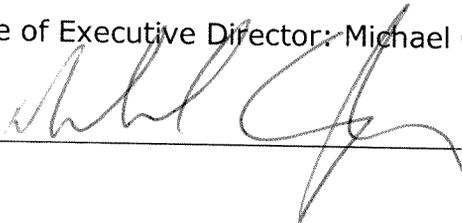
We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

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

Typed Name of Executive Director: Michael Cunningham

Signature _____



Title: CEO

Date: _____

4-11-12

Typed Name of Board President/Chairman: Marlo DeMoss

Signature _____



Title: Board Chair

Date: _____

4-11-12

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

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

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

2. List the services your agency provides.

- Direct Medical Evaluations/Children's Physical Exams
- Health Fairs-University of Miami Medical School
- Health Assessments-Cardiovascular Disease, Skin Cancer, Spirometry and Osteoporosis
- Nursing Case Mgt-Head Start
- Healthy Aging-Diabetes, Chronic Disease and Enhance Fitness
- Oral Health Evaluations
- Patient Centered Tobacco Cessation Programs
- Pharmacy Assistance
- Health Professional Education Programs-Licensure (Live and Online)
- Community Health Prevention and Education Programs
- Emergency Preparedness Training-Medical Reserve Corp Management
- Medical, Nursing and Allied Health Student Training Rotations
- School/Child Care Center Based Health and Nutrition Programs
- Health Professional Recruitment

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

Funding provided through the HSAB will provide for medical examinations of low-income and at risk children ages 1 to 5 that do not have access to a medical home, have health insurance and/or can afford medical care or insurance. Working poor families that are financially screened and preapproved by the Wesley House and Early Learning Coalition for subsidized daycare will be the target population for service provision.

Medical Care will be provided through a team of health care providers that include Physician Assistants, Advanced Registered Nurse Practitioners, Registered and Licensed Practical Nurses, Dentist, Medical Assistants, Medical, PA, and Nursing students as well as program staff. Specialty or Secondary Medical care will be provided through community based health providers,

Medical examinations take place in the 40 plus licensed Daycare home sites and facilities within Monroe County. Services are provided for the approximate 523 children currently enrolled in the program. Medical assessments are offered to this targeted population in the Fall of each year followed by a second follow up/monitoring visit in the late spring and early summer. The second visit additionally provides an initial exam for children who may have been enrolled after the fall visit.

Every child with an identified medical concern receives a referral to a health care provider, is provided follow-up care services (**Case Management**) by FKAHEC staff, receives a second follow up medical exam visit by FKAHEC medical staff members, and is offered financial assistance for specialty care as requested with current documented financial and health insurance status. Ongoing case management for some children is necessary due to complexities of their health issues that may require multiple visits to a provider or visits to multiple providers.

Medical/Physical Exams include:

1. Immunization History.
2. Height, Weight, BMI and Body Fat%, Blood Pressure (if necessary).
3. Vision- Assessment tests for myopia (near sightedness), hyperopia (far sightedness), vision strength (20/20 etc), astigmatism (irregular focus of the eye) and Amblyopia (lazy eye). Test is conducted with a Welch Allyn SureSight Vision Screener portable Autorefractor.
4. Hearing-via DPOAE (Distortion Product Otoacoustic Emissions) and TEOAE (Transient Evoked Otoacoustic Emissions). Test is conducted with a Euro Scan Test system that tests and recognizes acoustic signals in the ear canal.
5. Oral Health Exam-Basic exam for cavities, gum disease-gingivitis, plaque buildup, poor hygiene, lingual frenulectomy/frenectomy/frenotomy (tongue tied), bottle caries etc. Dr. Denise Vedrenne and Dr. Nana Lopez (CHI) are part of the medical staff team offering oral health exams.
6. Ears, Nose and Throat exam.
7. Head, Skin and Scalp (Dermatological exam)
8. Hygiene.
9. Nutrition.
10. Allergies.
11. Recent injuries.
12. Current medications.
13. Referrals for specialty and secondary care.
14. Provision of health education material.
15. Follow-up with Parent for explanation of findings-(Direct contact from staff).

4. Funding category:

If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: Yes No

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

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

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

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

HSAB funds additionally allow us to expand the medical assessment program for children ages 5-9 and in the VPK program countywide. The HFSF program mirrors the HSAB program in that it provides for the medical exam followed by funds dedicated to Specialty/Secondary Care. The HFSF funds are received by the Early Learning Coalition with the medical assessment component contracted to the FKAHEC.

6. If you answered "yes" to Question #5, please specify the following for each grant:

- a. grant award title, granting agency, and purpose:
Title: School Readiness Grant
Agency: Early Learning Coalition of Miami-Dade/Monroe (ELC)

Purpose: To be utilized for the provision of direct medical evaluations of children ages 1 to 5 identified as school readiness children and receiving subsidized daycare through Wesley House Family Services.

Title: School Readiness Grant

Agency: Health Foundation of South Florida, Inc. (HFSF)

Purpose: To be utilized for the expansion of direct medical evaluations of children enrolled in the VPK program through the Early Learning Coalition.

**HFSF now requires and gives preference to agencies for grant proposals that will provide match dollars as some level.*

- b. grant amount:
ELC-\$7,500
HFSF-\$17,500 (Applying for \$35,000 in FY 12/13 to expand age range of program)

- c. match percentage requirement and amount:

The ELC does not require a percentage amount, but will only provide funds with the receipt of HSAB funding.

HFSF does not have a required percentage amount, but all proposals must show match. The higher the match the higher the likelihood of grant acceptance and reward.

- d. expected award date:
 - a. ELC will be provided the date HSAB funding is awarded.
 - b. HFSF preliminary applications can be submitted in August with full applications due in September. Current Grant ends 6/30/12 and new grants cannot be submitted until existing ones are completed with full reports and evaluation.

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

- a. how the funds were spent

Funding received from the HSAB is being used in the following categories to support this Direct Medical Service program. No funding from FY 11/12 was utilized for Administrative or Overhead expenses. Expenses include: (\$35,000 Award)

- 1. Medical and Program Support Staff-48%
- 2. Office Supplies-2.5%
- 3. Travel-2.5%
- 4. Medical Supplies and Materials-15%
- 5. Specialty/Medical Care 32%

- b. how they were used to leverage additional funding

Funds provided by the HSAB allowed the FKAHEC to secure \$7,500 from the Early Learning Coalition of Miami-Dade/Monroe (ELC) and \$17,500 from the HFSF. In addition FKAHEC was awarded \$3,779 from the SAFF funds (11/12). AHEC additionally provides in-kind funds to cover administrative staff time and overhead not currently covered by grant funds.

**AHEC will need assistance in FY 12/13 with limited overhead expenses as UM is requiring overhead be spread proportionately among all funding sources.

Additionally FKAHEC receives volunteer and in-kind services from Dr. Vedrenne, Dr. Lopez, Early Learning Coalition Staff, and medical/physician assistant students from the University of Miami Medical School and Barry University PA program.

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

No

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

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

Partner programs included the Moffitt Cancer Center program, Healthy Aging program, KOMEN Foundation, OrganWise and the FKAHEC Tobacco Cessation program

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

We applied for received \$3,779 in SAFF Funds during the last year.

No other funds are derived from Monroe County.

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

For the past 20 years FKAHEC has served Monroe County by offering programs that address unmet health care needs, health education services, health provider and student training programs, workforce development and direct access programs.

Examples of programs include:

1. UM Health Fair (All of Monroe County)
 - a. Full Health Services including Pap smears, prostate exams, blood draws etc
2. CHAMP-Children's Health Assessment and Medical Program
 - a. Comprehensive Physical Examinations
3. Tobacco Cessation and Training
4. Direct Medical Services
 - a. Skin Cancer Assessments
 - b. Oral Health Exams
 - c. Cardiovascular Disease Assessments
 - d. Osteoporosis
 - e. Spirometry-Lung Capacity

- f. Diagnostic Vision and Hearing
- g. Breast Cancer Assessments
- h. Prescription Assistance
- 5. Childhood Obesity Prevention-Nutrition Programming
- 6. Community Based Health Fairs
- 7. School Based Health Education
 - a. Career Development
 - b. In Classroom Health Classes
- 8. Healthy Aging and Fitness Classes
- 9. Accredited Professional Training
- 10. Other

Additionally FKAHEC serves the community as a gateway into the health care system by offering health access and case management services through its programming ensuring patients follow up and receive care as recommended. We also assist patients adhere to treatment plans by providing individualized assistance and follow up.

12. What statistical data support the needs listed in Question #11?
(If applying for \$5,000 or less, a response is not required.)

As related to this funding request.

US Census reports Monroe County’s population at 73,090. The median household income is \$56,984. The population is becoming increasingly diverse as Hispanics or Latinos comprise 20.6% of the population; Blacks comprise 5.7% of the population; and Whites, comprising the large percentage of the rest of the population. 22.4% of the population (or 16,692) speak a language other than English at home.

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

Hispanic Concentration

Monroe County School Readiness Program Birth – 5 & School-Age	Monroe County Public Schools Pre-K – 12	Monroe County
43.7% up 3.5%	33.08% up 5%	20.6% up 2.3%
<ul style="list-style-type: none"> • 294 of 672 children • Source: EFS Database 	<ul style="list-style-type: none"> • 2775 of 8,390 students • Source: KeysSchools.com 	<ul style="list-style-type: none"> • 15,057 of 73,090 total population • Source: Factfinder.census.gov

African-American Concentration

Monroe County School Readiness Program Birth – 5 & School-Age	Monroe County Public Schools (MCPS) Pre-K – 12	Monroe County
22.5% up 3%	10.1% Level	5.7% up .3%
<ul style="list-style-type: none"> • 151 of 672 children • Source: EFS Database 	<ul style="list-style-type: none"> • 848 of 8,390 students • Source: KeysSchools.com 	<ul style="list-style-type: none"> • 4166 of 73,090 total population • Source: Factfinder.census.gov

Other supporting statistics¹ include:

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

13. What are the causes (not the symptoms) of these problems?
(If applying for \$5,000 or less, a response is not required.)

Monroe County has one of the highest rates of uninsured populations in the State at 39.4%. Often parents or single parent homes work multiple jobs none of which offer benefits or work one job and do not make enough to purchase health insurance. Low wages, insurance not offered by employers, high cost of living and high cost of health coverage are the contributing causes for children not receiving medical care until it becomes an emergency situation. Non emergent illnesses and conditions often go untreated.

For all families living at or near poverty and/or the "working poor," the continued lack of affordable access to health care and the unavailability of a "living wage" are serious deterrents to achieving economic self-sufficiency much less prosperity. Families now more than ever are struggling to provide for their basic needs and healthcare is one that is often sacrificed.

This children's based direct medical and follow-up program is of critical importance to our community due to the lack of affordable primary care services, family resources and ability to access to proper health care services. Past implementation of the program has been derived from Florida Statute 411.01, Florida Administrative Code Chapter 60BB-4 that supports Early Learning and School Readiness programming. Supporting reports and documents can be located on its website and through its formal vision and mission statement. These resources, supported by local efforts, work with the children and families eligible for services that ultimately provide programming to assess the many aspects of children's development to ensure they are healthy.

14. Describe your target population as specifically as possible.

The target population for this program are the 523 children, ages 1-5, living in Monroe County that are considered at-risk, living in low income and working poor families and receiving subsidized child care through the School Readiness program in one of the 40+ Wesley House licensed daycare facilities and/or home sites. All children and families that are served meet the financial criteria of coming into the system at 150% of the FPL and can receive services until they exceed 200% of the FPL. These children are those who normally don't qualify for Medicaid because parent income is too high, but can't afford private insurance because parent income is too low and employers do not offer coverage. For those who may have an insurance program available to them, deductibles are very high, many basic services are not covered, or it is considered a catastrophic policy where primary care services are not covered.

¹ www.floridacharts.com

15. How are clients referred to your agency?

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

Additionally each Daycare site will provide updated lists of children as some children move from site to site and/or may have been newly added. Once a child is in our referral/follow-up system, they are tracked to all medical treatment is received.

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

Priority is given to children based on the severity of need given the current medical problem as documented by a medical provider. Additional steps to provide for the neediest children include determining parent income as well as if they qualify for Medicaid and potentially Healthy Kids as a paid medical plan. Assistance will be given to encourage enrollment.

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

All children that are approved for services are offered and receive the same initial medical services. Where services may vary is where families do not have the financial means for secondary/specialty medical and follow up care. Each child and Family then receives individualized case management to assist them on their specific needs.

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

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

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

18. List all sites and hours of operation. Please note which of these sites will be using HSAB

funding.

The FKAHEC currently has its primary office in the Middle Keys (Marathon) with staffing based in the three regional areas of Monroe County-Key West, Tavernier and Marathon. The distribution of staff enhances our ability to cover all of Monroe County as programming is offered countywide. Normal office hours are from 7:00 AM to 6:00 PM with staggered shifts, but staff hours are based on programming and can range from 6:00 AM to 10:00 PM including weekends depending on need.

19. What financial challenges do you expect in the next two years, and how do you plan to respond to them? *(If applying for \$5,000 or less, a response is not required.)*

The FKAHEC received funding from multiple sources. During the last legislative session the CORE AHEC funds were eliminated from the State's budget. This funding over the past 5 years went from \$365K per year now to \$0. Funds from CORE AHEC (State) paid for identified health and medical programs throughout the county as well as for overhead costs. Programs were at first reduced followed by some being eliminated completely with additional reductions made in overhead and admin expenses. Private grant and contract funds make up about 50% of all AHEC funds and programs are developed and targeted based on health needs for at risk populations i.e. Breast Cancer, Skin Cancer, Childhood Obesity and Healthy Aging programming.

Current sources of funding include Tobacco State Funds, Federal Funds and private grants and contracts. Tobacco funds are stable, Federal funds have remained stable over the past two years and private grants and contracts fluctuate year to year based on grant and contract periods and resources available.

In the past FKAHEC has been able to stretch funds to cover programs, but in FY 11/12 many cuts were necessary. Our funding request of the HSAB for FY 12/13 will assist the agency maintain program integrity and comprehensive services for populations that will endure fewer opportunities to access needed medical programs more than ever mainly based on the State legislature's path.

20. What organizational challenges do you expect in the next two years, and how do you plan to respond to them? *(If applying for \$5,000 or less, a response is not required.)*

The main organization change anticipated in the upcoming year continued financial and operational planning for funding and program reductions that were attached to CORE AHEC funds. If staff and services are to be retained and maintained, they will now need to be supported by private funds, contracts and other local sources. The organization continues to strive to identify funding opportunities to assist in service provision although program and medical services will change focus based on programmatic requirements and funding source allocations.

While FKAHEC anticipates some internal structural and organizational challenges the need to address the demand for community based health care delivery programs remains our priority.

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

The FKAHEC Board consists of representatives and consumers of services that the FKAHEC provides. All members of the Board come from the healthcare, social service, allied health professional, business community, university or governmental professions. Any interested individual or agency may seek Board Membership based on available positions. Clients of this

specific project are represented by agencies who participate on our Board of Directors and through community partnerships, forums and evaluations that are conducted.

22. Is your agency monitored by an outside entity? If so, by whom and how often?
(If applying for \$5,000 or less, a response is not required.)

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

No reports or audit findings have been received.

23. _____ hours of program service were contributed by _____ volunteers in the last year.

126 hours of program service were contributed by 8 volunteers in the last year. Volunteers included Dr.'s Denise Vedrenne and Nana Lopez (Dentist), FKCC Nursing students, Barry PA students and 3rd year medical students from UM.

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

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

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

1. Provide Medical Examinations with follow up visits for 90% of at risk children receiving referrals.
2. Provide referral for 100% of children identified needing secondary or specialty care.
3. Provide follow-up services for 80% of those in need of secondary or specialty care.
4. Provide payment for specialty services for 100% of those who qualify and receive services.

26. How will you measure these outcomes?
(If applying for \$5,000 or less, a response is not required.)

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

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

27. Provide information about units of service below.

(If applying for \$5,000 or less, a response is not required.)

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Daycare Based Medical Exam (All Inclusive)	2 Medical Examinations-1 Child and Follow-up Services	\$25-\$50
Physician/Specialist Exam	Medical Examination-1 Child	\$50-\$250
Dental Exam/Interventional Care	Medical Examination-1 Child (visit, filling x-rays)	\$30-\$1,500
Other Medical (Hearing/Vision)	Medical Examination-1 Child (exam, lens, frame)	\$180-\$250

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

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

As medical exams and educational events are planned and developed for the Early Learning Coalition, the FKAHEC will focus its efforts on the approved School Readiness Performance Standards² that are outlined in support of the Healthy People 2020 Objectives³. These specific goals and outcomes relate directly to the desired outcomes of the project as well as referring identified children to providers for follow-up and specialty care. The adherence to treatment plans, response to referrals and following of recommendations dramatically increases as individuals become aware of newly diagnosed and untreated medical conditions.

Additionally FKAHEC will look to expand and enhance the program delivery component of the program to reach more children in similar educational programs/settings and living below or at the poverty line. Current funding requests assist with program implementation as well as associated overhead costs.

² www.schoolreadiness.org/lc/lc_performance.asp?recordid=83

³ <http://www.healthypeople.gov/document/tableofcontents.htm#partb>

Required Attachments

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

Attachment A

ATTACHMENT A 1 - BOARD INFORMATION

2012

You must have at least five directors.

FLORIDA KEYS AHEC

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

Name/Board Position	Affiliation/Title	City/State	Telephone No.	Years Served	Current Term Expiration Date
Marlo DeMoss, CPA-Chair	DeMoss Financial, Inc., CPC, CFP	Islamorada	305-664-0034	6	5/30/2015
Holly Rachein-Vice Chair	State Representative Ron Saunders	Tavernier	305-853-1947	4	5/30/2014
Robert Walker-Treasurer	Aids Help Inc./Exec. Dir.	Key West	305-296-6196	11	5/30/2013
Irene Toner, FPEM-Secretary	Monroe County EMS/Director	Key Largo	305-289-6055	8	5/30/2015
Jill Miranda Baker-At Large	Mariners Hospital/Physician Liason	Tavernier	305-434-1584	7	Permanent
Frank Greenman, PA-At Large	Private Attorney	Marathon	305-743-2351	4	5/30/2014
Susan Gray, Ph.D., Ed.D. - PastChair	Barry University/Professor	Tavernier	305-899-3900	13	5/30/2014
Ron Martin	Monroe County School Board	Key Largo	305-293-1400	2	Permanent
Lynn Mauck, RN	Fishermen's Hospital/CNO/COO	Marathon	305-289-6201	1	Permanent
Arthur Fournier, MD	UM School of Medicine-Program Director	Miami	305-243-2847	22	Permanent
Gary Goelz, RN	Lower Keys Medical Center/Nursing Dir.	Key West	305-294-5535	6	Permanent
Interim-Mary Turner	FKCC School of Nursing/Dean	Key West	305-809-3265	New	Permanent

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

MINUTES

Called to Order: 6:10 PM		Time Adjourned: 7:15 PM
Board Members Present:	Susan Gray, Debbie Allish, Kim Bassett, Marlo DeMoss, Frank Greenman, Jesus Jara, Ron Martin, Holly Raschein & Robert Walker.	
FKAHEC Staff:	Michael Cunningham, Barbara Cowen, Keith Harris & Jackie Eloy.	
Teleconference:	Jill Miranda Baker	
AGENDA ITEM	REPORTS/DISCUSSION	MOTION
Welcome & Introductions	Susan welcomed everyone and asked them to introduced themselves.	
Approval of Agenda:		Robert made a motion to accept the Agenda as presented. Motion seconded and carried.
Election of Officers:	Proposed Officers: Marlo DeMoss - Chair Holly Merrill - Vice Chair Robert Walker - Treasurer Irene Toner - Secretary Susan Gray - Past Chair Jill Miranda Baker - At Large Frank Greenman - At Large	Kim made a motion to approve the Election of Officers as presented. Motion seconded and carried.
Consent Agenda:	Renewal of Board Members: 3 year Terms Susan Gray Frank Greenman Holly Merrill Jill Miranda Baker I. Minutes - Full Board & Executive Committee Meetings II. Financial Report on State/Federal Expenditures (Core & Tobacco) III. Quarterly AHEC Core & Tobacco Reports IV. Policy/By-Law Changes (As recommended & approved by -Laws/Policy & Executive Committees) Effective new fiscal year July 1, 2011	Frank made a motion to accept the Consent Agenda as presented. Motion seconded and carried.

Attachment B

Attachment C

Attachment D

ATTACHMENT D - COUNTY HSAB FUNDING BUDGET

2012
FLORIDA KEYS AHEC

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

	Proposed Expense Budget for Upcoming Year Ending:	
	6/30/2013	
Expenditures	Total	%
Salaries - Program	19,000	0.38
Payroll Taxes - Program	1,050	0.021
Employee Benefits - Program	2100	0.042
Salaries - Administrative		0
Payroll Taxes - Administrative		0
Employee Benefits - Administrative		0
Subtotal Personnel	22,150	44.3%
Postage		0
Office Supplies	1,000	2.0%
Telephone		0
Professional Fees		0
Rent	5,350	10.7%
Utilities	1,000	2.0%
Repair and Maint.		0
Travel	1,500	3.0%
Miscellaneous		0
Grants to Other Organizations		0
<i>List others below</i>		0
Medical Supplies	6,000	12.0%
Specialty Medical Care	13,000	26.0%
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
Total Expenses	50,000	100.0%

Attachment E

ATTACHMENT E - AGENCY EXPENSES

2012

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

FLORIDA KEYS AHEC

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2013		6/30/2012	
Expenditures	Total	%	Total	%
Salaries - Program	354,990	27%	354,990	29%
Payroll Taxes - Program	27,156	2%	27,156	2%
Employee Benefits - Program	70,998	5%	70,998	6%
Salaries - Administrative	47,125	4%	47,125	4%
Payroll Taxes - Administrative	3,605	0%	3,605	0%
Employee Benefits - Administrative	11,310	1%	11,310	1%
Subtotal Personnel	515,184	39%	515,184	41%
Postage	2,000	0%	2,000	0%
Office Supplies	17,530	1%	15,530	1%
Telephone	5,600	0%	5,600	0%
Professional Fees	0	0	0	0
Rent	64,310	5%	64,310	5%
Utilities	5,085	0%	5,085	0%
Repair and Maint.	2,400	0%	2,400	0%
Travel	31,769	2%	31,769	3%
Miscellaneous	0	0	0	0
Grants to Other Organizations	0	0	0	0
List others below		0		0
Accounting Audit	8,500	1%	8,500	1%
Insurances	8,000	1%	8,000	1%
Student Housing	25,150	2%	25,150	2%
Contract Per Diem Staff	5,645	0%	5,645	0%
Computer-TA/Internet	4,500	0%	4,500	0%
Equipment Lease/New	10,940	1%	10,940	1%
Photocopying	5,912	0%	5,912	0%
Printing	13,600	1%	12,822	1%
Recruitment Programs	3,500	0%	3,500	0%
Retention Programs	15,500	1%	15,500	1%
Training/Service Programs	25,578	2%	23,750	2%
Community Health Programs	24,082	2%	22,145	2%
*Moffitt Cancer Center	0	0	50,000	4%
*Health Foundation	64,500	5%	109,250	9%
*HSAB	19,000	1%	19,000	2%

*ELC	2,500	0%	2,500	0%
SAFF	0	0	3,779	0%
*Monroe County School District	15,000	1%	13,640	1%
*Tobacco	105,715	8%	105,715	8%
*State Dept.of Health-MRC	20,000	2%	21,400	2%
*Elder Affairs	0	0	4,000	0%
*FSU-Housing Pass Through	89,000	7%	0	0
*FSU-Contracts Pass Through	112,811	9%	112,811	9%
*AHEC Network	8,750	1%	8,750	1%
*Blue Foundation	67,634	5%	0	0
*Komen Foundation	5,450	0%	5,450	0%
Total Expenses	1,305,145	100%	1,244,537	100%
Revenue Over/(Under) Expenses	0		0	

Attachment F

Attachment G

FLORIDA KEYS AREA
HEALTH EDUCATION CENTER, INC.

Financial Statements and
Supplementary Information

For the Year Ended
June 30, 2011

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SMITH, BUZZI & ASSOCIATES, LLC.

CERTIFIED PUBLIC ACCOUNTANTS

2103 CORAL WAY, SUITE 305

MIAMI, FLORIDA 33145

TEL. (305) 285-2300

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JULIO M. BUZZI, C.P.A.

JOSE E. SMITH, C.P.A.

MEMBERS:

AMERICAN INSTITUTE OF

CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying statement of financial position of Florida Keys Area Health Education Center, Inc. (a non-profit organization), as of June 30, 2011, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of Florida Keys Area Health Education Center, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, based on our audit and the report of other auditors, the financial statements referred to above present fairly, in all material respects, the financial position of Florida Keys Area Health Education Center, Inc. as of June 30, 2011 and the results of its operations and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Smith, Buzzi & Associates, LLC.

Miami, Florida
August 29, 2011

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Statement of Financial Position

June 30, 2011

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
<u>ASSETS</u>				
Current Assets:				
Cash	\$ 661,201	-	-	661,201
Accounts receivable - Grants	174,349	-	-	174,349
Accounts receivable - Special Projects	-	-	-	-
Other assets	5,067	-	-	5,067
Prepaid insurance	-	-	-	-
Total Current Assets	<u>840,617</u>	<u>-</u>	<u>-</u>	<u>840,617</u>
Investment in certificates of deposit	-	-	-	-
Plant, property and equipment	1,208,685	-	100,406	1,309,091
Less: accumulated depreciation	<u>(110,345)</u>	<u>-</u>	<u>(70,131)</u>	<u>(180,476)</u>
Plant, property and equipment, net	1,098,340	-	30,275	1,128,615
Security deposits	<u>3,963</u>	<u>-</u>	<u>-</u>	<u>3,963</u>
Total Assets	<u>\$1,942,920</u>	<u>-</u>	<u>30,275</u>	<u>1,973,195</u>
 <u>LIABILITIES AND NET ASSETS</u>				
Current Liabilities:				
Deferred income	\$ 111,640	-	-	111,640
Current portion of long-term debt	11,661	-	-	11,661
Accrued compensated absences	68,351	-	-	68,351
Due to others	<u>1,936</u>	<u>-</u>	<u>-</u>	<u>1,936</u>
Total Current Liabilities	193,588	-	-	193,588
Mortgages payable, non current portion	567,373	-	-	567,373
Net assets	<u>1,181,959</u>	<u>-</u>	<u>30,275</u>	<u>1,212,234</u>
Total Liabilities and Net Assets	<u>\$1,942,920</u>	<u>-</u>	<u>30,275</u>	<u>1,973,195</u>

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

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Statement of Activities

For the Year Ended June 30, 2011

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
SUPPORT, REVENUES AND RECLASSIFICATION				
Grants:				
University of Miami	\$ -	855,488	-	855,488
State support/Grants	-	37,000	-	37,000
Other Grants	-	7,600	-	7,600
Special projects/Grants	-	415,868	-	415,868
Interest income	8,544	-	-	8,544
Net Assets Released from Restrictions:				
Restrictions satisfied by payments	<u>1,284,680</u>	<u>(1,315,956)</u>	<u>31,276</u>	<u>-</u>
Total Revenues	1,293,224	-	31,276	1,324,500
EXPENSES				
Program Services:				
Training	<u>1,167,959</u>	<u>-</u>	<u>-</u>	<u>1,167,959</u>
Total Program Services	1,167,959	-	-	1,167,959
Support Services:				
Management/Administration	<u>67,502</u>	<u>-</u>	<u>38,495</u>	<u>105,997</u>
Total Supporting services	<u>67,502</u>	<u>-</u>	<u>38,495</u>	<u>105,997</u>
Total Expenses	<u>1,235,461</u>	<u>-</u>	<u>38,495</u>	<u>1,273,956</u>
Change in Net Assets	57,763	-	(7,219)	50,544
Net Assets, beginning of year	<u>1,124,196</u>	<u>-</u>	<u>37,494</u>	<u>1,161,690</u>
Net Assets, end of year	<u>\$1,181,959</u>	<u>-</u>	<u>30,275</u>	<u>1,212,234</u>

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

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Statement of Functional Expenses

For the Year Ended June 30, 2011

	<u>Program Services</u>	<u>Management and Administration</u>	<u>Total</u> -
EXPENSES:			
Compensation and Related Expenses:			
Employee Benefits	\$ 82,834	7,157	89,991
Payroll Taxes	29,824	3,084	32,908
Wages and Salaries	<u>395,597</u>	<u>40,316</u>	<u>435,913</u>
Total Compensation and Related Expenses	<u>508,255</u>	<u>50,557</u>	<u>558,812</u>
Occupancy:			
Insurance	9,238	486	9,724
Interest	24,719	1,300	26,019
Association fees	4,919	259	5,178
Rent expense	20,510	-	20,510
Telephone	7,643	402	8,045
Utilities	<u>3,376</u>	<u>176</u>	<u>3,552</u>
Total Occupancy	<u>70,405</u>	<u>2,623</u>	<u>73,028</u>
Administration:			
Audit and Accounting	6,750	2,550	9,300
Office Expenses	124,448	11,222	135,670
Travel, Supplies and Meals	<u>89,178</u>	<u>550</u>	<u>89,728</u>
Total Administration	<u>220,376</u>	<u>14,322</u>	<u>234,698</u>
Programs:			
Community Programs	12,358	-	12,358
Continuing Education	96,231	-	96,231
Contracted services	213,650	-	213,650
Student Housing	<u>46,684</u>	<u>-</u>	<u>46,684</u>
Total Programs	<u>368,923</u>	<u>-</u>	<u>368,923</u>
Total Expenses before Depreciation and Loss on Disposal	1,167,959	67,502	1,235,461
Depreciation and Loss on Disposal	<u>-</u>	<u>38,495</u>	<u>38,495</u>
Total Expenses	<u>\$1,167,959</u>	<u>105,997</u>	<u>1,273,956</u>

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

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Statement of Cash Flows

For the Year Ended June 30, 2011

Cash Flows from Operating Activities:	
Cash received from Grants and Special Project Revenues	\$1,371,939
Net assets released from restrictions:	
Cash paid for management and administration	(1,004,550)
Cash paid for program services	<u>(155,273)</u>
Net cash provided by operating activities	<u>212,116</u>
Cash flows from Investing Activities:	
Increase in security deposits	(700)
Additions to plant, property and equipment	<u>(458,673)</u>
Net cash provided by investing activities	<u>(459,373)</u>
Cash flows from Financing Activities:	
Net borrowings on mortgage payable	<u>210,622</u>
Net cash provided by financing activities	<u>210,622</u>
Net decrease in cash	(36,635)
Cash, at beginning of year	<u>697,836</u>
Cash, at end of year	<u>\$ 661,201</u>

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

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Statement of Cash Flows

For the Year Ended June 30, 2011

Reconciliation of Change in Net Assets to Net Cash provided by Operating Activities	
Change in Net Assets	\$ 50,544
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	38,495
(Increase) decrease in assets:	
Accounts receivables	47,439
Other assets/security deposits	(5,767)
Increase (Decrease) in liabilities:	
Payables and accrued expenses	<u>81,405</u>
Net cash provided by operating activities	\$ <u>212,116</u>

Supplemental Data:

Interest paid	\$ <u>26,019</u>
---------------	------------------

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

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Notes to Financial Statements

June 30, 2011

(1) Summary of Significant Accounting Policies

(a) Nature of Activities

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

(b) Basis of Presentation

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

- *Unrestricted Net Assets* - Net assets that are not subject to donor-imposed stipulations.
- *Temporarily Restricted Net Assets* - Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Center and/or the passage of time. When a restriction expires; temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.
- *Permanently Restricted Net Assets* - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Center. Generally the donors of these assets permit the Center to use all or part of the income on any related investments for general or specific purposes.

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Notes to Financial Statements

June 30, 2011

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

(c) Cash and Cash Equivalents

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

(d) Property and Equipment

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

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

Building	39 years
Office equipment and furniture	3 to 10 years

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

(e) Support and Revenue

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

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Notes to Financial Statements

June 30, 2011

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

(f) Estimates

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

(g) Functional Allocation of Expenses

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

(h) Contributed Services / Donated Materials.

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

(i) Income Tax Status

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

(j) Compensated Absences

The Center's policy permits employees to accumulate a limited amount of earned but unused vacation and sick leave, which can be paid to the employee at appropriate times. The total computed accrued liability at June 30, 2011 of \$68,351 has been accrued for compensated absences.

(k) Allowance for Uncollectible Accounts

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

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Notes to Financial Statements

June 30, 2011

(2) Components of Program and Supporting Services

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

(a) Training

Training experience in community based settings in underserved areas.

(b) Recruitment

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

(c) Retention

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

(d) Management and Administration

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

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Notes to Financial Statements

June 30, 2011

(3) Property and Equipment

A summary of major classes of depreciable property follows:

	Estimated Useful Lives In Years	Original Costs	Depreciation Expense	Accumulated Depreciation	Net Value
Building	39 years	\$1,208,685	24,596	110,345	1,098,340
Equipment	3-10 years	84,950	12,136	60,913	24,037
Furniture and Fixtures	7 years	<u>15,456</u>	<u>1,763</u>	<u>9,218</u>	<u>6,238</u>
		<u>\$1,309,091</u>	<u>38,495</u>	<u>180,476</u>	<u>1,128,615</u>

Equipment, Furniture and Fixtures are subject to Grantor approval prior to disposal. For 2011, disposals amounted to \$0.

(4) University of Miami Grant/Special Project Revenues

A summary of major classes of depreciable property follows:

(a) University of Miami Grant

The University of Miami supports the Florida Keys Area Health Education Center, Inc. through grants from federal and state funds received by them for that purpose. This is the major funding source for the Center. For the fiscal year ended June 30, 2011, the grants were administered by cost reimbursement.

(b) Community Health Program Revenue

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

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Notes to Financial Statements

June 30, 2011

(5) Cash

Cash and cash equivalents consist of the following:

Petty cash	\$	500
Checking - Operating		208,280
Checking - Money Market		19,771
Certificates of Deposit		<u>432,650</u>
	\$	<u>661,201</u>

(6) Contingencies

(a) Grant

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

(7) Lease Commitments

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

The properties leased and the current rent, as of June 30, 2011, is as follows:

	<u>Monthly Rent</u>	<u>Annual Rent</u>
Executive Bay Club	\$ 1,435	\$ 17,720
28448 Yucatan	1,800	21,600
Tavernier	200	2,400
Key West	<u>1,545</u>	<u>18,540</u>
	\$ <u>4,980</u>	\$ <u>60,260</u>

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Notes to Financial Statements

June 30, 2011

(7) Lease Commitments - (Cont.)

(a) Operating Lease - Copier

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

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

2012	\$ 2,100
2013	<u>-0-</u>
Thereafter	<u>\$ 2,100</u>

(8) Concentrations of Credit Risk

(a) Grant Funding

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

(b) Cash

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

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Notes to Financial Statements

June 30, 2011

(9) Fair Values of Financial Instruments

The Center's financial instruments include cash and cash equivalents. The Center estimates that the fair value of all financial instruments at June 30, 2011, does not differ materially from the aggregate carrying value of its financial instruments recorded in the accompanying statement of financial position.

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

(10) SEP Plan/Deferred Compensation Plan

(a) SEP Plan

After one year of service, the Center's personnel are covered by a Simplified Employee Plan (SEP) plan for up to a maximum of 7% of their compensation. The plans are self-directed by the employees participating and at the end of the fiscal year there were five (5) eligible employees. Contributions made during 2011 for the participants were \$20,246.

(b) Deferred Compensation Plan

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

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Notes to Financial Statements

June 30, 2011

(11) Mortgages Payable

In February 2011, the Center purchased an office condominium in Marathon, Florida. The purchase was effected with a new mortgage of \$213,400 payable in monthly installments of \$1,103.39. This mortgage has an interest rate of 4% per annum and matures on February 11, 2016. At June 30, 2011, the loan balance amounted to \$211,325. At June 30, 2011, the Center had another mortgage payable to a bank totaling \$366,737. The mortgage is payable in monthly installments of \$2,334.23, including interest and is secured by the Center's office building. Interest accrues at 5.75% at June 30, 2011. Maturities are as follows:

Fiscal year ending June 30

2012	11,661
2013	12,442
2014	13,812
2015	14,997
Thereafter	<u>526,122</u>
Total	\$ <u>579,034</u>

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Schedule of Expenditures of Federal Awards and State Financial Assistance
(Single Audit)

For the Year Ended June 30, 2011

<u>Program Title</u>	<u>Grant ID# CFDA/ CSFA #</u>	<u>Expenditure</u>
<u>Federal Awards:</u>		
Model State Supported Area Health Education Center - University of Miami	93.107/ U77HP03053-09	\$ 24,308
Model State Supported Area Health Education Center - University of Miami	93.107/ U77HP03053-10	68,411
Florida Department of Health - Medical Reserve Corp	93.889/COBKR	32,000
NACCHO	93.008	5,000
<u>State Awards:</u>		
Florida Department of Health - Pass through University of Miami - Area Health Education Center(*)	64.009/COTDD	162,769
Florida Department of Health - Pass through University of Miami - Tobacco Cessation Grant(*)	64.097/COTDG	265,345
Florida Department of Health - Pass through University of Miami - Tobacco Cessation Grant(*)	64.112/COTDG	<u>334,655</u>
Total Awards		\$ <u>892,488</u>

(*) Major State Program

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MEMBERS:
AMERICAN INSTITUTE OF
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FLORIDA INSTITUTE OF
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INDEPENDENT AUDITORS' REPORT- SCHEDULE OF FINANCIAL ASSISTANCE

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

We have audited the accompanying financial statements of Florida Keys Area Health Education Center, Inc. as of and for the year ended June 30, 2011, and have issued our report thereon dated August 29, 2011. Our audit was performed for the purpose of our opinion of the financial statements that collectively comprise the Florida Keys Area Health Education Center, Inc.'s basic financial statements. The accompanying Schedule of Financial Assistance is presented for purposes of additional analysis as required by OMB A-133 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, Buzzi & Associates, LLC.

Miami, Florida
August 29, 2011

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Notes to Schedule of Financial Assistance

For the Year Ended June 30, 2011

(1) Summary of significant Accounting Policies

The accounting policies and presentation of the grants compliance report of the Center have been designed to conform to accounting principles generally accepted in the United States of America applicable to non-profit organizations, including the reporting and compliance requirements of the Single Audit Act of 1984 and Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments and Non-profit organizations".

Reporting Entity: -- The Single Audit Act of 1984 and OMB Circular A-133 set forth the audit and reporting requirements for Federal and State awards. The Center has included a Schedule of Financial Assistance to satisfy the audit requirements of the Government Grantor Agencies.

Basis of Accounting - Basis of Accounting refers to when revenues and expenditures or expenses are recognized in the accounts and reported in the financial statements, and to the timing of the measurements made, regardless of the measurement focus applied. Revenue from cost reimbursement contracts are recognized as program expenses are incurred. Revenue from unit costs contracts are recognized based on the units of service delivered.

(2) Contingencies

Grant monies received and disbursed by the Center are for specific purposes and are subject to review by the grantor agencies. Such audits may result in request for reimbursement due to disallowed expenditures. Based on prior experience, management of the Center does not believe that such disallowance, if any, would have a material effect on the financial position of the Center. As of August 29, 2011 there were no material questioned or disallowed costs as a result of grant audits in process or completed.

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

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

Compliance

We have audited the compliance of Florida Keys Area Health Education Center, Inc. ("the Center") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the year ended June 30, 2011 and have issued our report thereon dated August 29, 2011. The Center's major federal programs are identified in the accompanying schedule of federal and non-federal financial awards. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the Center's management. Our responsibility is to express an opinion on the Center's compliance based on our audit.

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

In our opinion, the Center complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended June 30, 2011.

Internal Control Over Compliance

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

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

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

Smith, Burgin & Associates, LLC.

August 29, 2011

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

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

We have audited the financial statements of Florida Keys Area Health Education Center, Inc., ("the Center") (a non-profit organization) as of and for the year ended June 30, 2011 and have issued our report thereon dated August 29, 2011. We conducted our audit in accordance with generally accepted auditing standards and Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance

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

Internal Control Over Financial Reporting

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

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

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

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

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

Smith, Burgin & Associates, LLC.

August 29, 2011

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

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

We have audited the compliance of Florida Keys Area Health Education Center, Inc. ("the Center") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement and the requirements described in the Department of Financial Services State Projects Compliance Supplement that are applicable to each of its major federal programs and state financial assistance projects for the year ended June 30, 2011. The Center's major federal programs and state financial assistance projects are identified in the summary of auditor's results sections of the accompanying Schedule of Findings and Questioned Costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs and state financial assistance projects is the responsibility of the Center's management. Our responsibility is to express an opinion on the Center's compliance based on our audit.

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

In our opinion, the Center complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal awards programs and state financial assistance projects for the year ended June 30, 2011.

Internal Control Over Compliance

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

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

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

Smith, Burgin & Associates, LLC.

August 29, 2011

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED JUNE 30, 2011

Section I – Summary of Auditor’s Results

Financial Statements

Type of auditor’s report issued:

Unqualified

Internal control over financial reporting:

Material weakness(es) identified?

Yes No

Reportable condition(s) identified that are not considered to be material weakness(es)?

Yes None Reported

Noncompliance material to financial statements noted?

Yes No

Federal Awards

Internal control over major programs:

Material weakness(es) identified?

Yes No

Reportable condition(s) identified that are not considered to be material weakness(es)?

Yes None Reported

Noncompliance material to financial statements noted?

Yes No

Type of auditor’s report issued on compliance: for major programs:

Unqualified

Any audit findings disclosed that are required to be reported in accordance with Section 510(a) of Circular A-133?

Yes No

**FLORIDA KEYS AREA
HEALTH EDUCATION CENTER, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
YEAR ENDED JUNE 30, 2011**

PAGE 2

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

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
93.107	Model State Supported Area Health Education Center
Dollar threshold used to distinguish between type A and type B programs:	\$ 300,000
Auditee qualified as low risk auditee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Section II – Financial Statements Findings

We noted no material or reportable conditions.

Section III – Federal Award Findings and Questioned Costs

We noted no material or reportable conditions.

Summary of Prior Year Audit Findings

There were no audit findings in fiscal year 2010.

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August 29, 2011

To Whom It May Concern:

This letter is to advise that for the fiscal year ending June 30, 2011, there were no material or reportable conditions noted during the audit of Florida Keys Area Health Education Center, Inc. Further a management letter was not issued to the organization for the same period as there were no findings to report.

Smith, Buzzi & Associates, LLC.

Smith Buzzi & Associates, LLC.
Miami, Florida

Attachment H

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.

A For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

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

C Name of organization **FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5800 OVERSEAS HIGHWAY 38
 City or town, state or country, and ZIP + 4
MARATHON FL 33050

D Employer identification number
65-0183810

E Telephone number
305-743-7111

G Gross receipts \$ **1,324,500**

F Name and address of principal officer:

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

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

J Website: ▶ **N/A**

K Form of organization: Corporation Trust Association Other ▶

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

H(c) Group exemption number ▶ _____

Part I Summary		L Year of formation: _____		M State of legal domicile: _____		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TRAIN, RECRUIT, AND RETAIN MEDICAL STUDENTS AND PROFESSIONALS.					
	2 Check this box <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)				11
	4	Number of independent voting members of the governing body (Part VI, line 1b)				11
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)				12
	6	Total number of volunteers (estimate if necessary)				75
	7a	Total unrelated business revenue from Part VIII, column (C), line 12				
7b	b Net unrelated business taxable income from Form 990-T, line 34				0	
Revenue	8	Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)		1,102,746	900,088	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		294,371	415,868	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,552	8,544	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,401,669	1,324,500	
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)		542,639	558,812	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)				
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶				
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		758,996	711,864		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,301,635	1,270,676		
19	Revenue less expenses. Subtract line 18 from line 12		100,034	53,824		
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)		1,632,424	1,977,575	
	22	Net assets or fund balances. Subtract line 21 from line 20		469,633	760,960	
				1,162,791	1,216,615	

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: **MICHAEL CUNNINGHAM** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **MARLENE CRUZ MORATO** Preparer's signature: **MARLENE CRUZ MORATO** Date: **11/10/11** Check if self-employed PTIN: **P00380741**

Firm's name: **CRUZ MORATO & ASSOCIATES CPA&CONSULTANTS** Firm's EIN: **65-0958914**
 5800 OVERSEAS HWY SUITE 6
 Firm's address: **MARATHON, FL 33050-2736**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

TRAIN, RECRUIT, AND RETAIN MEDICAL STUDENTS AND PROFESSIONALS.

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

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

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

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

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

4a (Code:) (Expenses \$ **1,167,959** including grants of \$) (Revenue \$)

TRAINING, RECRUITMENT, AND RETENTION OF MEDICAL STUDENTS TO ENGAGE IN PRIMARY HEALTH CARE IN UNDERSERVED RURAL AREAS OF MONROE COUNTY.

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

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

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

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

4e Total program service expenses **1,167,959**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b 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		X
c 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		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then 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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions)		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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		X

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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 (or a family member thereof) 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)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. 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. (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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 instructions for 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?		
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?		
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
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?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b			
c	Enter the amount of reserves on hand		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
14b			

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who 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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Does the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	<input checked="" type="checkbox"/>	
8b	b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
11b	b 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	<input checked="" type="checkbox"/>	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		<input checked="" type="checkbox"/>
13	Does the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Does the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	b Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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: **BARBARA COWEN** 5800 OVERSEAS HIGHWAY

MARATHON

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FL 33050 305-743-7111

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL CUNNINGHAM EXEC DIRECTOR	40.00	X					106,208	0	0	
(2) JILL MIRNDA BAKER BOARD MEMBER	1.00	X					0	0	0	
(3) GARY GOELZ BOARD MEMBER	1.00	X					0	0	0	
(4) FRANK GREENMAN BOARD MEMBER	1.00	X					0	0	0	
(5) IRENE TONER SECRETARY	1.00	X					0	0	0	
(6) ROBERT WALKER TREASURER	1.00	X					0	0	0	
(7) DEBBIE ALLLISH BOARD MEMBER	1.00	X					0	0	0	
(8) JESUS JARA BOARD MEMBER	1.00	X					0	0	0	
(9) RON MARTIN BOARD MEMBER	1.00	X					0	0	0	
(10) SUSAN GRAY PAST CHAIR	1.00			X			0	0	0	
(11) MARLO DEMOSS CHAIR	1.00			X			0	0	0	
(12) HOLLY MERRILL RASCHEIN VICE CHAIR	1.00			X			0	0	0	
(13)										
(14)										
(15)										
(16)										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							106,208			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							106,208			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 1**

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

Section B. Independent Contractors

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

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

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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	855,488				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	44,600				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			900,088			
Program Service Revenue	2a SPECIAL PROJECTS: MISC	Busn. Code	415,868	415,868			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			415,868			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,544	8,544		
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.			1,324,500	424,412	0	0	

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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	106,208	96,384	9,824	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	329,705	299,213	30,492	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,246	18,636	1,610	
9 Other employee benefits	69,745	64,198	5,547	
10 Payroll taxes	32,908	29,824	3,084	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,300	6,750	2,550	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	46,684	46,684		
17 Travel	89,728	89,178	550	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	26,019	24,719	1,300	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,215		35,215	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a COMMUNITY PROGRAMS	322,239	322,239		
b OFFICE EXPENSES	135,670	124,448	11,222	
c RENT EXPENSES	20,510	20,510		
d INSURANCE	9,724	9,238	486	
e TELEPHONE	8,045	7,643	402	
f All other expenses	8,730	8,295	435	
25 Total functional expenses. Add lines 1 through 24f	1,270,676	1,167,959	102,717	0
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	268,414	1	228,551
	2 Savings and temporary cash investments	429,422	2	432,650
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	221,788	4	174,349
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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 1,309,090		
	b Less: accumulated depreciation	10b 176,095	709,537	10c 1,132,995
	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		3,263	15 9,030
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,632,424	16 1,977,575	
Liabilities	17 Accounts payable and accrued expenses	106,970	17	191,651
	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	359,471	23	567,373
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	3,192	25	1,936
	26 Total liabilities. Add lines 17 through 25	469,633	26	760,960
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	1,162,791	27	1,216,615
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	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	1,162,791	33	1,216,615
34 Total liabilities and net assets/fund balances	1,632,424	34	1,977,575	

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,324,500
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,270,676
3	Revenue less expenses. Subtract line 2 from line 1	3	53,824
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,162,791
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,216,615

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
3b	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.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.	Employer identification number 65-0183810
--	---

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

The organization is not a private foundation because it is: (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)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	820,109	1,253,749	1,106,934	1,102,746	900,088	5,183,626
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	820,109	1,253,749	1,106,934	1,102,746	900,088	5,183,626
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						5,183,626

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	820,109	1,253,749	1,106,934	1,102,746	900,088	5,183,626
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,320	9,675	2,051			18,046
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						5,201,672
12 Gross receipts from related activities, etc. (see instructions)					12	424,412
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 2010 (line 6, column (f) divided by line 11, column (f))	14	99.65 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.50 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. 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—2010. 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—2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. 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—2009. 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 **stop here**. The organization is a private foundation

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Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 0

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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

2010

Open to Public Inspection

Name of the organization

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.

Employer identification number

65-0183810

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

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

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply) - Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table: Held at the End of the Tax Year (2a, 2b, 2c, 2d); 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

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

Part V Endowment Funds. Complete if 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI 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		1,309,090	176,095	1,132,995
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,132,995

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	▶	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO OTHERS	1,936
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 1,936

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,324,500
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,270,676
3	Excess or (deficit) for the year. Subtract line 2 from line 1	53,824
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	-3,279
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-3,279

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1,324,500
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	1,324,500
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1,324,500

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1,273,955
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	3,279
3	Subtract line 2e from line 1	3,279
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1,270,676

Part XIV Supplemental Information

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

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

DEPRECIATION DIFFERENCES \$ -3,279

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DEPRECIATION DIFFERENCES \$ 3,279

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

FLORIDA KEYS AREA HEALTH
EDUCATION CENTER, INC.

Employer identification number
65-0183810

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE EXECUTIVE COMMITTEE REVIEWS EXECUTIVE DIRECTORS YEARLY

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
EXECUTIVE DIRECTOR REVIEWS EMPLOYEES YEARLY

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
UPON REQUEST

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Depreciation and Amortization
 (Including Information on Listed Property)

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

Name(s) shown on return **FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.** Identifying number **65-0183810**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,025

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	19,190
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	35,215
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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Attachment J

Internal Revenue Service

Department of the Treasury

District Delaware-Maryland District
Director

31 Hopkins Plaza, Baltimore, MD 21201

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

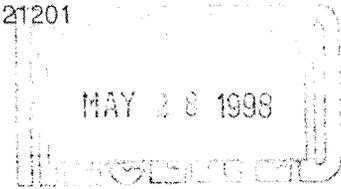
P.O. Box 13163
Baltimore, MD 21203

Employer Identification Number: _____
65-0183810

Person to Contact:
EP/EO Tax Examiner

Telephone Number:
(410) 962-6058

Date: MAY 19, 1998



Dear Sir/Madam:

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

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

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

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

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

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

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

Sincerely yours,


Paul M. Harrington
District Director



Consumer's Certificate of Exemption

DR-14
R. 04/05
02/11/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012567988C-1	01/31/2011	01/31/2016	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

FLORIDA KEYS AREA HEALTH EDUCATION
CENTER INC
5800 OVERSEAS HWY STE 38
MARATHON FL 33050-2744

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

FLORIDA KEYS AREA HEALTH EDUCATION CENTER PROGRAM INC

Marathon, FL

Donate Now



GUIDESTAR QUICK VIEW *Everything
you need to know...*

Print Report

Like

Tweet

Legitimacy Information

- This organization is registered with the IRS.
- This organization is required to file an IRS Form 990 or 990-EZ.

Institutional funders should note that an organization's inclusion on GuideStar.org does not satisfy IRS Rev. Proc. 2011-33 for identifying supporting organizations.

Learn more about GuideStar Charity Check, the only pre-grant due diligence tool that is 100% compliant with IRS Rev. Proc 2011-33.

Forms 990 from IRS

Login or register to view Forms 990 for 2011, 2010, and 2009.

[Subscribe Now](#)

Annual Revenue & Expenses

Fiscal Year Starting: Jul 01, 2009
Fiscal Year Ending: Jun 30, 2010

Revenue

Total Revenue \$1,401,669

Expenses

Total Expenses \$1,301,635

*Is this information up-to-date?
Claim your report and update your GuideStar Exchange profile today!*

[Subscribe Now](#)

Summar	Financi	Forms 990 & Docs	People	Program & Help
News				

Basic Organization Information

FLORIDA KEYS AREA HEALTH EDUCATION CENTER
PROGRAM INC

Physical Address: Marathon, FL 33050
65-0183810
EIN: E Health—General & Rehabilitative
NTEE Category: E70 (Public Health Program)
Year Founded: 1990
Ruling Year: 1990

Login or register to see this organization's full address, contact information, and more!

Mission Statement

TRAIN, RECRUIT, AND RETAIN MEDICAL STUDENTS AND PROFESSIONALS.

Expert Reviews

There are no Expert Reviews for this organization. Learn more about TakeAction@GuideStar.

Impact Statement

This organization has not provided an impact statement.

Personal Reviews

There are no reviews for this organization.

Write a Review Powered by GREAT Nonprofits

Report Powered By:



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GUIDESTAR
Nonprofit Report

Generated on April 10, 2012, at 10:38 AM EDT

FLORIDA KEYS AREA HEALTH
EDUCATION CENTER PROGRAM INC

Also Known As:
5800 Overseas Hwy Ste 38
Marathon, FL 33050

Institutional funders should note that an organization's inclusion on guidestar.org does not satisfy IRS Rev. Proc. 2011-33 for verifying charitable status and identifying supporting organizations.

Contact Information

FLORIDA KEYS AREA HEALTH EDUCATION CENTER PROGRAM INC

Also Known As:

Physical Address: Marathon, FL 33050

[Register for free](#) to see this organization's full address, telephone number, Web site, and more!

At A Glance

Formerly Known As:

Category (NTEE): E Health—General & Rehabilitative /E70 (Public Health Program)

Mission Statement

TRAIN, RECRUIT, AND RETAIN MEDICAL STUDENTS AND PROFESSIONALS.

Impact Statement

This organization has not provided an impact statement.

Background Statement

Financial Data

[FAQs on Financial Data](#) | [Digitizing IRS Form 990 Data](#)

[Login or register](#) to view this information.

Revenue and Expenses

[Login or register](#) to view this information.

Balance Sheet

Subscribe to [GuideStar Premium](#) to view this information, if available.

Forms 990 Received from the IRS 

[Login or register](#) to view this information.

Forms 990 Provided by the Nonprofit

[Login or register](#) to view this information.

Financial Statements

Subscribe to [GuideStar Premium](#) to view this information, if available.

Annual Reports

[Login or register](#) to view this information.

Formation Documents 

Subscribe to [GuideStar Premium](#) to view this information, if available.

Program:

Budget:

Category:

Population Served:

Program Description:

Program Long-Term Success:

Program Short-Term Success:

Program Success Monitored by:

Program Success Examples:

Funding Needs

Volunteer Needs

Request for In-Kind Contributions

Organizational Statistics

[Login or register](#) to view this information.

Chief Executive

Board Chair

[Login or register](#) to view this information.

Board of Directors

[Login or register](#) to view this information.

Officers for Fiscal Year

Subscribe to [GuideStar Premium](#) to view this information, if available.

Highest Paid Employees & Their Compensation

Subscribe to [GuideStar Premium](#) to view this information, if available.

News

Attachment K

**2011 / 2012
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2012**

RECEIPT# 46115-67188

Business Name: FLORIDA KEYS AREA HEALTH EDUCATION CENTER INC

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

Business Location: 5800 OVERSEAS HWY 38
MARATHON, FL 33050

Business Phone: 305-743-7111
Business Type: SCHOOLS REGULATED (SCHOOL FOR HEALTH CARE WORKERS REGULATED)

Rooms Seats Employees Machines Stalls

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

Paid 125-10-00006667 08/05/2011 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT
WHEN VALIDATED

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

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

Attachment 0

Florida Keys AHEC EEO Policy

Equal Employment Opportunity

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

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

Attachment R



2555 Ponce de Leon Blvd. 5th Floor; Coral Gables, FL 33134
Tel: (305) 646-7220 Fax: (305) 447-1608 Web: www.elcmdm.org

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President & CEO

Evelio C. Torres, M.P.A.

March 28, 2012

To the Monroe County Human Services Advisory Board:

This letter is written in support of the Florida Keys Area Health Education Center (FKAHEC) application for funding for the comprehensive child health screening and follow-up medical care project for the 2012-2013 program year. This project will target approximately 425 at-risk, low income and "working poor" children, ages birth to five, receiving School Readiness subsidized early education and care at 20 child care centers and 34 family child care homes Keys-wide.

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

Sustainability of this worthwhile project has been problematic due to the limited availability of on-going funding. Thanks to the support of the Monroe County Human Services Advisory Board during the 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011 and the current 2011-2012 program year, FKAHEC has been able to provide a comprehensive Keys-wide project to insure equal access to health services for our county's youngest and most vulnerable population of children. Recognizing the county's current budgetary constraints, the ELC will again provide \$7,500 toward this collaborative project.

This project provides direct medical care services to children, who may not otherwise receive preventive health care screenings and early intervention. State of the art vision and hearing screening equipment insure early detection of problems and timely intervention. The follow-up medical care component insures that parents receive needed assistance with referrals and financial assistance, if no other resources are available. The state's School Readiness performance standards for children ages birth to five recognize that good general health and development are necessary to optimize learning and set the foundation for future success in school and life. Thank you for your time and consideration.

Sincerely,



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