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**Board of Directors**

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Arianna Nesbitt

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Early Steps/Easter Seals  
Lower Keys Medical Center  
Mariner's Hospital  
Monroe County Health Department  
Early Learning Coalition of Miami –  
Dade/Monroe  
Monroe County Head Start  
Monroe County Healthy Start  
Monroe Cty School District  
Monroe County Youth Challenge  
Neighborhood Center  
Representative Ron Saunders' Office  
Stanley Sack, M.D.  
Wesley House Family Services  
WomanKind, Inc.

April 25, 2012

Ms. Lisa Tennyson  
Monroe County Grants Administration Office  
1100 Simonton Street  
Second Floor, Room 2-213  
Key West, FL 33040

Dear Ms. Tennyson,

Enclosed please find one original and seven copies of our application for funding from the Monroe County Human Services Advisory Board for FY 2013.

Thank you for your consideration. We look forward to hearing from you.

Sincerely,

Arianna Nesbitt  
CEO



**HEALTHY  
START**



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

Agency Name	Florida Keys Healthy Start Coalition, Inc.
Physical Address	1100 Simonton Street, Room #1
Mailing Address	PO Box 6166
City, State, Zip	Key West, FL 33041
Phone	305-293-8424
Fax	305-293-8542
Email	admin@keyshealthystart.org
Who should we contact with questions about this application?	Arianna Nesbitt ceo@keyshealthystart.org

Amount received for prior fiscal year ending 09/30/11	\$5,000
Amount received for current fiscal year ending 09/30/12	\$20,000
Amount requested for upcoming fiscal year ending 09/30/13	\$22,500



## CERTIFICATION

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

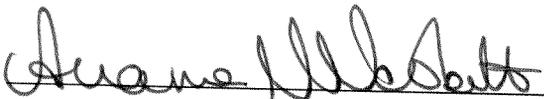
We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

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

We 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: \_\_\_\_\_ Arianna Nesbitt \_\_\_\_\_

Signature 

Title: \_\_\_\_\_ CEO \_\_\_\_\_

Date: 3/27/12

Typed Name of Board President/Chairman: \_\_\_\_\_ Holly Raschein \_\_\_\_\_

Signature 

Title: \_\_\_\_\_ Board Chair \_\_\_\_\_

Date: 3/27/12



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

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

The Florida Keys Healthy Start Coalition ensures that all parents and infants have access to resources and support to promote the health and well-being necessary for a successful pregnancy and a healthy start in life.



**2. List the services your agency provides.**

The Florida Keys Healthy Start Coalition serves families before, during and after pregnancy throughout Monroe County.

The programs we offer include:

**Healthy Start** - Healthy Start is a free program of services, provided in partnership with the Monroe County Health Department, intended to help women and their families bring healthy babies into our community. All women, regardless of their economic, marital, or immigration status are eligible to participate if they are at risk for poor pregnancy outcomes. Access to services begins with a prenatal screen completed at a woman's first obstetrical doctor's appointment after learning she is pregnant. Infants are also screened at birth to identify possible factors that could impact a baby's health or development in the first year of life. Services available to reduce risks may include care coordination, childbirth education, breast feeding assistance, smoking cessation, nutritional guidance, psychosocial counseling and help gaining access to prenatal and/or infant care.

**Healthy Babies** - The Healthy Babies Program works in partnership with local obstetricians to assist uninsured or underinsured pregnant women in obtaining prenatal care. Through a careful screening process, a limited number of families are chosen for this cost-sharing program that would otherwise be unable to afford needed medical care for new mothers and their unborn children.

**Child Safety** - The Child Safety Program provides community outreach initiatives and child safety resources such as educational materials and trainings. The main goals of the program are to conduct safety seat inspection and installation events, provide education to community members, and in some cases, provide low cost seats to parents, caregivers and agency personnel who transport children.



**Education, Outreach, and Advocacy** - The Education, Outreach and Advocacy program offers support for all families in the Keys including a breast pump loan program, childbirth education, transportation assistance, safe sleep beds for babies, and educational resources. This program also offers education and outreach through community events such as health fairs. The Coalition participates in advocacy campaigns focused upon improving infant health and development, as well as, the health of women throughout their reproductive years.

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

For 2013, we are requesting \$22,500 in funding for our Healthy Babies Program which will provide prenatal care for 15 uninsured or underinsured pregnant women. This program provides the eligible clients with ten



prenatal doctor visits, necessary lab work and one post-partum visit. We recognize at first glance this may appear to be a lot of money impacting a small segment of our population, however, the \$1500 per client not only impacts the mother through the medical visits and testing but also her unborn child, her family, and ultimately our community. By providing this care early we are preventing more costly needs in the future, such as, emergency transports to Miami for an unhealthy birth outcome.

**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**

We would like to remain in the Medical category thank you.

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?**

Yes

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

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

The Coalition's Base contract funding from the Florida Department of health (Contract COSDF) is contingent on meeting match requirements yearly. The purpose of this contract is to provide Healthy Start services to Monroe County residents.

b. grant amount:

The 2012-2013 contract amount is unknown at this time. We are waiting for confirmation of next year's budget from the Florida Department of Health. The 2011-2012 base contract amount is for \$405,649.00.

c. match percentage requirement and amount:

The Florida Department of Health requires that the local match amount be equal to or greater than 25% of the planning dollars allocated in the contract or \$36,975. This requirement must be met in order for the contract to be executed in its entirety based upon a statutorily established formula.

d. expected award date:

The Coalition currently receives funding from the Florida Department of Health through June 30, 2012 for the 2011-2012 fiscal year. The Coalition's anticipated funding from the Florida Department of Health for 2012-2013, begins July 1, 2012.



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

a. how the funds were spent

The \$20,000.00 provided by HSAB last year supports the Coalition's Healthy Babies program. The Healthy Babies program has provided prenatal care (between 8 to 12 doctor's visits), all necessary lab work, as well as post-partum visits for pregnant women with demonstrated financial need. The program functions as the payer of last resort to women who have no other options available to them and would otherwise go without prenatal care for themselves and their unborn child. We spend approximately \$1500.00 per client pending the risk of her pregnancy.

The profile of a typical client helped by the Healthy Babies Program is a single mother with no paternal support who works two or more jobs, has no medical insurance and has been identified as high risk for medical complications. If not for the assistance provided by the Healthy Babies Program, she would not be able to afford her much needed prenatal care placing herself and her unborn child at risk for complication before, during, and after delivery. These complications, in turn, frequently lead to significantly higher medical costs, inability to return to the work force, the loss of housing, and ultimately, a significant increase in the family unit's need for increased public and private support through Medicaid, social service and not-for-profit agencies' interventions.

b. how they were used to leverage additional funding

The Florida Department of Health contracts are contingent upon leveraging local match. The HSAB funding significantly contributes to the Coalition's ability to meet this requirement; ensuring these services continue to be available in Monroe County. The remainder of the match requirement is achieved through local fund-raising and grant writing. While the total local match provides \$13.63 return on investment for each local dollar raised, the County's contribution of \$20,000 through HSAB ensured \$140,000 in funded services were available to county residents during the 2012 funding cycle.

Additionally, the Coalition partners with local physicians to lower prenatal care costs under the program, resulting in payments lower than the average Medicaid payment rate during the course of a pregnancy while ensuring care was provided to more women.

**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 Coalition has a contract with the Monroe County Health Department to provide Healthy Start services through our funding received from the Florida Department of Health. The total amount of this contract is \$350,000



**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.*

No.

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

The Florida Keys Healthy Start Coalition is the only entity in Monroe County that specifically assists families before, during, and after pregnancy.

Through our four key programs we address issues related to:

- Poor maternal health
- Infant mortality and morbidity
- Prematurity and Low Birth Weight
- Infant malnutrition
- Birth Defects
- Developmental Delays
- Social and Behavioral difficulties in young children
- Teen Pregnancy
- Parenting

Many of the above challenges facing our community can be addressed by addressing barriers individuals face.

Transportation: By working with pregnant women and children through age 3, we help them to overcome these barriers to care not only for themselves, but also for their children. Due to the geography of Monroe County and the majority of medical resources including the only hospital with a labor and delivery unit being located in Key West, transportation is often a barrier to care for our clients. We address this through bus passes and agreements with local transportation companies.



Language: As Monroe County has a large international population, there is often a language barrier. Some doctors will not admit patients into their practice that are not able to speak English. We work with the Doctors' offices to provide translation services when necessary. Also, we match clients with doctor offices that have bi-lingual staffs who can accommodate the lack of a common language. And when we have exhausted the above resources we utilize a medical language line to ensure confidentiality and proper translation.

Application Process: Clients also have difficulty in securing services from the Medicaid and WIC programs due to a lengthy complicated application process. This prevents clients from obtaining the medical care and proper nutrition necessary for the health and well-being for their families. Our staff is often able to assist clients in successfully completing these application processes.



**12. What statistical data support the needs listed in Question #11?**

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

In 2010, 14.3% of Monroe County births were to uninsured women, compared to the state average of 9.5%. The Coalition assisted more than half of these uninsured women through the Healthy Babies Program in FY 10-11. Due to overall reduced funding in FY 2011-12, the number of clients we will be able to serve will decrease which will increase the risk of these pregnancies.

For every \$1 spent on prenatal care, it saves society \$6 over the course of a child's life by reducing the burden on the medical community, alleviating the need for services from other social service agencies, and reducing the need for government assistance.

As of March 2011, the most recent date of data compilation available, Florida ranks in the lower half on a number of indicators related to maternal and child health nationwide. Florida ranks 35<sup>th</sup> in the country for caring for children, 38<sup>th</sup> for low birth weight, 28<sup>th</sup> for infant mortality, 43<sup>rd</sup> for single parent families, and 32<sup>nd</sup> for children in poverty (The State of Florida's Child, 2011).

In 2010-2011, the Coalition had contact with 547 out of the 715 pregnant women (or approximately 76%) in Monroe County. We have seen our high maternal and child health risk factors decreasing with the increased number of clients we have established contact with. This shows that without these services, the health and well-being of the pregnant women and their children in our community would be negatively impacted.

Monroe County continues to rank in the highest or second highest risk category in the state on many maternal and child health indicators.

Highest Risk (4<sup>th</sup> Quartile):

- Little English spoken in family (linguistically isolated): 5.2%
- Births covered by Emergency Medicaid: 10.6%
- Females over 17 who engage in heavy or binge drinking: 24.6%
- Females over 17 who have a personal doctor: 78.9%
- Births to uninsured women: 14.3%
- Births to mothers over 35: 4.3
- C-Section Births: 38.5%
- Children under age 3 receiving Early Steps services for developmental delays: 5.4%
- Infants in foster care: 17.6

Second Highest Risk Quartile:

- Births among unwed teen mothers ages 15-19: 89.3%
- Females over 17 who are current smokers: 23.2%
- Births at less than 37 weeks gestation (preterm): 13.5%

(Florida Charts 2009 <http://www.floridacharts.com>)

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

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

Large population of uninsured and underinsured women, high cost of living and low wages, low ratio of OB/GYN and Pediatric doctors to patients, access to Medicaid due to difficult application deadline and time-sensitive issues for pregnant women, limited and diminishing services by existing OB/GYNs and Pediatric doctors for non English speaking and/or Medicaid patients, single mothers with little education, geographic or



transportation difficulties in finding and accessing care, domestic violence, and lack of knowledge or resources to prevent pregnancy.

**14. Describe your target population as specifically as possible.**

Our target population includes all women in Monroe County of childbearing age; those who are considering becoming pregnant, or are currently pregnant, new parents, and their infants up to age 3; regardless of income, socioeconomic status, race or immigration status. As the only agency specifically responsible for promoting maternal and child health, the Coalition provides education and outreach to the entire community, regardless of gender, childbearing age, or Healthy Start client status.

The Healthy Babies Program clients are women who are identified as Healthy Start clients due to increased risk factor(s) associated with their pregnancy. These women also have a demonstrated financial need and would not be able to afford prenatal care without the assistance of our program.



**15. How are clients referred to your agency?**

The state of Florida mandates that OB/GYNs conduct a Healthy Start screen of new patients upon their first prenatal visit. This prenatal screen determines how many risk factors are present which may indicate the decreased likelihood that a mother will have a healthy baby. Eligibility for Healthy Start services is determined by the number of risk factors noted on the prenatal screen, not financial need. These screens are reviewed weekly by Healthy Start staff to determine eligibility. High risk patients are then contacted for referral to the program.

In addition to the screening process, additional referral sources are self referral, physician or hospital referral, referral from other social service agencies (including Wesley House, Domestic Abuse shelter, Florida Keys Outreach Coalition, Monroe County School District, Healthy Families, Monroe County Detention Center, WIC, and Medicaid offices), public service announcements, and community outreach.

Infant clients are referred through infant Healthy Start screens conducted at the time of birth at the hospital. Healthy Start staff visits the hospital daily to collect infant screens and refers high scoring infants for services, again, without regard to financial need. Infants delivered out of county are referred through physicians and nurses at Miami-Dade hospitals, social workers, and Miami-Dade Healthy Start staff.

For Healthy Babies clients, once it has been determined that these women are at a high risk for a poor birth outcome, and are referred to the Healthy Start program, they are identified as being in need of Healthy Babies funding assistance. The clients must then complete a detailed application to enroll in the program.

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

To be eligible for the Healthy Babies program, the client must first be identified as being at risk, be enrolled in Healthy Start, and have applied for Medicaid and been denied prenatal financial assistance. The Healthy Start staff must then refer the client as a candidate for the Healthy Babies program. An application must be completed by the client listing financial resources, monthly expenses, place of employment, family and living situation, as well as any special circumstances. An income verification form must also be completed by the client and signed



by their employer. This form is accompanied by supporting financial documents such as pay stubs, tax returns, etc. A Healthy Start Care Coordinator must conduct a home visit and assessment before the application is processed. Eligibility is then determined using the Federal Poverty Guidelines' annual income guides based on family size. Finally, the CEO of the Coalition must approve the application and the client must then be accepted into care by the provider. Even among those who financially qualify for the funding, it is insufficient to assist all applicants, so those at highest risk for a poor maternal or child outcome and neediest are given priority.

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

Since we are the primary agency helping families before, during and after pregnancy, other agencies use our organization as a resource and refer their clients to the Coalition with pregnancy related concerns. Agencies such as Womankind, Rural Health Network, the Good Health Clinic, CHI Clinic in Marathon and the Monroe County Health Department do not provide prenatal care. We have developed relationships with these organizations to ensure pregnant women and infants in need of services are consistently referred to the Healthy Start program.



In return, the Coalition and our Healthy Start program consistently refer our clients to the appropriate community agency to address issues such as housing, or domestic abuse. Doing so ensures each of our local social service agencies are positioned to focus their efforts on their own areas of expertise while maximizing services to clients and ensuring no duplication of services amongst agencies. The benefit to the Coalition directly is that we then are able to make the provision of medical care through Healthy Babies and other Coalition programs the benefactor of our limited resources while being confident our clients other needs and risks are being addressed elsewhere.

The Florida Keys Healthy Start Coalition participates in a Monroe County System of Care Memorandum of Agreement with multiple agencies in Monroe County. This agreement establishes continuity of care for children for the first five years of life. The Coalition also works with Wesley House, the Domestic Abuse Shelter, Samuel's House, and the Florida Keys Outreach Coalition among others to ensure efficiency of efforts.

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

Coalition Office:

Gato Building, 1100 Simonton St- Room 1, Key West, FL 33040

Hours: Monday through Friday, 8:00am to 5:00pm

Healthy Start:

Lower Keys: Gato Building, 1100 Simonton St, Key West, FL 33040

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

Upper Keys: Roth Building, Highpoint Rd, Tavernier, FL 33070

Hours: While the hours of operation are Monday through Friday 8:00am to 5:00pm, the Healthy Start staff often work during off-hours to accommodate client's schedules and urgent circumstances.



**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 Coalition receives most of our funding from the State of Florida. This makes us dependent on the allocations from the state's annual budget in a funding reduction environment. In recent years, we have received budget cuts at a time of increased need among our clients due to the challenging economic environment in which we must all function. Further reductions could result in fewer services being offered.

An example of reduced services to the community in the last year has been the inability of the Coalition to offer child birth educator and breastfeeding counseling professional development training. Local nurses, medical and agency staffs, as well as, interested citizens in the community have come to rely on the Coalition to provide these trainings at little or no cost. However, because other organizations are similarly struggling to balance diminishing budgets, they must simply do without this important training for their own staffs, since sending them to receive the training out of county is cost prohibitive. The ultimate loss to our community is an informed and currently educated maternal and child health work force to serve and support the citizens of Monroe County.

Currently, our Board of Directors meets quarterly to review our budget verses the needs we are working to address. The organization is committed to growing our funding base. This year we have new grant opportunities on the horizon as well as a couple of fundraising opportunities.

**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.)*

For the past several years, we have seen an increased need for financial assistance among our clients. We expect this trend to continue into the near future. Monroe County residents are struggling with the high cost of living, seasonal work, and frequently reduced employment hours. This leads to a greater demand for services. Like most agencies, we are also faced with decreased funding due to our heavy reliance upon State contracts and reduced contributions through fund raising efforts. We are also seeing an increased lack of access to medical care among our clients. Many must rely upon Medicaid for their medical care. However, there is an increasing trend among doctors in the Keys to no longer accept Medicaid patients due to low reimbursement rates and a lack of timely payment.

Due to the current health care system, Monroe County doctors are also struggling financially and will possibly leave the community for more favorable practice environments. They have voiced concerns that they simply cannot afford to keep their practices open under the financial constraints and disproportionate number of Medicaid patients to insured and/or adequately resourced cash pay patients. As there are only 4 OB/GYNs currently providing prenatal care in the Keys, losing even one more of these doctors would be devastating to the care of pregnant women in our community. While long predicted, this situation became a reality during the last year with the reduction of one provider and the impact has been significant. Similarly, with the departure of one pediatrician in the last year, there are now only two providing services in Key West, one in Marathon, and one in the Upper Keys. Of those one will no longer accept Medicaid patients unless they have a sibling currently receiving care in the practice, and another will accept Medicaid-eligible newborns and infants to age 6 months, but no older Medicaid eligible children. We are meeting regularly with different organizations and entities from the Miami-Dade area, as well as, networking with the law making entities to begin to address these issues. While we realize these will not be fixed overnight, in time and with our partners we will find solutions.



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

Client input is critical to the success of our program. Ongoing client surveys are conducted and the data compiled quarterly for our inclusion in Quarterly Reports. The Coalition also conducts quarterly Quality Assurance reviews during which clients are consulted directly for their feedback on our services. Clients are encouraged to attend Coalition meetings and we continue to seek client representation on our board.

The Coalition actively seeks to ensure we are responsive to changing community priorities and needs. During the last year, the Coalition created a new five year service delivery plan, developed to assess community needs and appropriate responses for planning purposes, in the last year. As a part of that data and information collection process, facilitated focus groups were conducted throughout the Keys, along with an on-line community-wide survey. The input received during this process was used to define the Coalition's goals and mission as well as the development of strategies to meet identified needs.

**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 Coalition is monitored by the Florida Department of Health through on-site monitoring visits and desk audits on a yearly basis. Quarterly reports detailing our programming and achievement of performance measures are also submitted and reviewed.

For FY 2010-2011, the Coalition also received a grant from the Florida Department of Transportation for the Monroe County Child Passenger Safety Campaign. The FDOT similarly conducts an on-site monitoring visit as well as requiring quarterly reports and a final report at the end of the fiscal year.



By policy, the Coalition also initiates a financial review every year by an independent CPA, with a full audit conducted every third year. While not required, to better position ourselves with potential funders during this period of highly scrutinized and competitive funding cycles, we are currently having a CPA conduct a full audit every year.

**23. 540 hours of program service were contributed by 40 volunteers in the last year.**

Please note: Due to HIPPA laws regarding client confidentiality, the Coalition cannot utilize volunteers for direct services. However, volunteers often assist with fundraising, administration and community outreach initiatives.

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

No. The Coalition has vendor agreements established with three local OB/GYNs to provide the prenatal care included in the Healthy Babies program. The funding received for the Healthy Babies Program is paid directly to the local OB/GYNs providing the necessary prenatal care for these high risk clients.

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

- Decrease births to mothers with inadequate prenatal care from 25%.
- Increase the number of women entering into first trimester prenatal care to the national goal of 84%.
- Maintain Healthy Babies clients served at no less than 30% of total uninsured pregnant women.

**26. How will you measure these outcomes?**



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

The Coalition will use rolling three year averages from data provided by the State of Florida and local record keeping in order to measure performance outcomes.

**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)
Prenatal Care	10-15 visits per client, depending on when client enters into care and their risk level. Visits are scheduled at least monthly with the frequency increasing later into pregnancy.	Local OB/GYNs typically charge \$4000-\$5000 per pregnancy for self-pay patients. The Coalition pays a reduced flat rate of \$1500 to the doctor for each client's prenatal care with reserves for additional testing (pending case-by-case approval) up to \$2500 cap per client.
Lab Work	2	Lab work for a self-pay patient would cost approximately \$600. This is included in the flat rate of \$1500 that the Coalition pays for Healthy Babies clients.
Post-Partum Appointment	1	A self-pay patient would typically spend \$95 on the post-partum visit. This visit is included in the flat rate of \$1500 for the Healthy Babies Program.

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

The Healthy Babies program of the Florida Keys Healthy Start Coalition contributes significantly to the healthy birth outcome of our most vulnerable and at risk families in our community. For every dollar spent toward a healthy birth outcome, six tax dollars are saved toward medical and social services expenses to support and care for an unhealthy baby. As a practical matter, this investment reduces the financial and client demands placed upon other social service and health care agencies in Monroe County.



**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 CHECKLIST

<b>LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN</b>	<b>ATTACHED?</b>		<b>COMMENTS</b>
	<b>YES</b>	<b>NO</b>	<b>You must explain any "NO" answers</b>
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	not applicable
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	not applicable
L. Copy of Florida Dept. of Children And Families License or Certification		X	not applicable
M. Copy of any other Federal or State Licenses		X	not applicable
N. Copy of Florida Dept. of Health Licenses/Permits		X	not applicable
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	X		
Q. Data showing need for your program (See Question 12)		X	see body of application
R. Other (specify) TWO PAGE LIMIT	X		

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







# Florida Keys Healthy Start Coalition

## Minutes

Attachment A-1

Date/Time: December 13, 2011 10 A.M.

Location: Mariners Hospital, Tavernier, FL

Present: Board/Coalition: Holly Raschein, Audra Hill, Nicole Manning, Cheryl Cottrell, Mary Williams, Jessica Lariz, Shauna Gionfriddo  
 Staff: Arianna Nesbitt, Leah Stockton, Ja Good

Agenda Item	Summary/Discussion	Action		
1. Call to Order	Holly called the meeting to order.	Meeting called to order at 10:04 AM.		
2. Agenda/Welcome	Review of Agenda and Welcome	A quorum was present. Agenda approved as circulated.		
3. Consent Agenda	<ul style="list-style-type: none"> <li>a. Minutes from September 2011 meeting</li> <li>b. Current Financial Report</li> <li>c. YTD Financial Report</li> </ul> No changes.	Motion made by Audra to approve the Consent Agenda. Second by Cheryl. Motion carries.		
<b>Discussion Items</b>				
4. Executive Committee Report	Holly We developed new board terms and positions. The board will officially vote in May so the new board starts with the new fiscal year. Current positions stand until then.  <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">                             Current:                              Chair- Holly                              Vice Chair- Liz                              Secretary- Nicole                              Treasurer- Mary                              Past Chair- Cheryl                              At Large 1- Audra                              At Large 2- Shauna                         </td> <td style="width: 50%;">                             Begin July 2012:                              Chair- Liz                              Vice Chair- Audra                              Secretary- Nicole                              Treasurer- Mary                              Past Chair- Holly                              At Large 1- Cheryl                              At Large 2- Shauna                         </td> </tr> </table> Vice Chair, Chair, Past Chair and At-Large 1 rotate off in May 2012. Secretary, Treasurer, and At Large 2 rotate off in May 2013.	Current: Chair- Holly Vice Chair- Liz Secretary- Nicole Treasurer- Mary Past Chair- Cheryl At Large 1- Audra At Large 2- Shauna	Begin July 2012: Chair- Liz Vice Chair- Audra Secretary- Nicole Treasurer- Mary Past Chair- Holly At Large 1- Cheryl At Large 2- Shauna	Board will vote during May 2012 meeting on new board positions.
Current: Chair- Holly Vice Chair- Liz Secretary- Nicole Treasurer- Mary Past Chair- Cheryl At Large 1- Audra At Large 2- Shauna	Begin July 2012: Chair- Liz Vice Chair- Audra Secretary- Nicole Treasurer- Mary Past Chair- Holly At Large 1- Cheryl At Large 2- Shauna			
5. Audit/By-Laws/Finance Committee Report	Mary DOH 2009 Audit: The end result of the audit was that DOH believed the Coalition needed to return \$400 to them and they requested a copy of our new travel documents. Arianna spoke with Holly, Mary, and our accountant. After discussing a brief cost/benefit analysis they decided it wasn't worth the staff's time to oppose the \$400 payment. We send a letter along with the check explaining that we didn't agree with the decision- that this was strictly an accounting miscommunication and not a misappropriation of funds. Holly plans to pursue the issue and speak with DOH regarding the audit.	January 10 conference call is cancelled. January 24 at 2pm conference call scheduled to discuss budget, insurance, by-laws. Arianna will send necessary documents prior to call and needs feedback before Jan 24.		





# Florida Keys Healthy Start Coalition

Attach AZ

1100 Simonton St.

Key West, FL 33040

Telephone: 305-293-8424 Fax: 305-293-8542

www.Keyshealthystart.org

*Every Baby Deserves a Healthy Start*

## MEMORANDUM

TO: Monroe County BOCC

FROM: Arianna Nesbitt  
Chief Executive Officer

DATE: April 24, 2012

RE: **Notice for Florida Keys Healthy Start Coalition Planning Meeting 2012 Discussion Items**

- 
1. Items for discussion during May 2012 meeting:
    - A. Election of Board of Directors
    - B. Review of previous fiscal year (2011-2012)
    - C. Department of Health/Healthy Start Program update
    - D. Department of Transportation grant update
    - E. Planning for Fiscal year 2012-2013 programs and goals
  
  2. Please note that these items are the items planned for discussion during the May 2012 board meeting but the agenda will not be finalized until the month prior to the meeting.

Arianna Nesbitt







# ATTACHMENT C - PROFILE OF CLIENTS, CLIENT NUMBERS AND SERVICES (Performance Report)

2013

Delete or type over sample information shown.

Florida Keys Healthy Start Coalition

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	Current # of Clients ("snapshot") as of 04 / 23 /12
Home Visits	pregnant women and families with children birth to 3 years of age in Monroe County	1,500	county-wide	M-F, 8-5 with some evening appointments	547	311
Childbirth Education	pregnant women and their families in Monroe County	700	county-wide	M-F, 8-5 with some evening appointments	198	138
Parenting Education	pregnant women, new mothers and their families in Monroe County	1,500	county-wide	M-F, 8-5 with some evening appointments	190	176
Breastfeeding Education	pregnant women, new mothers and their families in Monroe County	1,500	county-wide	M-F, 8-5 with some evening appointments	274	190
Smoking Cessation	pregnant women, new mothers and their families in Monroe County	1,500	county-wide	M-F, 8-5 with some evening appointments	49	31
Financial Assistance for Prenatal Care (Healthy Babies)	uninsured and underinsured pregnant women of limited financial resources in Monroe County	143	county-wide	M-F, 8-5	56	13
Breast Pump Loan Program	breastfeeding mothers in Monroe County	700	county-wide	M-F, 8-5 with some evening appointments	49	10
Transportation Assistance Program	pregnant women and new mothers in Monroe County	1,500	county-wide	M-F, 8-5 with some evening appointments	50	10
Car Seat Safety Program	pregnant women and families with children in Monroe County	1,500	county-wide	monthly events	127	70
<b>Unduplicated Clients for Entire Agency</b>						
<i>(see instructions - this is not a total of the numbers above)</i>					545	105

**ADDITIONAL INFORMATION REQUIRED:**

**Please indicate the number of clients served who are Monroe County residents: 100% of the clients served are Monroe County residents**

**Please list or describe achieved outcomes for your target populations: The Coalition provides the education, resources and support to help families before, during and after pregnancy. These services include home visits, childbirth education, parenting education, breastfeeding education, smoking cessation counseling, financial assistance for prenatal care, a breast pump loan program, car seat inspections, transportation assistance and psychosocial counseling. These services all contribute to our goal of every baby having the healthy start they deserve so that they may grow into healthy, productive citizens.**





## ATTACHMENT E - AGENCY EXPENSES

2013

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

Florida Keys Healthy Start Coalition

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2013		6/30/2012	
<b>Expenditures</b>	<b>Total</b>	<b>%</b>	<b>Total</b>	<b>%</b>
Salaries - Program	31,360	5%	31,360	5%
Payroll Taxes - Program	2,368	0%	2368	0%
Employee Benefits - Program	2,708	0%	2487	0%
Salaries - Administrative	116,725	19%	116725	19%
Payroll Taxes - Administrative	8,813	1%	8,813	1%
Employee Benefits - Administrative	10,697	2%	10,476	2%
<b>Subtotal Personnel</b>	<b>172,671</b>	<b>28%</b>	<b>172,229</b>	<b>28%</b>
Postage	500	0%	800	0%
Office Supplies	654	0%	1,200	0%
Telephone	3,600	1%	3,600	1%
Professional Fees	5,000	1%	8,500	1%
Rent	3,060	1%	3,460	1%
Repair and Maint.	150	0%	150	0%
Travel	4,000	1%	8,000	1%
Grants to Other Organizations		0		0
List others below		0		0
Advertising	600	0%	1,300	0%
Coalition Meetings	200	0%	200	0%
Trainings	2,500	0%	3,300	1%
Office Equipment	1,000	0%	2,400	0%
Insurance	3,500	1%	3,500	1%
SIS Fees	725	0%	725	0%
Printing	400	0%	400	0%
Website	500	0%	3,000	0%
DOT Program	10,544	2%	10,544	2%
Client Assistance Program	2,500	0%	3,000	0%
Healthy Babies Program	45,000	7%	34,500	6%
Healthy Start Program Contract With MCHD	350,000	57%	350,000	57%
Outreach to Clients	3,000	0%	3,669	1%
Psychosocial Program	1,000	0%		0
<b>Total Expenses</b>	<b>611,104</b>	<b>100%</b>	<b>614,477</b>	<b>100%</b>
<b>Revenue Over/(Under) Expenses</b>	<b>0</b>		<b>0</b>	







Florida Keys Healthy Start Coalition, Inc.

Audited Financial Statements

June 30, 2011 and 2010

Florida Keys Healthy Start Coalition, Inc.

Audited Financial Statements

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

---

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

INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying statements of financial position of Florida Keys Healthy Start Coalition, Inc. (a nonprofit corporation) as of June 30, 2011 and 2010, and the related statements of activities, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of the Coalition's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Florida Keys Healthy Start Coalition, Inc. as of June 30, 2011 and 2010, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

November 10, 2011

A handwritten signature in black ink that reads "Ronald W Meyer PLLC". The signature is written in a cursive, flowing style.

Florida Keys Healthy Start Coalition, Inc.

Statements of Financial Position

June 30, 2011 and 2010

	2011	2010
<b>Assets</b>		
Current Assets		
Cash and cash equivalents - operating	\$ 144,122	\$ 175,700
Cash and cash equivalents - reserve	10,499	10,000
Accounts receivable	179,023	181,137
Prepaid insurance	2,984	2,683
Total Current Assets	<u>336,628</u>	<u>369,520</u>
Assets Restricted to Investment in Furniture and Equipment		
Computer equipment	9,101	9,101
Furniture and fixtures	16,011	15,969
Car Seat Initiative Trailer	3,200	-
Accumulated depreciation	<u>(14,382)</u>	<u>(11,071)</u>
Net Assets Restricted to Investment in Furniture and Equipment	<u>13,930</u>	<u>13,999</u>
<b>Total Assets</b>	<u>\$ 350,558</u>	<u>\$ 383,519</u>
<b>Liabilities and Net Assets</b>		
Current Liabilities		
Accounts payable	\$ 111,000	\$ 134,737
Credit card payable	3,159	1,302
Payroll liabilities	-	192
Accrued expenses	-	3,244
Total Current Liabilities	<u>114,159</u>	<u>139,475</u>
Net Assets		
Temporarily restricted net assets	222,469	230,045
Permanently restricted net assets	<u>13,930</u>	<u>13,999</u>
Total Net Assets	<u>236,399</u>	<u>244,044</u>
<b>Total Liabilities and Net Assets</b>	<u>\$ 350,558</u>	<u>\$ 383,519</u>

The accompanying notes are an integral part of this statement.

Florida Keys Healthy Start Coalition, Inc.

Statements of Activities

For the Years Ended June 30, 2011 and 2010

	<b>2011</b>	<b>2010</b>
<b>UNRESTRICTED NET ASSETS</b>		
Net assets released from restrictions	<u>718,515</u>	<u>703,710</u>
Total Revenues, Gains, and Other Support	<u>718,515</u>	<u>703,710</u>
Expenses		
Program expenses	629,496	604,734
Management and general	<u>89,019</u>	<u>98,976</u>
Total Expenses	<u>718,515</u>	<u>703,710</u>
Increase (Decrease) - Unrestricted Net Assets	<u>-</u>	<u>-</u>
<b>TEMPORARILY RESTRICTED NET ASSETS</b>		
Government contracts	615,006	653,461
Grants	8,500	9,297
Donations	23,770	31,565
Donated facilities	16,164	35,359
Donated services	46,800	19,000
Interest income	699	383
Net assets released from restrictions	<u>(718,515)</u>	<u>(703,710)</u>
Increase (Decrease) - Temporarily Restricted Net Assets	<u>(7,576)</u>	<u>45,355</u>
<b>PERMANENTLY RESTRICTED NET ASSETS</b>		
Safety Initiative Trailer/office equipment additions	3,242	646
Depreciation	<u>(3,311)</u>	<u>(3,399)</u>
Increase (Decrease) - Permanently Restricted Net Assets	<u>(69)</u>	<u>(2,753)</u>
Increase (Decrease) in Net Assets	(7,645)	42,602
Net Assets at Beginning of Year	<u>244,044</u>	<u>201,442</u>
Net Assets at End of Year	<u>\$ 236,399</u>	<u>\$ 244,044</u>

The accompanying notes are an integral part of this statement.

Florida Keys Health Start Coalition, Inc.

Statements of Functional Expenses

For the Years Ended June 30, 2011 and 2010

	Program Expenses	Management & General	2011	2010
Program services	\$ 431,133	\$ -	431,133	\$ 408,158
Program services - in-kinds	46,800	-	46,800	19,000
Salaries	115,955	52,909	168,864	180,570
Occupancy expense	16,164	-	16,164	35,359
Fringe benefits	-	11,328	11,328	11,328
Contract labor	-	-	-	13,598
Accounting fees	-	8,136	8,136	-
Interest	-	30	30	30
Conferences/training	5,804	-	5,804	5,450
Staff travel	3,936	-	3,936	2,979
Advertising & promotion	1,050	-	1,050	3,023
Coalition meetings	206	-	206	493
Education & outreach	5,053	-	5,053	4,573
Equipment rental	-	2,153	2,153	2,064
Equipment & maintenance	-	360	360	118
Insurance	-	2,792	2,792	3,076
Licenses	-	1,303	1,303	1,268
Office supplies	-	2,109	2,109	1,985
Outreach & public relations	3,395	-	3,395	3,350
Postage	-	683	683	580
Printing	-	489	489	1,047
Storage	-	3,390	3,390	1,860
Telephone	-	3,319	3,319	3,745
Miscellaneous	-	18	18	56
Total Expenses	<u>\$ 629,496</u>	<u>\$ 89,019</u>	<u>\$ 718,515</u>	<u>\$ 703,710</u>

The accompanying notes are an integral part of this statement.

Florida Keys Healthy Start Coalition, Inc.

Statements of Cash Flows

For the Years Ended June 30, 2011 and 2010

	2011	2010
<b>Cash Flows from Operating Activities</b>		
Increase (decrease) in net assets	\$ (7,645)	\$ 42,602
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	3,311	3,399
(Increase) decrease in operating assets		
Accounts receivable	2,114	(2,515)
Prepaid expenses	(301)	(1,378)
Increase (decrease) in operating liabilities		
Accounts payable	(23,737)	(96,781)
Credit card payable	1,857	(1,064)
Payroll liabilities	(192)	(3,971)
Accrued expenses	(3,244)	(40,992)
Deferred revenue	-	(350)
	<u>                    </u>	<u>                    </u>
Net Cash Provided by Operating Activities	<u>(27,837)</u>	<u>(101,050)</u>
 Cash Flows from Investing Activities:		
Purchases of fixed assets	<u>(3,242)</u>	<u>(646)</u>
Net Cash Provided by Investing Activities	<u>(3,242)</u>	<u>(646)</u>
 Cash Flows from Financing Activities:		
Net Cash Provided by Financing Activities	<u>                    -</u>	<u>                    -</u>
Net Increase (Decrease) in Cash and Cash Equivalents	(31,079)	(101,696)
Cash and Cash Equivalents at Beginning of Year	<u>185,700</u>	<u>287,396</u>
Cash and Cash Equivalents at End of Year	<u><u>\$ 154,621</u></u>	<u><u>\$ 185,700</u></u>
<i>Supplemental Disclosure:</i>		
Interest Paid During the Year	<u><u>\$ 30</u></u>	<u><u>\$ 30</u></u>

The accompanying notes are an integral part of this statement.

Florida Keys Healthy Start Coalition, Inc.

Notes to the Financial Statements

For the Years Ended June 30, 2011 and 2010

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

*Organization*

The mission of the Coalition is to ensure all parents and infants have access to resources and support that promotes the health and well-being necessary for a successful pregnancy and a healthy start in life. This mission is funded through grants, donations of cash and facilities, as well as, contracts with the State of Florida. It is the main goal of the Coalition to improve birth outcomes of families living in Monroe County before, during, and after pregnancy.

*Revenue*

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

*Cash and Cash Equivalents*

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

*Accounts Receivable*

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

Florida Keys Healthy Start Coalition, Inc.

Notes to the Financial Statements

For the Years Ended June 30, 2011 and 2010

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

*Assets Restricted to the Investment in Furniture and Equipment*

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

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

*Income Taxes*

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

*Expense Allocation*

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

*Use of Estimates*

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

Florida Keys Healthy Start Coalition, Inc.

Notes to the Financial Statements

For the Years Ended June 30, 2011 and 2010

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

*Basis of Presentation*

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

NOTE 2 - SUMMARY OF FUNDING AND ACCOUNTS RECEIVABLE

The Coalition is funded through grants and contracts from various funding sources. The following summarizes major contract support for the years ended June 30, 2011 and 2010, respectively:

	<u>2011</u>	<u>2010</u>
Department of Health (Base)	\$ 485,800	\$ 544,477
Department of Health (Medicaid Waiver)	85,665	83,244
Department of Health (SOBRA)	16,653	19,487
Florida Department of Transportation	30,130	6,899
	<u>\$ 618,248</u>	<u>\$ 654,107</u>

At June 30, 2011 and 2010, contracts and other receivables amounted to \$179,023 and \$181,137, respectively.

NOTE 3 - DONATED FACILITIES

The Coalition's premises are provided free of charge by the Monroe County Health Department in Key West, Florida. These donated facilities are recorded as contributions with a corresponding expense in the Coalition's financial statements based on the use of a determinable method to assign a value to this service provided by the Monroe County Health Department. For the years ended June 30, 2011 and 2010, respectively, the donated facilities were valued at \$16,164 and \$35,359.

NOTE 4 - DONATED SERVICES

The value of physician services contributed to the Coalition for the benefit of its clientele were \$46,800 and \$19,000 for the years ended June 30, 2011 and 2010, respectively.

Florida Keys Healthy Start Coalition, Inc.

Notes to the Financial Statements

For the Years Ended June 30, 2011 and 2010

NOTE 5 - ASSETS RESTRICTED TO INVESTMENTS IN FIXED ASSETS

Furniture and office equipment, at cost, and accumulated depreciation are summarized as follows at June 30, 2011 and 2010, respectively:

	<u>2011</u>	<u>2010</u>
Computer and Office Equipment	\$ 9,101	\$ 9,101
Furniture and Fixtures	16,011	15,969
Trailer	3,200	-
	<hr/> 28,312	<hr/> 25,070
Accumulated Depreciation	(14,382)	(11,071)
	<hr/> <u>\$ 13,930</u>	<hr/> <u>\$ 13,999</u>

Depreciation expense for the years ended June 30, 2011 and 2010, were \$3,311 and \$3,399, respectively.

NOTE 6 - COMMITMENTS AND CONTINGENCIES

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

NOTE 7 - SIMPLIFIED EMPLOYEE PENSION PLAN

The Coalition has a simplified employee pension plan whereby it contributes 5% of full-time employees annual compensation. Part-time employees who work 30 or more hours per week will have a pro-rata percentage contributed based on the number of hours worked. The Coalition may elect to contribute up to 25% of all participants' compensation for any calendar year, subject to Internal Revenue Service annual allowable compensation limits. Total expense for the years ended June 30, 2011 and 2010, were \$5,636 and \$7,391, respectively.

NOTE 8 - RISKS AND UNCERTAINTIES

For the fiscal year ended June 30, 2011, an individual government agency provided approximately 89.7% of total revenues, gains, and other support. A significant loss of revenue from this source could have an adverse affect on the Coalition's net assets if a replacement for it were not found.

Florida Keys Healthy Start Coalition, Inc.

Notes to the Financial Statements

For the Years Ended June 30, 2011 and 2010

NOTE 9 - EVALUATION OF SUBSEQUENT EVENTS

The Coalition has evaluated subsequent events through November 10, 2011, the date which the financial statements were available to be issued.

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FLORIDA KEYS HEALTHY START COALITION, INC.</b>		<b>D</b> Employer identification number  <b>** - *****</b>
	Doing Business As		<b>E</b> Telephone number <b>305-293-8424</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1100 SIMONTON STREET</b>		<b>G</b> Gross receipts \$ <b>651,217.</b>
	City or town, state or country, and ZIP + 4 <b>KEY WEST, FL 33040</b>		
<b>F</b> Name and address of principal officer: <b>ARIANNA NESBITT</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.KEYSHEALTHYSTART.ORG</b>		<b>L</b> Year of formation: <b>1987</b> <b>M</b> State of legal domicile: <b>FL</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ENSURE BABIES ARE BORN HEALTHY TO PARENTS WHO ARE PREPARED IN OUR COMMUNITY.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	7		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	7		
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	0		
	<b>6</b> Total number of volunteers (estimate if necessary)	0		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0.		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0.			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	695,319.	650,518.	
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	383.	699.	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	695,702.	651,217.	
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	408,507.	431,133.
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	191,898.	180,193.
		<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>16,808.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	52,695.	47,717.		
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	653,100.	659,043.		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	42,602.	-7,826.		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	383,519.	350,377.	
	<b>21</b> Total liabilities (Part X, line 26)	139,475.	114,159.	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	244,044.	236,218.	

**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.

<b>Sign Here</b>	Signature of officer <b>ARIANNA NESBITT, CEO</b>		Date		
	Type or print name and title				
<b>Preparer Use Only</b>	Print/Type preparer's name <b>NANCY J. WILLIAMSON, PC</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name <b>P.O. BOX 91418</b>	Firm's EIN ▶		Phone no. <b>(512) 432-5236</b>	
Firm's address <b>AUSTIN, TX 78709-1418</b>					

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

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

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

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

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

4a (Code: ) (Expenses \$ 458,308. including grants of \$ ) (Revenue \$ )  
THE HEALTHY START PROGRAM SERVED OVER 600 OF THE 750 FAMILIES IN MONROE  
COUNTY WHO BECAME NEW PARENTS THIS YEAR. SERVICES PROVIDED INCLUDED  
CARE COORDINATION, CHILDBIRTH EDUCATION, BREASTFEEDING COUNSELING,  
MEDICAID APPLICATION ASSISTANCE, NUTRITIONAL COUNSELING, SMOKING  
CESSATION, PARENTING EDUCATION AND INTERCONCEPTIONAL CARE.

TO SUPPORT THESE SERVICES, PHYSICIANS HAVE DONATED \$46,800 OF THEIR  
TIME AND SERVICES. IN ADDITION, THE SPACE OCCUPIED BY THE COALITION IS  
PROVIDED FREE OF CHARGE BY THE MONROE COUNTY HEALTH DEPARTMENT. THE  
FAIR MARKET VALUE OF THE FREE SPACE PROVIDED IS \$16,164.

4b (Code: ) (Expenses \$ 58,172. including grants of \$ ) (Revenue \$ )  
THE HEALTHY BABIES PROGRAM SERVED OVER 50 FAMILIES ENSURING THAT THE  
RECEIVED THE PRENATAL CARE NECESSARY TO HAVE A HEALTHY BABY. BY  
PARTNERING WITH OUR 5 LOCAL DOCTORS AND OTHER COMMUNITY MEMBERS THIS  
PROGRAM COVERS REDUCED FEE MEDICAL VISITS, LAB WORK REQUIREMENTS,  
ULTRASOUNDS, TRANSPORTATION ASSISTANCE, AND NUMEROUS OTHER REQUESTS TO  
ACHIEVE THIS GOAL.

4c (Code: ) (Expenses \$ 5,502. including grants of \$ ) (Revenue \$ )  
THROUGH THE CHILD SAFETY PROGRAM THIS YEAR WE ENSURED OVER 300 CHILDREN  
WERE TRAVELING IN NON EXPIRED, PROPERLY INSTALLED CHILD SAFETY SEATS.  
THIS PROGRAM ALLOWED FOR US TO TRAIN OVER 8 VOLUNTEERS IN THE PROPER  
INSPECTION AND INSTALLATION OF THE SEATS, AS WELL AS, ALLOWING US TO  
HOLD 6 COMMUNITY WIDE EVENTS PROMOTING THE IMPORTANCE OF CHILD  
PASSENGER SAFETY.

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

4e Total program service expenses **521,982.**

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

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b>	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? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b>	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b>	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.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b>	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>f</b>	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)? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		<b>X</b>
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b>	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

FLORIDA KEYS HEALTHY  
START COALITION, INC.

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

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

FLORIDA KEYS HEALTHY START COALITION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Form 990-EO with questions 1a through 14b regarding tax compliance, including items like Form 1096, Form W-2G, Form W-3, and Form 8886-T.

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>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?		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>15a</b> The organization's CEO, Executive Director, or top management official		X
<b>15b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>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: **ARIANNA NESBITT - 305-293-8424**  
**1100 SIMONTON STREET, KEY WEST, FL 33040**

FLORIDA KEYS HEALTHY  
START COALITION, INC.

**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 organization 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			
CHERYL COTTRELL PAST PRESIDENT	5.00	X						0.	0.	0.
HOLLY MERRILL RASCHEIN PRESIDENT	5.00	X						0.	0.	0.
MARY WILLIAMS TREASURER	5.00	X						0.	0.	0.
ELIZABETH MACGARD VICE PRESIDENT	1.00	X						0.	0.	0.
SHAUNA GIONFRIDDO DIRECTOR	1.00	X						0.	0.	0.
NICOLE MANNING DIRECTOR	2.00	X						0.	0.	0.
AUDRA HILL DIRECTOR	1.00	X						0.	0.	0.
ARIANNA NESBITT CEO	40.00			X				64,575.	0.	8,510.



FLORIDA KEYS HEALTHY  
START COALITION, INC.

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....	1a					
	b	Membership dues .....	1b					
	c	Fundraising events .....	1c					
	d	Related organizations .....	1d					
	e	Government grants (contributions) .....	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	650,518.				
	g	Noncash contributions included in lines 1a-1f: \$ .....						
	h	Total. Add lines 1a-1f .....		650,518.				
Program Service Revenue	2 a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue .....						
	g	Total. Add lines 2a-2f .....						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		699.	699.			
	4	Income from investment of tax-exempt bond proceeds .....						
	5	Royalties .....						
	6 a	Gross Rents .....	(i) Real	(ii) Personal				
		b	Less: rental expenses .....					
		c	Rental income or (loss) .....					
		d	Net rental income or (loss) .....					
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses .....					
		c	Gain or (loss) .....					
		d	Net gain or (loss) .....					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a					
		b	Less: direct expenses .....	b				
	c	Net income or (loss) from fundraising events .....						
	9 a	Gross income from gaming activities. See Part IV, line 19 .....	a					
b		Less: direct expenses .....	b					
c		Net income or (loss) from gaming activities .....						
10 a	Gross sales of inventory, less returns and allowances .....	a						
	b	Less: cost of goods sold .....	b					
	c	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue			Business Code					
11 a	_____							
	b	_____						
	c	_____						
	d	All other revenue .....						
	e	Total. Add lines 11a-11d .....						
12	Total revenue. See instructions. ....			651,217.	699.	0.	0.	

032009  
12-21-10

Form 990 (2010)

FLORIDA KEYS HEALTHY  
START COALITION, INC.

**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	431,133.	431,133.		
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	73,086.	14,617.	51,160.	7,309.
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	92,172.	55,303.	27,652.	9,217.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,818.	1,691.	845.	282.
9 Other employee benefits				
10 Payroll taxes	12,117.		12,117.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,136.		8,136.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	1,050.	1,050.		
13 Office expenses	2,109.		2,109.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	3,936.	3,936.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,804.	5,804.		
20 Interest	30.		30.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,491.		3,491.	
23 Insurance	2,792.		2,792.	
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 <b>EDUCATION AND OUTREACH</b>	5,053.	5,053.		
b <b>OUTREACH AND PUBLIC REL</b>	3,395.	3,395.		
c <b>TELEPHONE</b>	3,319.		3,319.	
d <b>EQUIPMENT RENTAL AND MA</b>	2,513.		2,513.	
e				
f All other expenses	6,089.		6,089.	
25 Total functional expenses. Add lines 1 through 24f	659,043.	521,982.	120,253.	16,808.
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				

FLORIDA KEYS HEALTHY  
START COALITION, INC.

Form 990 (2010)

\*\* - \*\*\*\*\* Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	185,700.	1	154,620.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	181,137.	3	179,023.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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	2,683.	9	2,984.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,312.		
	b	Less: accumulated depreciation	10b 14,562.		
	11	Investments - publicly traded securities	13,999.	10c	13,750.
	12	Investments - other securities. See Part IV, line 11		11	
	13	Investments - program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11		14	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	383,519.	15		
Liabilities	17	Accounts payable and accrued expenses	139,283.	16	350,377.
	18	Grants payable		17	114,159.
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities		19	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities. Complete Part X of Schedule D	192.	24	
	26	<b>Total liabilities.</b> Add lines 17 through 25	139,475.	25	0.
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		26	114,159.
	28	Temporarily restricted net assets	230,045.	27	
	29	Permanently restricted net assets	13,999.	28	222,957.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		29	13,261.
	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
	32	Retained earnings, endowment, accumulated income, or other funds		31	
	33	<b>Total net assets or fund balances</b>	244,044.	32	
	34	<b>Total liabilities and net assets/fund balances</b>	383,519.	33	236,218.
			34	350,377.	

Form 990 (2010)

**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	651,217.
2	Total expenses (must equal Part IX, column (A), line 25)	2	659,043.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,826.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	244,044.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	236,218.

**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.		



**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.")	670,151.	682,184.	698,504.	695,319.	650,518.	3396676.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	19,764.	19,885.	16,649.	35,359.	16,164.	107,821.
4 Total. Add lines 1 through 3	689,915.	702,069.	715,153.	730,678.	666,682.	3504497.
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.						3504497.

**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	689,915.	702,069.	715,153.	730,678.	666,682.	3504497.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			55.	383.	699.	1,137.
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						3505634.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.97 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.99 %
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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6) .....						

**Section B. Total Support**

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

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

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

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

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

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

**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 see instructions .....

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2010**

Name of the organization

FLORIDA KEYS HEALTHY  
START COALITION, INC.

Employer identification number

\*\*-\*\*\*\*\*

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FLORIDA DEPARTMENT OF HEALTH 4052 BALD CYPRESS WAY BIN A-13 TALLAHASSEE, FL 32399-1723	\$ 618,248.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**Part II Noncash Property** (see instructions)

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

Name of organization

FLORIDA KEYS HEALTHY  
START COALITION, INC.

Employer identification number

\*\*-\*\*\*\*\*

Part III

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

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

Employer identification number  
\*\*-\*\*\*\*\*

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- If the organization elected, as permitted under SFAS 116 (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.
- 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 .....	▶ \$ _____
- 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 .....	▶ \$ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VI 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		28,312.	14,562.	13,750.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				13,750.

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

**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) .....		
<b>Total.</b> (Col (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) .....		
<b>Total.</b> (Col (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) .....	
<b>Total.</b> (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) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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).

FLORIDA KEYS HEALTHY  
START COALITION, INC.

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	651,217.
2	Total expenses (Form 990, Part IX, column (A), line 25)	659,043.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-7,826.
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	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-7,826.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	710,939.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	
b	Donated services and use of facilities	62,964.
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	-3,242.
e	Add lines 2a through 2d	59,722.
3	Subtract line 2e from line 1	651,217.
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	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	651,217.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	718,585.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	62,964.
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	62,964.
3	Subtract line 2e from line 1	655,621.
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	
b	Other (Describe in Part XIV.)	3,422.
c	Add lines 4a and 4b	3,422.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	659,043.

**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 XII LINE 2B: DONATION RECLASS RELATED TO PURCHASE OF TRAILER.

PART XIII LINE 4D: TAX/BOOK DEPRECIATION DIFFERENCE AND DONATION RECLASS RELATED TO PURCHASE OF TRAILER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

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

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

25

SEE PART IV FOR COLUMN (F) DESCRIPTIONS

**Part IV** Supplemental Information

WOULD EQUAL 750.

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

Lined area for supplemental information.

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

FLORIDA KEYS HEALTHY  
START COALITION, INC.

Employer identification number  
\*\*-\*\*\*\*\*

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

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

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

2010 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
112	MONITORS	012705SL	5.00	16	514.				514.	514.		0.
12	PRINTER OKI	020206SL	5.00	16	425.				425.	419.		6.
13	COMPUTER DEM E310	062906SL	5.00	16	972.				972.	825.		147.
14	INJOY DVDS	052307SL	10.00	16	10,978.				10,978.	3,385.		1,098.
15	DESKS - 2	012005SL	7.00	16	760.				760.	662.		98.
16	SHELVING	052406SL	7.00	16	126.				126.	73.		18.
32	TOSHIBA OVERHEAD	063004200DB5	5.00	17	1,318.				1,318.	1,318.		0.
33	M OVERHEAD	063004200DB5	5.00	17	230.				230.	230.		0.
55	PRINTER	063008SL	5.00	16	399.				399.	160.		80.
56	COMPUTER	063008SL	5.00	16	2,008.				2,008.	804.		402.
57	COMPUTER	063008SL	5.00	16	2,008.				2,008.	804.		402.
58	COMPUTER	063008SL	5.00	16	2,007.				2,007.	802.		401.
59	COMPUTER	063008SL	5.00	16	2,007.				2,007.	802.		401.
60	CELL PHONE	063008SL	7.00	16	376.				376.	108.		54.
61	CAMERA	063008SL	5.00	16	187.				187.	74.		37.
62	PRINTER DESKS AND	063008SL	5.00	16	109.				109.	44.		22.
63	ACCESSORIES SAFETY INITIATIVE	121609SL	7.00	16	646.				646.	46.		92.
64	TRAILER	010111SL	7.00	16	3,200.				3,200.			229.

028102 09-01-10 (D) - Asset disposed \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction



Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning JUL 1, 2010, and ending JUN 30, 2011

**2010**

Department of the Treasury  
Internal Revenue Service

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

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

Name and title of officer  
**ARIANNA NESBITT  
CEO**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	<u>651217</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	5b	

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 70233670233  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Arianna Nesbitt* Date ▶ 3/9/2012

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

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

MARCH 8, 2012

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

DEAR ARIANNA:

ENCLOSED IS THE ORGANIZATION'S 2010 EXEMPT ORGANIZATION  
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

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

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

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

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

VERY TRULY YOURS,

NANCY J. WILLIAMSON, PC

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2011

Prepared for	FLORIDA KEYS HEALTHY START COALITION, INC. 1100 SIMONTON STREET KEY WEST, FL 33040
Prepared by	NANCY J. WILLIAMSON, PC P.O. BOX 91418 AUSTIN, TX 78709-1418
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Department of The Treasury

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

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

Person To Contact:  
Kim Artis  
Telephone Number:  
(404)331-4967  
Refer Reply To:  
EO:7404:AM  
EIN: 65-0051482

Date: MAR 17 1994

Dear Sir or Madam:

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

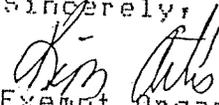
Your organization shall continue to be recognized as exempt under Section 501(C)(3) of the Internal Revenue Code, effective as of 04/93. You may continue to rely on this exemption until it is modified, terminated or revoked by the Internal Revenue Service.

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

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

Thank you for your cooperation.

Sincerely,

  
Exempt Organizations  
Coordinator



GUIDESTAR  
Nonprofit Report

Generated on March 23, 2012, at 1:52 PM EDT

Attachment J  
FKHSC

Monroe County Perinatal Network, Inc.

Also Known As: Florida Keys Healthy Start Coalition  
PO Box 6166  
KeyWest, FL 33041

*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

Monroe County Perinatal Network, Inc.

Also Known As: Florida Keys Healthy Start Coalition

**Physical Address:** PO Box 6166  
KeyWest, FL 33041

**Web Address:** [www.keyshealthystart.org](http://www.keyshealthystart.org)

**Telephone:** 305- 293-8424

**Facsimile:** 305- 293-8542

**Contact:** Ms. Arianna Nesbitt  
[ceo@keyshealthystart.org](mailto:ceo@keyshealthystart.org)  
Executive Director  
305- 293-8424 tel

At A Glance

Formerly Known As:

**Category (NTEE):** E Health—General & Rehabilitative /E80 Health (General and Financing)  
P Human Services /P40 Family Services  
O Youth Development /O01 Alliance/Advocacy Organizations

**Areas Served:** In a specific U.S. city, cities, state(s) and/or region.

**Year Founded:** 1993

Mission Statement

The Florida Keys Healthy Start Coalition serves families before, during and after pregnancy. We believe every baby deserves a healthy start and strive to meet the following goals: - Assure that the existing economic, social and geographic barriers to maternal and child health care, including prenatal and infant health care in Monroe County are minimized, and that an adequate number of health care providers are available to assist pregnant women and their children. - Promote and protect the health and well being of all pregnant women and their children in Monroe County through the provision and accessibility of health care programs to fully meet the health requirements of this population. - Establish a partnership between the private and public sector, state and local government, community alliances and maternal and child health care providers to provide coordinated community based care for pregnant women and children.

Impact Statement

This organization has not provided an impact statement

Background Statement

Since 1992 the Florida Keys Healthy Start Coalition has been dedicated to ensuring that babies in Monroe County are born healthy. To accomplish this we focus on prevention and wellness services, education and outreach to women and families before, during, and after pregnancy. Recognizing that the health of an unborn baby depends on providing individualized care, regardless of race, socioeconomic or other factors, our services are available to anyone and free of charge. These services include but are not limited to: assistance accessing and financing prenatal care, nutritional counseling, breastfeeding and childbirth education and support, psychosocial counseling, and transportation assistance. The coalition is a broad community partnership comprised of agency representatives, business people, consumers and anyone with a passion for improving the health of women and children.

How This Organization Is Funded

- Florida Department of Health - \$645,942
- Grants - \$7,464
- Fundraising - \$38,566

Financial Data

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

Financial Data For Fiscal Year Ending 2010

To see financial data from prior years, subscribe to [GuideStar Premium](#).

Revenue and Expenses

Fiscal Year Starting July 1, 2009  
Fiscal Year Ending June 30, 2010

Program Services	\$645,942
Membership Dues	--
Special Events	--
Fundraising	\$38,556
<b>Total Revenue</b>	<b>\$691,962</b>
<b>Expenses</b>	
Program Services	\$497,790
Administrative Costs	\$189,102
Payments To Affiliates	--
<b>Total Expenses</b>	<b>\$691,892</b>
<b>Assets &amp; Liabilities</b>	
Total Assets	--
Total Liabilities	--
<b>Net Assets or Fund Balance at the end of year</b>	<b>--</b>

## Balance Sheet

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

## Forms 990 Received from the IRS

- [2010 Form 990](#)
- [2009 Form 990](#)
- [2008 Form 990](#)

## Forms 990 Provided by the Nonprofit

- [2010 Form 990](#)
- [2009 Form 990](#)

## Financial Statements

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

## Annual Reports

- [2010 Annual Report](#)
- [2008 Annual Report](#)

## Formation Documents

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

## Program: Healthy Start

**Budget:** NaN

**Category:**

**Population Served:**

**Program Description:**

The Healthy Start programs provides prevention and education services pregnant women and children up to 3 years of age: nutritional counseling, assistance with Medicaid, smoking cessation, parenting skills, psychosocial counseling

**Program Long-Term Success:**

The programs serves to ensure that babies are born healthy and continue to thrive. Early entry into prenatal care, prevention of high risk pregnancies, low and very low birth weight and prevention of infant death are all improved by this program.

**Program Short-Term Success:**

**Program Success Monitored by:**

**Program Success Examples:**

## Program: Healthy Babies

**Budget:** NaN

**Category:**

**Population Served:**

**Program Description:**

The Healthy Babies Program provides financial assistance to women who are uninsured or underinsured and cannot afford the full cost of prenatal care.

**Program Long-Term Success:**

The program enables women who might otherwise delay or forego prenatal care to receive proper medical care early in the pregnancy, with a goal of reducing poor birth outcomes

**Program Short-Term Success:**

## Funding Needs

Contributions, Grants

## Volunteer Needs

Fundraising, Events

## Request for In-Kind Contributions

Infant Care Items

## Organizational Statistics

Number of Full-Time Employees:	2
Number of Part-Time Employees:	2
Number of Volunteers:	1

## Chief Executive

**Ms. Arianna Nesbitt**

**Term:**

Since July 2005

**Chief Executive Profile:**

Arianna Nesbitt has an MA in non-profit administration from the Bush School of Public Administration. She served as the Executive Director of the Key West Boys and Girls Club prior to returning to graduate school. With great passion for children and creative problem solving skills, she works tirelessly to assure the health and wellbeing of mothers and babies in the Florida Keys.

## Board Chair

**Mrs Holly Merrill Raschein**

**Institution Affiliation:**

Rep Ron Saunder's Office

## Board of Directors

Name	Institution Affiliation
Cheryl Cottrell	Mariners Hospital
Liz MacGard	Monroe County Detention Center
Nicole Manning	Lower Keys Medical Center
Holly Merrill Raschein	Rep. Ron Saunder's Office
Mary Williams	Early Learning Coalition

## 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

The Coalition received a grant from the Florida Department of Transportation for a passenger safety campaign. The Coalition will host trainings to certify technicians and car seat inspections, host inspection events, and provide car seats to parents in the community during 2009.



# EMPLOYMENT POLICIES

## At Will Employment

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

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

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

## Equal Employment Opportunity

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

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

## Immigration Law Compliance

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

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





Rick Scott  
Governor

H. Frank Farmer M.D., Ph.D., F.A.C.P.  
State Surgeon General

April 16, 2012

Arianna Nesbitt, Executive Director  
Florida Keys Healthy Start Coalition, Inc.  
P.O. Box 6166  
Key West, Florida 33041

Dear Ms. Nesbitt:

On March 29, 2012, Laura Pan, contract manager representing the Florida Department of Health (DOH), conducted a programmatic desk audit of the Healthy Start Planning/Direct Service contract (COSDF), \$405,649.00, as well as the Medicaid Waiver (COSDG), \$81,676.00 and SOBRA (COSDH), \$16,731.00, contracts to determine if the Florida Keys Healthy Start Coalition, Inc. complied with the terms and conditions of these three contracts. The monitoring tool used to conduct this visit was developed using the DOH Standard Contract and Attachment I of each of the contracts listed above and filed with original contract documents in the contract manager's file.

The desk audit consisted of review and completion of the contract monitoring tool, discussions with coalition staff regarding contract performance measures and elements related to standard department data reports.

## **I. Base Contract**

### **A. Screening Rates**

#### **Prenatal**

As of February 2012, the coalition prenatal screening rate is 63.94%. This rate currently exceeds the contractual agreement rate of 63.0%. The coalition is on track to exceed their contractual obligation upon the fiscal year's completion if this rate continues.

#### **Infant**

As of February 2012, the coalition infant screening rate is 99.79%. This rate currently exceeds the contractual agreement rate of 90.0%. The coalition is on track to exceed their contractual obligation upon the fiscal year's completion if this rate continues.

### **B. Core Outcome and Performance Measures**

The coalition is currently exceeding each of the core outcome and performance measures for the 2011-2012 fiscal year and is on track to exceed all of their contractual obligations upon the fiscal year's completion if these rates continue.



## **II. Medicaid Waiver Contract**

### **A. Executive Summary Report (ESR)**

#### **Prenatal**

The ESR indicates that care coordination staff is not providing greater intensity and duration of services for level three prenatal participants when compared to their contractual goal. As of February 2012, the coalition has 7.99% of prenatal participants at level three which is below the contractual measure of 9.50%. If this level of service continues for the remainder of the fiscal year, the coalition will not exceed their contractual goal. The coalition is working with their subcontracted care coordination provider staff to increase this rate.

#### **Infant**

The ESR indicates that care coordination staff is providing greater intensity and duration of services for level three infant participants. As of February 2012, the coalition has 10.39% of infant participants at level three, which exceeds the contractual goal of 8.75%. If this level continues for the remainder of the fiscal year, the coalition will exceed their measure.

### **B. Core Outcome and Performance Measures**

The coalition is currently on target to meet the contract measures of 95.0% of level three participants receiving two encounters per 30 calendar days and 95.0% of staff receiving coding training for the 2011-2012 contract year.

## **III. SOBRA Contract**

### **A. Core Outcome and Performance Measures**

The coalition is currently exceeding four of the five core performance measures for the 2011-2012 fiscal year and is on track to exceed these four contractual obligations upon the fiscal year's completion if these rates continue. The fifth performance measure is being investigated further to identify where there are problems.

## **V. Department Recommendations**

N/A

## **VI. Corrective Action Measures**

N/A



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**VII. Summary**

Based on observations and reviews by the contract manager at the time of the monitoring review, it appears that the coalition is complying with all the programmatic terms and conditions of each of its three contracts. The contract manager will continue to monitor the coalition's progress. Thank you to the executive director and to the contract manager of the coalition for their cooperation during the desk review, and for your dedication to improving the health of mothers and babies. If you have any questions or need additional information in regards to this report, please contact Laura Pan at (850) 245-4444 ext. 2990.

Sincerely,



Laura Pan, Contract Manager

LP/lf

cc: Holly Merrill Raschein, Chairwoman  
Kris-Tena Albers, Executive Community Health Nursing Director  
Karen Coon, Healthy Start Program Manager





## On the horizon

- ✿ Educational programs
- ✿ Parenting support groups
- ✿ Funding to assist with pediatric care

## How you can help

- ✿ Donate: Maternity, infant and toddler items
- ✿ Invest in a baby: For every \$1 we spend towards keeping a baby healthy we save society \$10.
- ✿ Get involved:
  - Become a Board or Coalition Member
  - Volunteer at a fundraising event
  - Help at a community outreach event
  - Become a parent support group leader
  - Serve on a committee
  - Spread the word about the Coalition



The Florida Keys Healthy Start Coalition promotes maternal and child health related services and programs for families in Monroe County.



### Location:

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**HEALTHY  
START**

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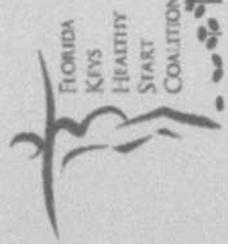
Member of  Healthy Start

## Florida Keys Healthy Start Coalition



Every baby deserves a Healthy Start!





## Florida Keys Healthy Start Coalition

**Mission:** The Florida Keys Healthy Start Coalition ensures that all parents and infants have access to resources and support to promote the health and well-being necessary for a successful pregnancy and a healthy start in life.

**Vision:** A community working together to provide access to quality care and resources for all pregnant women, infants and their families in the Florida Keys.

## The Florida Keys Healthy Start Coalition: Helping families throughout Monroe County!

The Coalition offers the following programs:

### ✿ Healthy Babies

The Healthy Babies Program works in partnership with local obstetricians to assist uninsured or underinsured pregnant women in obtaining prenatal care. Through a careful screening process, a limited number of families are chosen for this cost-sharing program who would otherwise be unable to afford needed medical care for new mothers and their unborn children.



### ✿ Healthy Start

Healthy Start is a free program of services, provided in partnership with the Monroe County Health Department, intended to help women and their families bring healthy babies into our community. All women, regardless of their economic, marital, or immigration status, are eligible to participate if they are at risk for poor pregnancy outcomes. Access to services begins with a prenatal screen completed at a woman's first obstetrical doctor's appointment after learning she is pregnant. Infants are also screened at birth to identify possible factors that could impact a baby's health or development in the first year of life. Services available to reduce risks may include care coordination, child birth education, breast feeding assistance, smoking cessation, nutritional guidance, psychosocial counseling and help gaining access to prenatal and/or infant care.

### ✿ Child Safety

The Child Safety Program provides community outreach initiatives and child safety resources such as educational materials and trainings. The main goals of the program are to conduct children's car seat inspection and installation events, provide education to community members, and in some cases, provide low-cost car seats to parents, caregivers and agency personnel who transport children.

### ✿ Education, Outreach, and Advocacy

The Education, Outreach, and Advocacy program offers support for all families in the Keys including a breast pump loan program, childbirth education, transportation assistance, safe sleep beds for babies, and educational resources. This program also offers education and outreach through community events such as health fairs. The Coalition participates in advocacy campaigns focused upon improving infant health and development, as well as the health of women throughout their reproductive years.

### What is the Healthy Start screen?

A short questionnaire to assist your doctor and Healthy Start staff in helping you have a healthy baby. Any mom can have a condition that would put her baby at risk for being born too small or too soon.

Ask your doctor about completing a screen so we can help your baby get a healthy start. Even if you don't end up needing our services, filling out the screen will help other families who do. Your answers are completely confidential.

