



# **Hospice of the Florida Keys, Inc.**

## **Application for Funding**

**FY 2012-2013**

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

Agency Name	Hospice of the Florida Keys, Inc
Physical Address	1319 William Street
Mailing Address	SAA
City, State, Zip	Key West, FL 33040
Phone	305 294 8812
Fax	305 294 9348
Email	<a href="mailto:mpatterson@hospicevna.com">mpatterson@hospicevna.com</a>
Who should we contact with questions about this application?	Mark Patterson, Executive Assistant

Amount received for prior fiscal year ending 09/30/11	\$145,000
Amount received for current fiscal year ending 09/30/12	\$126,000
Amount requested for upcoming fiscal year ending 09/30/13	\$159,000

**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.

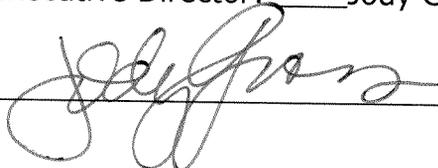
We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

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.

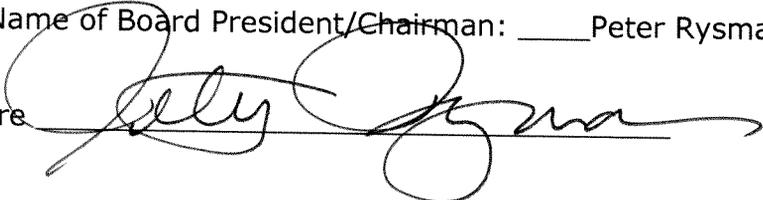
Typed Name of Executive Director: Jody Gross

Signature 

Title: President and CEO

Date: 4/23/12

Typed Name of Board President/Chairman: Peter Rysman

Signature 

Title: Chairman, Board of Directors

Date: 4-23-12

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

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

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

2. List the services your agency provides.

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

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

The funding amount requested in this application represents approximately a combined 12% of the wage expense for nursing, therapy (physical, occupational, speech) and social work staff who provide direct care to patients. In prior years we have requested a percentage of wages, benefits and taxes for this group of clinical staff; this year, to streamline accounting and bookkeeping requirements we are simply requesting a percentage of salaries. Services to be funded by this award are those home health and hospice services provided to medically needy patients requiring professional medical and personal care. Reimbursements fall short of the actual cost of providing services, with Florida being 50<sup>th</sup> in the United States for Medicaid home health reimbursement; Medicare PPS rates have declined approximately \$145,000/year and Medicare reimburses both hospice and home health less than the national average because Monroe County is designated as rural. This funding is not used for our Life. At Home/private duty program, which includes services reimbursed from various sources, including a contract with Monroe County, the Veteran's Administration, as well as payment directly from the recipients of these personal care and homemaking services. These payment sources reimburse adequately for the services rendered, and do not require support from either this grant or any other charitable donation.

4. Funding category:

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

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

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

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

No. The majority of reimbursement for VNA Hospice Florida Keys skilled, medically necessary and personal care services are from patients' medical insurance carriers, primarily Medicare, commercial payers such as Blue Cross Blue Shield and Medicaid. Matching grants are not available for revenue from these sources.

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

- a. grant award title, granting agency, and purpose:
- b. grant amount:
- c. match percentage requirement and amount:
- d. expected award date:

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

a. how the funds were spent

Funds received in the last year (2011-2012) were used to meet salary, benefit and tax expenses for professional clinical staff providing direct care patients needing skilled home health and hospice services.

b. how they were used to leverage additional funding

HSAB grant funds are referenced when requesting charitable donations from the community and other granting agencies; we inform our donors that we seek support to assist us in providing care from our community from many sources, including this grant from the County. We do not have matching grant opportunities to leverage this funding.

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."* **No**

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.*

Yes. We are the recipient of funds from the County for the direct care component of In-Home Services (personal care, respite care, homemaking services, chore services), with funding dependent on monies authorized by the Alliance for Aging to the County In-Home Services program. We are reimbursed

fee-for-service under this contract. Funds received through the HSAB Grant are not used to pay for these direct care services.

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

VNA Hospice Florida Keys has continued, for over 27 years, its mission of providing a full range of nursing and health care services to our neighbors who are recovering at home from serious illness or injury; who are struggling to remain in their homes as their physical capacities diminish, or those who are dealing with the final stages of a life limiting illness. During the last 5-10 years, economic challenges and other demographic changes have altered where medically necessary health care services are provided: shorter hospital stays, aging population, advances in medical treatment and more people without adequate medical insurance coverage have created a need for more acute care provided at home.

Shorter hospital stays may mean more need for nurses or therapists at home to teach patients about new medications or to monitor wound healing; aging populations leads to people living alone or with reduced independence who require assistance with the activities of daily living in order to remain at home; advances in medical treatment have changed the natural history of some diseases (ie, AIDS, some cancers, heart disease) from acute and more rapidly terminal illnesses to chronic illnesses, extending life but also requiring ongoing care. Lack of or inadequate medical insurance is a fact of life for many of the residents of Florida and especially Monroe County, leading to delays in seeking medical treatment, allowing minor or manageable illnesses to become more severe, requiring more medically necessary care in facilities and at home.

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

Please refer to attachment C, which describes our Monroe County, our only service area. Data sources used for Attachment C include: U.S. Census Bureau American Community Survey; Health Council of South Florida, Inc.; Florida Hospices and Palliative Care, Inc.; Visiting Nurse Associations of America, Inc.; and, Home Care Association of Florida Inc. The Hospice potential census was calculated using in part Florida's criteria for Determining Need (CON), plus factoring in death statistics by age, less accidents, and adding clients who may need bereavement services. The potential census for home health (VNA) was calculated from census data, identifying individuals who are homebound.

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

People are living longer; many are frail, with conditions needing ongoing medical attention. As the Keys economy has traditionally been based on tourism, a large portion of our residents have not had affordable medical insurance available to them. The current economic downturn has magnified this problem, with more of our neighbors who had been insured through work now without medical insurance, or with limited policies which fail to fully address the illnesses presented.

14. Describe your target population as specifically as possible.

The target population consists of those recovering from short term medical illness and/or surgery and other acute conditions and the disabled of any age; the elderly; and those with life limiting conditions and illnesses requiring highly skilled, intermittent care.

15. How are clients referred to your agency?

Physicians and hospitals, as well as other social service agencies, are the major source of referrals to our agency, with other referrals coming from potential patients and family members themselves. In all cases a licensed professional staff member evaluates the patient for the appropriateness of home based care in meeting medical and other care needs. Detailed statistics regarding referrals are maintained and summarized for management and the Professional Advisory/Quality Improvement Committee. Summarized data is reported to and discussed with the Board of Directors after review by the Quality Improvement Committee.

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

Referrals and admissions are carefully tracked, with non admissions reviewed by clinical directors at regularly scheduled Utilization Review meetings. Admissions Case Managers and Intake/Referral Specialists work closely with hospital discharge planners and physicians, to ensure that any patient needing services is admitted in a timely manner. Appropriate referrals are not denied care due to payer source or ability to pay. Agency resources continue to be stretched as VNA Hospice is the only agency in Monroe County which will accept all indigent and medically needy patients, and is committed to serving all patients in the county with a need for care at home. A financial assessment is done by a social worker for any patient referred without medical insurance or who is responsible for payment of a portion of charges (ie, medical insurance deductible or patient responsibility), and who states he/she is unable to pay. Based on the results of this financial assessment, services may be provided at no cost to the patient, or at a reduced fee which is within the patient's means.

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

VNA Hospice of the Florida Keys networks formally and informally with other health care providers in the county. Our hospice program, VNA Hospice, has contracts to allow us to provide inpatient hospice services with Fishermen's Community Hospital, Mariner's Hospital, Plantation Key Nursing Center and Key West Health and Rehabilitation. VNA Hospice also has contracts with both Plantation Key Nursing Center and Key West Health and Rehabilitation to provide residential and inpatient respite hospice care. The agency offices in Key West and Tavernier are made available to various support groups for regular meetings, currently the following groups utilize agency conference space: Breast Cancer Support Group, Cancer Support Group, and Alzheimer's Caregivers Support Group. VNA Hospice also works with other agencies (ie, AIDS Help, Florida Keys Community College Nursing Program) to provide education to students, staff and volunteers about care at home, including end of life care.

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

All services are managed from two office sites in the Keys: 1319 William Street in Key West and 92001 US 1 in Tavernier. Clinical staff assigned to the Key West office serve patients from Key West to the 7 Mile Bridge, the Tavernier staff serve patients from the east side of the 7 Mile Bridge to the Dade County line. Services are delivered, primarily in patients' homes, 24 hours a day, 7 days a week, with office hours from 8:00 am to 5:00 pm, Monday through Friday. The administrative offices are in the Key West location.

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.)*

As stated in this grant section last year, Medicare continues to present opportunities and challenges. Medicare revenues, if realized to the extent possible, can help to subsidize under cost payers such as Medicaid, indigent care, the uninsured and the under-insured. Due to the small size of this agency, and with our additional inability to employ economies of scale due to the geographic challenges of serving this lovely string of islands, Medicare revenues may fall short of breaking even. Last fiscal year, Medicare reduced reimbursement to certified home health agencies by 4.75%; in this year, to add insult to injury, reimbursement to agencies like the VNA have been reduced by an additional 2.8%. In Hospice, the reduction in Medicare reimbursement of approximately 19% for rural counties over the next several years is being implemented. Monroe County, in both home health and hospice, is reimbursed at lower rates than Miami Dade County, though cost of living and other market basket measures are equivalent to or above those of the mainland. This lower reimbursement from Medicare to VNA Hospice is the equivalent of \$300,000 less in revenue this year. As stated elsewhere, VNA is the only home health agency in the county that routinely accepts and provides care for those residents with only Medicaid as insurance coverage, which reimburses home health at less than one fourth the cost of care. Florida is 50th in the country for the level of Medicaid home health reimbursement. In Monroe County the number of working uninsured continues to increase at an alarming rate. Immunizations, especially influenza vaccine, had been a source of positive revenue in the past, but retail pharmacies and other health care organizations have moved into what was an exclusive domain of the agency, offering vaccinations on demand and at no charge or less than cost. VNA Hospice is unable to compete with those prices, and so has scaled back its immunization services, from over 1200 vaccinations a year, to less than half that. The revenues and margin which accompanied this program have therefore been scaled back as well. Commercial insurance, which in the past, for all providers, had paid for services at or above cost, is now managing home based care, especially that provided by the VNA, through case management companies. These for profit, publicly traded corporations restrict the number of visits that are authorized, and also attempt to pay significantly below the cost of providing home health care, in effect asking us to subsidize these very profitable corporations with monies donated to us to care for those in Monroe County without adequate resources. We are attempting to negotiate with these insurance companies, which caring for our finances and for the residents of the County who need our care.

Prior fiscal years had been profitable for the organization, enabling the agency to eliminate all debt, which had grown considerably, with multiple years of losses in the hundreds of thousands of dollars. We were fortunate to have had two years of positive margins equivalent to prior years' losses, enabling the agency, at the end of fiscal year 2010, only slightly below our financial totals prior to the economic

downturn, and without debt. Because of this recovery, we requested approximately \$20,000 less through this grant for the last fiscal year than we had in the prior years (\$126,000 for fiscal year 2012, versus \$145,000 in fiscal year 2011). At that time, we projected a similarly successful year, and, knowing the great need by all in the County for this funding, voluntarily reduced our request in line with our performance at the time. At the time we submitted the fiscal year 2012 grant we did NOT anticipate the size of the decrease in home health reimbursement that resulted in a loss of \$60,000 in revenue in this fiscal year. We are expecting to show a loss this fiscal year.

To respond to the consequences of ever lower reimbursements from third party payers, and the rise in uncompensated care, VNA Hospice obtained another licensure from AHCA to provide Homemaker and Companion Services in December 2011. This separate licensure allows us to provide these non medical, non personal care services at lower cost to the agency, as the regulations are more narrow in scope than those for the VNA, a licensed home health agency. We do not plan on giving a merit or cost of living increase to our staff this year, and it currently appears unlikely that we will be able to do so next year. We continue to keep tight rein on our administrative costs, which currently run at approximately 16%, despite the fact that our industry is highly regulated and we spend significant administrative time on reporting obligations.

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

The organization continues to serve the entire county, despite the geographic challenges presented. Costs are higher; we are unable to employ economies of scale as organizations on the mainland do. In order to serve our patients appropriately, we maintain two offices, have 2-3 nurses on call every evening, night, weekend and holiday in order to be no further than 30 minutes from a patient in crisis, and with our less dense county spend more time traveling, adding time and the reimbursement costs of mileage, than like agencies located elsewhere.

As we discussed here last year, Medicare home health program requirements and health care reform also require more resource utilization directed to reporting requirements rather than patient care. The current iteration of assessment and outcome reporting (OASIS C) submitted to Medicare for each patient adds approximately 3 hours per patient per month to the documentation requirements for clinical field staff. This documentation burden has increased the number of field staff the agency employs to provide direct care, plus clinical administrative staff required for oversight. Medicare has also instituted more reporting requirements for hospice, with similar increase in staff effort as home health, and additional requirements will be added in 2013 to bring hospice programs of care into line with the reporting requirements of home health. In addition, we are preparing for additional challenges in reporting, with the implementation of a new diagnosis coding system, ICD-10, which has been delayed by one year, but which is anticipated will cost all providers significant dollars in the conversion.

We continue to be committed not just to caring for residents of Monroe County, but to providing our employees (over 100 Monroe County residents) with a living wage. Other agencies, usually headquartered in Miami Dade or other mainland Florida locations, and all for profit, attempt to do

business here and then retire from the field when they encounter the difficulties we have dealt with successfully for almost 28 years. Hospice Care of Southeast Florida ceased operations in the Florida Keys in July 2011; Lifeline Home Health did so in December 2011.

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

Patient satisfaction surveys are sent to VNA patients and survivors of Hospice patients. Both types of surveys are sent by an outside company, and are used by similar organizations nationally. The results of these satisfaction surveys are provided to us along with comparisons to other organizations using the surveys within Florida and nationally. Summaries of responses are reviewed at meetings of the Professional Advisory Quality Improvement Committee. Some family members and ex-patients have served on various committees, joined the staff or Board of Directors. Volunteers are major providers of non-hands-on care, in the offices and in patient homes, a significant number of volunteers have been recipients of agency services. Many former clients provide invaluable services as volunteers at various fund-raising events.

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.)*

As licensed Medicare Certified hospice and home health programs, the programs are surveyed by The Agency for Health Care Administration (AHCA). Unannounced visits occur approximately every 2 years. Approximately every other state survey also includes review of our compliance with the Medicare Conditions of Participation, as AHCA acts as the agent for the federal government Centers for Medicare and Medicaid Services. The Life. At Home program, operates under the VNA license, and so is included in surveys by AHCA. As Life. At Home also provides services under contract with Monroe County Social Services, it is monitored by that county agency, in accordance with state regulations.

23. 1274 hours of clinical program service were contributed by 47 volunteers in the last year. 1734 hours of administrative and fundraising support were contributed by 289 volunteers in the last year.

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 subcontracting will be done for services requested to be covered by this grant. All services are provided by direct service employees.

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

Goals for the year are:

1. Continue to be the hospice and home health agency of choice for physicians, hospitals, other health care providers and the community.
2. Provide care at home that meets the needs and expectation of residents of Monroe County
3. Provide care at home that meets or exceeds national benchmarks

26. How will you measure these outcomes?

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

1. Success as the agency of choice will be measured by growth in referral and admission rates.
2. Patient/family satisfaction survey responses and summaries of OASIS outcome measures are reviewed by the Quality Improvement Committee and management on a regular basis, and improvement projects initiated to improve performance.

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)
<b>Direct Services</b>		
Nursing - RN or LPN	Visit	\$150
Nursing – RN (Hi Tech)	Visit	\$175
Nursing – ARNP	Visit	\$175
Medical Social Work	Visit	\$150
Physical Therapy	Visit	\$175
Occupational Therapy	Visit	\$150
Speech Therapy	Visit	\$150
Dietary Consultation	Visit	\$100
Home Care/ Hospice Aide	Visit	\$ 75
Private Duty RN Assessment	Visit	\$ 75
Private Duty Nursing	Hour	\$ 75; 2 hour minimum
Private Duty Home Care Aide	Hour	\$ 25; 2 hour minimum
Private Duty Home Care Aide (6pm – 8am & Holidays)	Hour	\$ 35; 2 hour minimum
Private Duty Companion/Homemaker	Hour	\$ 20; 2 hour minimum
Private Duty Companion/Homemaker (6pm – 8am & Holidays)	Hour	\$ 30; 2 hour minimum
<b>Hospice Per Diem Services (includes pharmacy, durable medical equipment &amp; supplies)</b>		
Routine Home Care	Day	
Inpatient General Care	Day	
Inpatient Respite Care	Day	
Continuous Care	Day	
<b>Medical Response System</b>		
Installation		\$ 75
Rental		\$40/month or \$1.50/day
Dual Subscription Installation		Additional \$25
Dual Subscription Monitoring		Additional \$10/month

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

We cannot stress enough the importance of the In Home Services contract we have with the county. We are able to provide services to residents and make a small profit that helps us subsidize other parts of the business. This HSAB grant also provides the financial means which allows us to provide care in this challenging geography, and to ensure we are able to provide all care needed by the community. We are often called on to provide complex care at home to residents of Monroe County who have been discharged from tertiary medical centers on the mainland with ongoing care needs: IV therapy for infants and children; non healing surgical wounds in diabetic adults; tracheostomies and respiratory assist devices for patients of any age with respiratory compromise. Assisted living and adult foster care are almost non-existent in the Florida Keys. With increased support from Monroe County, VNA Hospice Florida Keys can help to fill the gap — enabling our neighbors with serious medical illnesses, seniors and other disabled residents to remain in the Florida Keys

### **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.*

## Hospice of the Florida Keys, Inc

### 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		
J. Copy of IRS Letter of Determination indicating 501 C 3 status & Copy of GUIDESTAR printout	x		
K. Copy of Current Monroe County and City Occupational Licenses	x		
L. Copy of Florida Dept. of Children And Families License or Certification		x	<b>NA</b>
M. Copy of any other Federal or State Licenses	x		
N. Copy of Florida Dept. of Health Licenses/Permits	x		
O. Copy of front page of Agency's EEO Policy/Plan	x		
P. Copy of Summary Report of most current Evaluation/Monitoring *	x		
Q. Data showing need for your program (See Question 12)		x	<b>NA See Attachment C</b>
R. Other (specify) TWO PAGE LIMIT			

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

**BOARD OF DIRECTORS**  
**HOSPICE OF THE FLORIDA KEYS & VISITING NURSE ASSOCIATION OF THE FL KEYS**

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VISITING NURSE ASSOCIATION  
& HOSPICE of the FLORIDA KEYS  
MEETING of the BOARD of DIRECTORS

AGENDA  
October 25, 2011

Telephone Call-In Number for Those Not Able To Attend In Person  
1-866-200-5786  
Conference ID: 4820587

- I. Call to Order, Introductions, and Approval of Minutes: Peter Rysman, Chairman
  - A. Call to Order & Conflict of Interest Declaration
  - B. Call for Additions to the Agenda
  - C. Approval of Minutes for the Meeting of September 27, 2011 (e-mailed)
- II. Fund for the Future/Community Counselling Service (CCS) Presentation:  
Liz Kern, CEO Emeritus; Robert Rice, Senior VP & Managing Director;  
Michael Massano, VP & Executive Study Coordinator
- III. Fourth Quarter Financial Statements: Jack Niles, Treasurer and Greg Wheeler, CFO
- IV. Board Committees
  - A. Executive Committee Meeting: Mr. Rysman
  - B. Nominating Committee Meeting: Don Lanman, Vice-Chair
- V. Board Actions
  - A. Election of Officers: Mr. Rysman
  - B. Re-Appointment of Current Board Members: Mr. Rysman
- VI. Old Business:
  - A. Advisory Council Meeting: Mr. Rysman
  - B. Unsung Hero: Jody Gross
  - C. Annual Meeting: November 3, 2011, 5:30pm, at The Studios of Key West  
(Discussion)
- VII. New Business
- VIII. Announcements/Adjournment: Peter Rysman
  - A. Next Meeting: December 13 or December 20, 2011, 11am
  - B. Bottlecap Event, November 4, 2011, 5:30pm
  - C. Adjournment

Donation/Bequests/Fundraising

- A. General & Memorial Donations: None.
- B. Bequests: None.
- C. Fundraising: None.

**VISITING NURSE ASSOCIATION  
& HOSPICE of the FLORIDA KEYS  
BOARD of DIRECTORS**

**MEETING MINUTES  
October 25, 2011**

*Present:* Peter Rysman, Chair; Don Lanman, Vice-Chair; Jack Niles, Jr., Treasurer; Judi Cooley (via phone); Dr. Sid Goldman; Jody Gross, President & CEO; Richard Grusin; Anne O'Bannon (via phone).

*Excused:* Dr. Margaret Domanski, Secretary; Fred Greenberg; Mindy McKenzie.

*Staff:* Chris Burchard, Recorder; Liz Kern, CEO Emeritus; Greg Wheeler, CFO.

*Guests:* Michael Messano & Robert Rice, CCS

**I. Call to Order, Additions, and Approval of Minutes: Peter Rysman, Chairman**

**A. Call to Order, Board Member Conflict of Interest Declaration**

Mr. Rysman called the meeting to order at 11:06am. No conflicts were raised with this month's agenda.

**B. Call for Additions (or Deletions) to the Agenda**

None.

**C. Approval of the Meeting Minutes of September 27, 2011**

Mr. Rysman asked for a motion to accept the minutes. Richard Grusin motioned to accept the minutes. Jack Niles seconded the motion, which was unanimously approved.

**II. Fund for the Future/Community Counselling Services (CCS) Presentation:**

**Liz Kern, CEO Emeritus; Robert Rice, Senior VP & Managing Director;**

**Michael Messano, VP & Executive Study Coordinator**

Mr. Rysman introduced Messrs. Rice and Messano from CCS. Mr. Rice thanked everyone for the warm welcome and stated that Mr. Messano will be the on-site Resident Coordinator for the project. Mr. Rice reported that there had been a "very good" meeting with the Fund for the Future (F4F) Planning Study Committee the previous day. Mr. Rice reviewed the membership of the planning committee (see attached list), stressing how important leadership is in this type of endeavor and that the committee provided excellent advice. Mr. Rysman mentioned that one of the main concerns to come out of the meeting was that so many people in the community still do not know what all VNA/Hospice does. The "Overview: Planning Study Process" timeline was distributed and reviewed (see handout). Mr. Rysman briefly summarized the role of CCS, which is to: 1) determine whether the campaign is feasible; 2) determine the amount of money the campaign should attempt to raise; and 3) to create the structure of the campaign. Mr. Rice noted that there will be a "Table of Gifts" that will help establish levels and amounts needed to reach the agency's financial goal. Jody Gross was still concerned that not enough people in the Middle- and Upper-Keys were going to be contacted; Judi Cooley and Anne O'Bannon will review the interviewee list for possible additions.

**III. Fourth Quarter Financial Statements: Jack Niles, Treasurer and Greg Wheeler, CFO**

Mr. Niles reported that the Finance & Audit Committee had met and reviewed the statements. He noted that Greg Wheeler had prepared a great summary of the various

agency programs (see handout). For the third year in a row, the agency ended the Fiscal Year with positive bottom line. While VNA was down slightly, Net Revenue overall was positive, even though operations ran a deficit. VNA will continue to be closely monitored, identifying trends and watching for possible problems. As noted by Ms. Gross, the new nursing home in Key West is taking away a little business. There was some concern on the part of the Board regarding uncompensated care and the possibility of an increase in this type of care. Mr. Wheeler stated that this is yet another reason for F4F project. In closing, it was noted that VNA/Hospice spends just 17% on administration functions (compared to the industry average of 25%).

#### **IV. Board Committees**

- A. Executive Committee Meeting: Mr. Rysman**
- B. Nominating Committee Meeting: Don Lanman, Vice-Chair**

#### **V. Board Actions**

- A. Election of Officers: Mr. Rysman**
- B. Re-Appointment of Current Board Members: Mr. Rysman**

Agenda items IV and V were covered in one combined discussion to comply with the By-Laws. Dr. Sid Goldman and Judi Cooley were each approved for another two-year term (Mr. Niles made the motion, which was seconded by Mr. Grusin, and unanimously passed by the Board). It was then announced that after many years of service as Treasurer, Mr. Niles has asked to step down. Mr. Lanman made the motion to nominate Ms. Cooley for Treasurer, which was seconded by Mr. Niles, and unanimously approved. After announcing that Fred Greenberg would be retiring from the Board, the Nominating Committee recommended Patty Jacobson as a replacement, subject to a successful lunch interview with the committee and Ms. Gross. Dr. Goldman motioned to then extend an offer to Ms. Jacobson to join the Board. Mr. Lanman seconded the motion which was unanimously approved.

#### **VI. Old Business: Advisory Council: Mr. Rysman**

- A. Advisory Council Meeting: Mr. Rysman**

There was a good turnout for the first meeting of the Advisory Council held on October 13, 2011, at the Marriott Beachside Hotel. Eleanor Spottswood was elected Chair; Lynn Kaufelt will serve as Secretary. Mr. Rysman and Ms. Gross will be meeting to discuss ways of keeping the Council engaged until their next meeting on March 22, 2012. As noted above, one of the main concerns the Council identified was that people are unaware of all that the agency does for the community. The "elevator speech" is being finalized and will be circulated for review.
- B. Unsung Hero: Jody Gross, President & CEO**

Ms. Gross stated that Rosemary Hymes (Upper Keys fundraising, patient care, and office volunteer) would be this year's Unsung Hero nominee.
- C. Annual Meeting: November 3, 2011, 5:30pm, at The Studios of Key West (Discussion)**

Mr. Rysman reviewed the agenda (see handout) for the meeting and suggested a few sentences regarding staff and physician recognition. Over 240 people have been invited.

**VII. New Business**

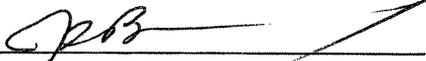
None.

**VIII. Announcements/Adjournment: Peter Rysman**

- A. Annual Meeting, November 3, 2011, at The Studios of Key West
- B. Bottlecap Event, November 4, 2011, 5:30pm
- C. Next Meeting: Tuesday, December 13, 2011, at 11am
- D. Adjournment

There being no further business, the meeting was adjourned at 12:50pm.

Respectfully Submitted,

  
\_\_\_\_\_  
Chris Burchard, Recorder

**This month's donor information:**

**Donation/Bequests/Fundraising**

- A. General & Memorial Donations: None.
- B. Bequests: None.
- C. Fundraising: None.



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

2013

VNA & Hospice of the Florida Keys

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 03/31/12
VNA Hospice	End of live and palliative care, terminally ill of all ages, all payers, and indigent	1,344	county-wide	7 days/24 hours	228	35
Visiting Nurse Association	Skilled intermittent home health care (RN, PT, OT, ST) for all ages, all payers, and indigent	2,557	county-wide	7 days/24 hours	845	97
Personal Care	Assistance with activities of daily living, bathing, grooming (not medically necessary), all ages	1,243	county-wide	As scheduled	176	50
Homemaker/Companion	Assistance with homemaking, shopping, chores, companionship (non personal care), all ages	1,000	county-wide	As scheduled	*	71
Personal Response System	Private pay emergency telephone service, all ages	1,864	county-wide	7 days/24 hours	76	50
Influenza/Pneumonia/Shingles Vaccines	Mass immunization, all ages	5,000	county-wide	Seasonal	553**	n/a
	* Program started during the following fiscal year.					
	** One-time shots; not included in Unduplicated Clients.					
<b>Unduplicated Clients for Entire Agency</b>					<b>1,325</b>	<b>303</b>
<i>(see instructions - this is not a total of the numbers above)</i>						

**ADDITIONAL INFORMATION REQUIRED:**

All services are provided in Monroe County

Please list or describe achieved measurable outcomes for your target populations: As part of our Strategic Plan objectives, we have maintained slow, steady growth in most all of our programs, providing needed healthcare services to our community.



## ATTACHMENT E - AGENCY EXPENSES

2012-201

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

VNA & Hospice of the Florida Keys

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	9/30/2013		9/30/2012	
<b>Expenditures</b>	<b>Total</b>	<b>%</b>	<b>Total</b>	<b>%</b>
Salaries - Program	2,790,700	46%	2,790,700	46%
Payroll Taxes - Program	213,489	4%	213,489	4%
Employee Benefits - Program	208,000	3%	208,000	3%
Salaries - Administrative	547,896	9%	547,896	9%
Payroll Taxes - Administrative	41,914	1%	41,914	1%
Employee Benefits - Administrative	72,000	1%	72,000	1%
<b>Subtotal Personnel</b>	<b>3,873,999</b>	<b>64%</b>	<b>3,873,999</b>	<b>64%</b>
Postage	8,162	0%	8,082	0%
Office Supplies	20,686	0%	20,481	0%
Telephone	41,152	1%	40,744	1%
Professional Fees	37,199	1%	36,831	1%
Rent	0	0	0	0
Utilities	36,972	1%	36,606	1%
Repair and Maint.	38,611	1%	38,228	1%
Travel	0	0	0	0
Miscellaneous	40,435	1%	40,035	1%
Grants to Other Organizations	0	0	0	0
Patient Care Expense (non-payroll)	1,352,534	22%	1,339,142	22%
Uncompensated Care Expense	304,850	5%	301,832	5%
Public Health Programs	32,021	1%	31,704	1%
Interest Expense	19,033	0%	18,845	0%
Insurance Expense	64,942	1%	64,299	1%
Computer System Expense	72,766	1%	72,046	1%
Depreciation	61,546	1%	60,936	1%
Continuing Education & Travel	42,374	1%	41,955	1%
Advertising & Community Relations	38,809	1%	38,425	1%
Consulting	11,522	0%	11,408	0%
<b>Total Expenses</b>	<b>6,097,613</b>	<b>100%</b>	<b>6,075,597</b>	<b>100%</b>
<b>Revenue Over/(Under) Expenses</b>	<b>(7,544)</b>		<b>(40,453)</b>	



**Hospice of the Florida Keys, Inc.  
d/b/a Visiting Nurse Association &  
Hospice of the Florida Keys, Inc.**

**Financial Statements**

**For The Years Ended  
September 30, 2011 and 2010**

**Hospice of the Florida Keys, Inc.  
d/b/a Visiting Nurse Association &  
Hospice of the Florida Keys, Inc.**

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September 30, 2011**

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## INDEPENDENT AUDITORS' REPORT

January 24, 2012

The Board of Directors  
Hospice of the Florida Keys, Inc.  
d/b/a Visiting Nurse Association &  
Hospice of the Florida Keys, Inc.

Key West, Florida

We have audited the accompanying statements of financial position of Hospice of the Florida Keys, Inc. d/b/a Visiting Nurse Association & Hospice of the Florida Keys, Inc. ("Hospice") as of September 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 Hospice's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our 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 Hospice of the Florida Keys, Inc. d/b/a Visiting Nurse Association & Hospice of the Florida Keys, Inc. as of September 30, 2011 and 2010, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

*Carr, Riggs & Ingram, L.L.C.*

**Hospice of the Florida Keys, Inc.**  
**d/b/a Visiting Nurse Association &**  
**Hospice of the Florida Keys, Inc.**

**Statements of Financial Position**

<i>September 30,</i>	2011	2010
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 356,398	\$ 239,756
Patient accounts receivables, net	549,612	503,074
Other receivables	18,045	112,386
Investments	916,514	808,078
Prepaid expenses and other current assets	38,236	40,262
<b>Total current assets</b>	<b>1,878,805</b>	<b>1,703,556</b>
Noncurrent assets:		
Property and equipment, net	606,216	624,949
Other assets	20,180	20,180
<b>Total noncurrent assets</b>	<b>626,396</b>	<b>645,129</b>
<b>Total assets</b>	<b>\$ 2,505,201</b>	<b>\$ 2,348,685</b>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable	\$ 92,187	\$ 66,181
Accrued expenses	236,511	235,862
Current portion of capital leases	1,104	3,190
Deferred revenue	43,700	41,292
Current portion of long-term debt	43,150	41,064
<b>Total current liabilities</b>	<b>416,652</b>	<b>387,589</b>
Noncurrent liabilities:		
Capital leases	-	1,104
Long-term debt	285,362	328,512
<b>Total noncurrent liabilities</b>	<b>285,362</b>	<b>329,616</b>
<b>Total liabilities</b>	<b>702,014</b>	<b>717,205</b>
Net assets		
Unrestricted	1,634,756	1,344,442
Temporarily restricted	38,545	157,152
Permanently restricted	129,886	129,886
<b>Total net assets</b>	<b>1,803,187</b>	<b>1,631,480</b>
<b>Total liabilities and net assets</b>	<b>\$ 2,505,201</b>	<b>\$ 2,348,685</b>

See accompanying notes to financial statements

**Hospice of the Florida Keys, Inc.  
d/b/a Visiting Nurse Association &  
Hospice of the Florida Keys, Inc.**

**Statement of Activities**

Year ended September 30,

2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>Revenue</b>				
Net patient service revenue	\$ 4,529,592	\$ -	\$ -	\$ 4,529,592
Community support	208,209	27,000	-	235,209
Fundraising events	223,273			223,273
Local government grants	145,000		-	145,000
Investment gain	11,177	(1,419)	-	9,758
Contributed services	29,479	-	-	29,479
Other income	2,560	-	-	2,560
<b>Total revenue</b>	<b>5,149,290</b>	<b>25,581</b>	<b>-</b>	<b>5,174,871</b>
<b>Net assets released from restrictions</b>				
Satisfaction of requirements	144,188	(144,188)	-	-
<b>Total net assets released from restrictions</b>	<b>144,188</b>	<b>(144,188)</b>	<b>-</b>	<b>-</b>
<b>Expenses</b>				
Program Services:				
Hospice	1,551,515	-	-	1,551,515
Visiting Nurse Association	2,444,700	-	-	2,444,700
Supporting Services:				
Administrative and general	827,614	-	-	827,614
Fundraising	179,335			179,335
<b>Total expenses</b>	<b>5,003,164</b>	<b>-</b>	<b>-</b>	<b>5,003,164</b>
<b>Change in net assets</b>	<b>290,314</b>	<b>(118,607)</b>	<b>-</b>	<b>171,707</b>
<b>Net assets, beginning of year</b>	<b>1,344,442</b>	<b>157,152</b>	<b>129,886</b>	<b>1,631,480</b>
<b>Net assets, end of year</b>	<b>\$ 1,634,756</b>	<b>\$ 38,545</b>	<b>\$ 129,886</b>	<b>\$ 1,803,187</b>

See accompanying notes to financial statements

**Hospice of the Florida Keys, Inc.**  
**d/b/a Visiting Nurse Association &**  
**Hospice of the Florida Keys, Inc.**

**Statement of Activities (continued)**

*Year ended September 30,*

**2010**

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>Revenue</b>				
Net patient service revenue	\$ 4,368,082	\$ -	\$ -	\$ 4,368,082
Community support	138,212	136,284	-	274,496
Fundraising events	179,770			179,770
Local government grants	145,000	-	-	145,000
Investment gain	58,872	11,023	-	69,895
Contributed services	21,134	-	-	21,134
Other income	4,604	-	-	4,604
<b>Total revenue</b>	<b>4,915,674</b>	<b>147,307</b>	<b>-</b>	<b>5,062,981</b>
<b>Net assets released from restrictions</b>				
Satisfaction of requirements	13,887	(13,887)	-	-
<b>Total net assets released from restrictions</b>	<b>13,887</b>	<b>(13,887)</b>	<b>-</b>	<b>-</b>
<b>Expenses</b>				
Program Services:				
Hospice	1,127,193	-	-	1,127,193
Visiting Nurse Association	2,521,093	-	-	2,521,093
Supporting Services:				
Administrative and general	881,881	-	-	881,881
Fundraising expenses	90,502	-	-	90,502
<b>Total expenses</b>	<b>4,620,669</b>	<b>-</b>	<b>-</b>	<b>4,620,669</b>
<b>Change in net assets</b>	<b>308,892</b>	<b>133,420</b>	<b>-</b>	<b>442,312</b>
<b>Net assets, beginning of year</b>	<b>1,035,550</b>	<b>23,732</b>	<b>129,886</b>	<b>1,189,168</b>
<b>Net assets, end of year</b>	<b>\$ 1,344,442</b>	<b>\$ 157,152</b>	<b>\$ 129,886</b>	<b>\$ 1,631,480</b>

See accompanying notes to financial statements

**Hospice of the Florida Keys, Inc.**  
**d/b/a Visiting Nurse Association &**  
**Hospice of the Florida Keys, Inc.**

**Statements of Cash Flows**

<i>Years ended September 30,</i>	2011	2010
<b>Operating activities</b>		
Cash received from patient revenues	\$ 4,453,413	\$ 4,097,625
Cash received from community support	367,072	363,764
Cash received from other revenues	145,000	145,000
Cash paid to suppliers and employees	(4,645,857)	(4,247,805)
Investment income	68,913	41,328
Noncash contributions	8,577	3,421
Interest paid	(18,894)	(29,991)
<b>Net cash provided by operating activities</b>	<b>378,224</b>	<b>373,342</b>
<b>Investing activities</b>		
Purchases of property and equipment	(41,160)	(25,931)
Proceeds from sale of marketable securities	39,676	22,496
Purchases of marketable securities	(215,844)	(112,829)
<b>Net used used by investing activities</b>	<b>(217,328)</b>	<b>(116,264)</b>
<b>Financing activities</b>		
Net payments on line of credit	-	(230,000)
Principal payments on long-term debt	(44,254)	(41,899)
<b>Net used by financing activities</b>	<b>(44,254)</b>	<b>(271,899)</b>
<b>Increase/(Decrease) in cash and cash equivalents</b>	<b>116,642</b>	<b>(14,821)</b>
<b>Cash and cash equivalents, beginning of year</b>	<b>239,756</b>	<b>254,577</b>
<b>Cash and cash equivalents, end of year</b>	<b>\$ 356,398</b>	<b>\$ 239,756</b>
Supplemental disclosures of cash flow information:		
Cash paid for interest	\$ 18,894	\$ 29,991
<b>Increase in net assets</b>	<b>\$ 171,707</b>	<b>\$ 442,312</b>
<b>Adjustments to reconcile increase in net assets to net cash provided (used) by operating activities</b>		
Depreciation	59,893	58,531
Unrealized (gain)/loss on investments	59,155	(28,567)
Provision for bad debt	126,390	95,669
Noncash contributions	8,577	3,421
Changes in assets and liabilities:		
Accounts receivable and other receivables	(78,587)	(268,978)
Prepaid expenses	2,026	(6,860)
Accounts payable and accrued expenses	26,655	79,293
Deferred revenue	2,408	(1,479)
<b>Net cash provided by operating activities</b>	<b>\$ 378,224</b>	<b>\$ 373,342</b>

See accompanying notes to financial statements

**Hospice of the Florida Keys, Inc.  
d/b/a Visiting Nurse Association &  
Hospice of the Florida Keys, Inc.**

**Statements of Functional Expenses**

Years ended September 30,

	<u>Program Services</u>					2011	2010
	Hospice	VNA	Total Program Services	Management and General	Fundraising	Total	Total
<b>Personnel expenses:</b>							
Salaries and wages	700,990	\$ 1,764,093	\$ 2,465,083	\$ 443,543	\$ 77,862	\$ 2,986,488	\$ 2,854,686
Employee benefits and taxes	127,095	252,325	379,420	94,294	9,632	483,346	462,433
<b>Total salaries and related expenses</b>	<b>828,085</b>	<b>2,016,418</b>	<b>2,844,503</b>	<b>537,837</b>	<b>87,494</b>	<b>3,469,834</b>	<b>3,317,119</b>
<b>Direct expenses:</b>							
Accounting	-	-	-	36,283	-	36,283	35,110
Advertising	2,443	1,981	4,424	24,295	-	28,719	11,107
Bad debt	53,341	73,049	126,390	-	-	126,390	95,669
Bank charges	-	-	-	5,925	-	5,925	7,287
Books and publications	683	1,071	1,754	490	-	2,244	3,157
Community relations	-	-	-	5,173	-	5,173	8,006
Computer expenses	10,348	16,913	27,261	40,695	-	67,956	69,759
Contractual services	38,737	35,614	74,351	3,605	-	77,956	86,944
Contributed services	29,479	-	29,479	-	-	29,479	21,134
Dues and subscriptions	470	-	470	10,337	-	10,807	12,184
Employee hiring expense	-	-	-	11,199	-	11,199	5,402
Fundraising and development events	-	-	-	-	91,410	91,410	90,502
Inpatient costs	152,771	-	152,771	-	-	152,771	58,047
Insurance	16,590	26,877	43,467	16,137	-	59,604	57,434
Interest	-	-	-	18,894	-	18,894	29,991
Investment expense	-	-	-	5,907	-	5,907	4,673
Meetings and continuing education	5,350	17,851	23,201	9,002	-	32,203	24,912
Miscellaneous	-	-	-	19	-	19	1,073
Occupancy	8,883	13,095	21,978	14,568	-	36,546	37,389
Outpatient services	8,883	-	8,883	-	-	8,883	2,513
Public health programs	-	29,948	29,948	-	-	29,948	30,203
Repairs and maintenance	11,622	16,502	28,124	19,229	-	47,353	29,197
Supplies and pharmaceuticals	295,537	57,669	353,206	24,311	-	377,517	310,048
Taxes and licenses	-	-	-	2,135	-	2,135	2,062
Telephone	13,671	12,288	25,959	14,353	-	40,312	46,791
Travel	61,514	103,195	164,709	2,664	431	167,804	164,425
<b>Total expenses before depreciation</b>	<b>1,538,407</b>	<b>2,422,471</b>	<b>3,960,878</b>	<b>803,058</b>	<b>179,335</b>	<b>4,943,271</b>	<b>4,562,138</b>
Depreciation	13,108	22,229	35,337	24,556	-	59,893	58,531
<b>Total expenses after depreciation</b>	<b>\$ 1,551,515</b>	<b>\$ 2,444,700</b>	<b>\$ 3,996,215</b>	<b>\$ 827,614</b>	<b>\$ 179,335</b>	<b>\$ 5,003,164</b>	<b>\$ 4,620,669</b>

See accompanying notes to financial statements

**Hospice of the Florida Keys, Inc.  
d/b/a Visiting Nurse Association &  
Hospice of the Florida Keys, Inc.**

**Notes to Financial Statements**

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**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Organization***

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

Hospice operates two programs, described as follows:

**Hospice**

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

**Visiting Nurse Association (“VNA”)**

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

***Basis of Accounting***

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

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

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

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

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

**Hospice of the Florida Keys, Inc.  
d/b/a Visiting Nurse Association &  
Hospice of the Florida Keys, Inc.**

**Notes to Financial Statements**

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**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

***Marketable Securities and Investments***

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

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

Hospice maintains a brokerage account with a national institution. Balances for the brokerage account are federally insured by the Securities Investor Protection Corporation ("SIPC") up to \$500,000.

***Net Patient Service Revenue***

Net patient service revenue represents the estimated realizable amounts from patients, third-party payers and others for services rendered. Approximately 72 percent in 2011 and 71 percent in 2010 of net patient revenues was derived under federal and state third-party reimbursement programs. These revenues are based, in part, on cost reimbursement principles and are subject to audit and retroactive adjustment by the respective third party intermediaries. In the opinion of management, retroactive adjustments, if any, would not be material to the financial position or results of operations of Hospice.

***Uncompensated Care and Charity Care***

Hospice maintains records to identify and monitor the level of uncompensated care and services provided to its patients. These records include the amount of charges forgone for services, reimbursement at levels below established charges, or estimated costs of providing services. Some of the services include hospice, home health care, and community bereavement services.

In addition to providing charity care through its mission, Hospice also provides certain services to its patients and the community at a reduced rate or at no cost. These broad end-of-life home health services include various community programs, bereavement support, advanced directives support, palliative care initiatives, community education, and public engagement. The total estimated cost of this uncompensated and charity care was approximately \$293,000 and \$290,000 for fiscal years 2011 and 2010, respectively (unaudited).

**Hospice of the Florida Keys, Inc.  
d/b/a Visiting Nurse Association &  
Hospice of the Florida Keys, Inc.**

**Notes to Financial Statements**

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**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

***Support***

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

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

***Contribution Revenue***

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

***Contributed Services***

Many volunteers contributed numerous hours of patient support, administrative and fund-raising services to Hospice. However, these hours do not meet the requirements to be recorded as revenue and expense under ASC 958. However, a physician' donation of his time and services does qualify to be recorded as revenue and expense. Hospice received \$29,479 and \$21,134 worth of physician in-kind services in 2011 and 2010, respectively.

***Estimates***

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

Hospice of the Florida Keys, Inc.  
d/b/a Visiting Nurse Association &  
Hospice of the Florida Keys, Inc.

**Notes to Financial Statements**

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**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

***Property and Equipment***

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

***Impairment of Long-Lived Assets***

On an ongoing basis, Hospice reviews long-lived assets for impairment whenever events or circumstances indicate that the carrying amounts may be overstated. Hospice recognizes impairment losses if the undiscounted cash flows expected to be generated by the asset are less than the carrying value of the related asset. The impairment loss adjusts the assets to fair value. As of September 30, 2011 and 2010, management believes that no impairment existed.

***Functional Allocation of Expenses***

The costs of providing the programs and other activities have been summarized on a functional basis in the statement of activities. Expenses incurred in support of the activities that directly advance Hospice's mission are allocated to Program Services. Those costs involved in general oversight, business management, record keeping, budgeting, finance, human resources and other administrative activities are allocated to Management and General. All fundraising and development costs are included in Fundraising.

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

The prior year summarized comparative information has been derived from Hospice's 2010 financial statements.

***Cash Equivalents***

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

***Income Taxes***

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

Hospice of the Florida Keys, Inc.  
d/b/a Visiting Nurse Association &  
Hospice of the Florida Keys, Inc.

Notes to Financial Statements

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**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

***Income Taxes (Continued)***

Hospice adheres to the provisions of ASC 740, "Accounting for Uncertainty in Income Taxes". As a result of ASC 740, the Organization has not recognized any respective liability for unrecognized tax benefits as it has no known tax positions that would subject the Organization to any material income tax exposure. A reconciliation of the beginning and ending amount of unrecognized tax benefits, in interest expense and penalties included in operating expenses is not presented as there are no unrecognized tax benefits. The tax years that remain subject to examination are 2008, 2009, and 2010 for all major tax jurisdictions.

***Patient Accounts Receivable***

The patient accounts receivable balance represents the unpaid amounts billed to patients and third-party payors. The other receivables balance represents unpaid amount due to Hospice from various payors. Contractual adjustments, discounts, and an allowance for doubtful accounts are recorded to report receivables at net realizable value. Hospice does not accrue interest on any of its accounts receivables. Net patient accounts receivable included 47% due from the Medicare program as of September 30, 2011 and 2010.

***Allowance for Doubtful Accounts***

The allowance for doubtful accounts is determined by management based on Hospice's historical losses, specific customer circumstances, and general economic conditions. Periodically, management reviews accounts receivable and adjusts the allowance based on current circumstances and charges off uncollectible receivables when all attempts to collect have failed.

***Reclassification***

Certain amounts in 2010 have been reclassified to conform to the 2011 presentation.

***Advertising costs***

Advertising costs are expensed as incurred.

***Management's Review***

Management has evaluated subsequent events through January 24, 2012, which is the date the financial statements were issued.

**Hospice of the Florida Keys, Inc.**  
**d/b/a Visiting Nurse Association &**  
**Hospice of the Florida Keys, Inc.**

**Notes to Financial Statements**

**NOTE 2 – PATIENT ACCOUNTS RECEIVABLE**

Outstanding balances with healthcare providers are as follows:

<i>September 30,</i>	<b>2011</b>	<b>2010</b>
Medicare	\$ 257,570	\$ 236,352
Medicaid	80,194	21,577
Private Insurance and other	131,741	118,503
Life. At Home.	109,640	186,218
	<b>579,145</b>	<b>562,650</b>
Less: Allowance for doubtful accounts	<b>29,533</b>	<b>59,576</b>
<b>Net accounts receivable</b>	<b>\$ 549,612</b>	<b>\$ 503,074</b>

**NOTE 3 – PROPERTY AND EQUIPMENT**

Property and equipment consisted of the following at September 30, 2011 and 2010:

<i>September 30,</i>	<b>2011</b>	<b>2010</b>
Land	\$ 393,878	\$ 393,878
Building and improvements	650,390	643,140
Furniture and fixtures	107,955	110,613
Equipment	311,516	300,873
Construction in process	1,750	-
	<b>1,465,489</b>	<b>1,448,504</b>
Accumulated depreciation	<b>(859,273)</b>	<b>(823,555)</b>
<b>Net property and equipment</b>	<b>\$ 606,216</b>	<b>\$ 624,949</b>

**Hospice of the Florida Keys, Inc.**  
**d/b/a Visiting Nurse Association &**  
**Hospice of the Florida Keys, Inc.**

**Notes to Financial Statements**

**NOTE 4 – INVESTMENTS**

Investment gains (losses) from these investments for the year ended September 30, 2011 and 2010 are summarized as follows:

<i>Years ended September 30,</i>	<b>2011</b>	<b>2010</b>
Net capital gain/(loss) on investments	\$ (19,479)	\$ 51,063
Interest and dividend income	29,237	18,832
	<b>\$ 9,758</b>	<b>\$ 69,895</b>

**NOTE 5 – FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (“FASB”) *Accounting Standards Codification* (“ASC”) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the FASB ASC 820 are described as follows:

*Level 1:* Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

*Level 2:* Inputs to the valuation methodology include:

- quoted prices for similar assets in active markets;
- quoted prices for identical or similar assets in inactive markets;
- inputs other than quoted prices that are observable for the asset;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

*Level 3:* Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**Hospice of the Florida Keys, Inc.**  
**d/b/a Visiting Nurse Association &**  
**Hospice of the Florida Keys, Inc.**

**Notes to Financial Statements**

**NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)**

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2011 and 2010.

*Money markets:* Valued at the net asset value (“NAV”) of shares held at year end.

The following table sets forth by level, within the fair value hierarchy, the Organization’s assets at fair value:

**Assets at Fair Value as of September 30, 2011**

	Level 1	Level 2	Level 3	Total
Money market	\$ -	\$ 30,888	\$ -	\$ 30,888
US government obligations	86,524			86,524
US government agencies	52,967			52,967
Corporate obligations	77,410			77,410
Common stock	257,652			257,652
Common stock- foreign	37,780			37,780
Mutual funds - fixed income	281,317			281,317
Mutual funds - equity	91,976	-	-	91,976
<b>Total assets at fair value</b>	<b>\$ 885,626</b>	<b>\$ 30,888</b>	<b>\$ -</b>	<b>\$ 916,514</b>

**Assets at Fair Value as of September 30, 2010**

	Level 1	Level 2	Level 3	Total
Money market	\$ -	\$ 7,946	\$ -	\$ 7,946
US government agencies	30,674	-	-	30,674
Corporate obligations	94,124	-	-	94,124
Common stock	221,619	-	-	221,619
Common stock- foreign	18,421	-	-	18,421
Mutual funds - fixed income	277,460	-	-	277,460
Mutual funds - equity	86,785	-	-	86,785
<b>Total assets at fair value</b>	<b>\$ 800,132</b>	<b>\$ 7,946</b>	<b>\$ -</b>	<b>\$ 808,078</b>

**Hospice of the Florida Keys, Inc.**  
**d/b/a Visiting Nurse Association &**  
**Hospice of the Florida Keys, Inc.**

**Notes to Financial Statements**

**NOTE 6 – OTHER ASSETS**

Other assets consist of the following:

<i>September 30,</i>	2011	2010
Artwork	\$ 17,000	\$ 17,000
Deposits	3,180	3,180
<b>Total other assets</b>	<b>\$ 20,180</b>	<b>\$ 20,180</b>

**NOTE 7 – LINE OF CREDIT**

Hospice has a \$500,000 line of credit agreement with a local bank, secured by the building at 1319 William Street and assignment of investments, expiring on May 21, 2013, bearing interest at 6.25%. As of September 30, 2011 and 2010, there was no outstanding balance in Hospice's line of credit.

**NOTE 8 – LONG-TERM DEBT**

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

<i>September 30,</i>	2011	2010
Mortgage payable to bank, collateralized by the building in Key West, payable in monthly installments of \$4,905 including interest at 5.00%, matures May 2018	\$ 328,512	\$ 369,576
Less: current portion	43,150	41,064
<b>Total long-term debt</b>	<b>\$ 285,362</b>	<b>\$ 328,512</b>

**Hospice of the Florida Keys, Inc.  
d/b/a Visiting Nurse Association &  
Hospice of the Florida Keys, Inc.**

**Notes to Financial Statements**

**NOTE 8 – LONG-TERM DEBT (Continued)**

Long-term debt matures as follows:

Year	Principal
2013	\$ 45,434
2014	47,792
2015	50,272
2016	52,862
2017	55,623
Thereafter	33,379
Total long-term debt	\$ 285,362

**NOTE 9 – NET PATIENT SERVICE REVENUE**

Net patient service revenue consisted of the following:

<i>Years ended September 30,</i>	2011	2010
Medicare, net of contractual adjustment of \$190,543 and \$137,947, respectively	\$ 2,913,938	\$ 2,925,745
Medicaid, net of contractual adjustment of \$56,630 and \$32,851, respectively	350,141	157,717
Private insurance and other, net of contractual adjustment of \$59,173 and \$60,527, respectively	491,621	414,426
Life. At Home. Private Duty Contracts, net of contractual adjustments of \$251 and \$876, respectively	773,892	870,194
	\$ 4,529,592	\$ 4,368,082

**Hospice of the Florida Keys, Inc.**  
**d/b/a Visiting Nurse Association &**  
**Hospice of the Florida Keys, Inc.**

**Notes to Financial Statements**

**NOTE 10 – CAPITAL LEASE OBLIGATIONS**

Hospice leases copiers under capital leases. For financial reporting purposes, the minimum lease payments relating to the copiers have been capitalized and included in equipment on the balance sheet. The lease equipment under capital leases as of September 30, 2011 and 2010, have a cost of \$16,019. Amortization of the leased copiers is included in depreciation and is \$15,346 and \$12,540 as of September 30, 2011 and 2010, respectively. The following is a schedule of future minimum lease payments under the capital leases:

<i>Year ending September 30,</i>	
2012	1,150
Total future minimum lease payments	1,150
Less: Amount representing interest	46
Present value of future minimum lease payments	\$ 1,104

**NOTE 11 – TEMPORARILY RESTRICTED NET ASSETS**

Temporarily restricted net assets consist of the following:

<i>Years ended September 30,</i>	<b>2011</b>	<b>2010</b>
Social Work Emergency Fund	\$ 9,376	\$ 7,375
Key West Social Work Fund	-	8,037
Stevens Education	7,504	16,803
Upper Keys uncompensated/underfunded care	6,665	13,653
Unrestricted trust (time restriction)	-	111,284
Life Enrichment Services	10,000	-
Pet Bereavement	5,000	-
Total	\$ 38,545	\$ 157,152

**Hospice of the Florida Keys, Inc.**  
**d/b/a Visiting Nurse Association &**  
**Hospice of the Florida Keys, Inc.**

**Notes to Financial Statements**

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**NOTE 12 – PERMANENTLY RESTRICTED NET ASSETS (ENDOWMENTS)**

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

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

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

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

**Hospice of the Florida Keys, Inc.**  
**d/b/a Visiting Nurse Association &**  
**Hospice of the Florida Keys, Inc.**

**Notes to Financial Statements**

**NOTE 12 – PERMANENTLY RESTRICTED NET ASSETS (ENDOWMENTS) (Continued)**

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

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>Donor-restricted endowments as of 9/30/10</b>	\$ -	\$ 16,803	\$ 129,886	\$ 146,689
<b>Investment return:</b>				
Investment income, net of fees	-	4,059	-	4,059
Net appreciation (realized and unrealized)	-	(5,505)	-	(5,505)
<b>Total investment return</b>	-	(1,446)	-	(1,446)
<b>Contributions</b>	-	-	-	-
<b>Appropriation of endowment assets for expenditures</b>	-	(7,853)	-	(7,853)
<b>Donor-restricted endowments as of 9/30/11</b>	\$ -	\$ 7,504	\$ 129,886	\$ 137,390

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>Donor-restricted endowments as of 9/30/09</b>	\$ -	\$ 5,780	\$ 129,886	\$ 135,666
<b>Investment return:</b>				
Investment income, net of fees	-	1,592	-	1,592
Net appreciation (realized and unrealized)	-	9,431	-	9,431
<b>Total investment return</b>	-	11,023	-	11,023
<b>Contributions</b>	-	-	-	-
<b>Appropriation of endowment assets for expenditures</b>	-	-	-	-
<b>Donor-restricted endowments as of 9/30/10</b>	\$ -	\$ 16,803	\$ 129,886	\$ 146,689

**Hospice of the Florida Keys, Inc.  
d/b/a Visiting Nurse Association &  
Hospice of the Florida Keys, Inc.**

**Notes to Financial Statements**

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**NOTE 13 – RISKS AND UNCERTANTIES**

Hospice maintains bank accounts in one banking institution. From time to time balances in these accounts may exceed the amount insured by the Federal Deposit Insurance Corporation.

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 OCT 1, 2010 and ending SEP 30, 2011**

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
HOSPICE OF THE FLORIDA KEYS, INC.  
Doing Business As VNA OF THE FLORIDA KEYS  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1319 WILLIAM STREET  
City or town, state or country, and ZIP + 4  
KEY WEST, FL 33040

**D Employer identification number**  
59-2386289

**E Telephone number**  
(305) 294-8812

**F Name and address of principal officer:** JODY GROSS  
1319 WILLIAM STREET, KEY WEST, FL 33040

**G Gross receipts \$** 5,544,643.

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
If "No," attach a list. (see Instructions)  
**H(c) Group exemption number**

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

**J Website:** WWW.HOSPICEVNA.COM

**K Form of organization:**  Corporation  Trust  Association  Other

**L Year of formation:** 1984 **M State of legal domicile:** FL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ENABLE INDIVIDUALS TO REMAIN IN THEIR HOMES BY PROVIDING COMPASSIONATE, EFFECTIVE, LIFE-ENHANCING</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)	3	10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	129
	<b>6</b> Total number of volunteers (estimate if necessary)	6	206
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	505,272.	537,296.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,368,082.	4,529,592.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,328.	68,913.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,096.	68,746.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,922,778.	5,204,547.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	3,317,119.	3,469,834.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	179,335.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,191,914.	1,503,851.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,509,033.	4,973,685.
	<b>20</b> Total assets (Part X, line 16)	413,745.	230,862.
<b>Net Assets or Fund Balances</b>	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,348,685.	2,505,201.
		717,205.	702,014.
		1,631,480.	1,803,187.

**Part II Signature Block**

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

**Sign Here**

Signature of officer: *Jody Gross* Date: 2/29/12

JODY GROSS, PRESIDENT AND CEO

**Paid Preparer Use Only**

Print/Type preparer's name: CARR, RIGGS & INGRAM, LL  
Preparer's signature: *Charles Whitmore, CPA* Date: FEB 22 2012  
Firm's name: CARR, RIGGS, & INGRAM, LLC  
Firm's address: 2111 DREW STREET CLEARWATER, FL 33765-3215  
Firm's EIN: P0004491  
Phone no. 727-446-0504

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 [X]

1 Briefly describe the organization's mission: TO ENABLE INDIVIDUALS TO REMAIN IN THEIR HOMES BY PROVIDING COMPASSIONATE, EFFECTIVE, LIFE-ENHANCING HEALTH AND SUPPORTIVE SERVICES. THIS IS ACCOMPLISHED THROUGH OUR HOSPICE AND HOME HEALTH PROGRAMS, WHICH ARE RENDERED WITHOUT REGARD TO THE RECIPIENTS'

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 1,522,036. including grants of \$ ) (Revenue \$ 1,738,429.) HOSPICE: OUR HOSPICE PROGRAM WAS STARTED BY THE COMMUNITY IN 1984. SINCE THEN WE HAVE BEEN PROVIDING END-OF-LIFE CARE TO THOSE IN THE FLORIDA KEYS. THE SERVICES INCLUDE PHYSICIAN, NURSING, HOME CARE AIDE, SOCIAL WORK AND SPIRITUAL COUNSELING. WE ALSO PROVIDE THE NECESSARY MEDICAL EQUIPMENT, SUPPLIES AND CARE FOR PAIN CONTROL AND SYMPTOM MANAGEMENT.

OVER OUR 28 YEARS, WE'VE PROVIDED CARE FOR THOUSANDS OF PEOPLE. IN THE COMMUNITY WE'RE KNOWN SIMPLY AS "HOSPICE". WE HAVE TOUCHED THE LIVES OF MANY MORE BY OUR COMPASSIONATE CARE OF THEIR LOVED ONES AND BY PROVIDING BEREAVEMENT SUPPORT AFTER THE PASSING OF A LOVED ONE.

4b (Code: ) (Expenses \$ 2,444,700. including grants of \$ ) (Revenue \$ 2,791,163.) VNA: OUR VISITING NURSE ASSOCIATION (VNA) PROGRAM PROVIDES HOME HEALTH CARE. UNDER A PHYSICIAN'S DIRECTION, WE PROVIDE SERVICES SUCH AS NURSING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND HOME CARE AIDES. THESE SERVICES ARE FOR THE TREATMENT OF ILLNESSES OR INJURIES THAT KEEP PEOPLE IN THEIR HOME OR WHERE IT WOULD TAKE A GREAT EFFORT TO GET OUT OF THE HOUSE. WE WANT PEOPLE TO STAY INDEPENDENT AND COMFORTABLE WHILE WE HELP PROVIDE THEM WITH A BETTER QUALITY OF LIFE.

IN OUR COMMUNITY, WE CARED FOR OVER 150 HOME HEALTH PATIENTS EACH MONTH. WITH OUR PRIVATE DUTY PROGRAM WE CARED FOR ANOTHER 135 PEOPLE EACH MONTH AND HAVE FORMED A PARTNERSHIP WITH OUR COUNTY TO PROVIDE IN-HOME SERVICES TO THE ELDERLY AND DISABLED IN MONROE COUNTY.

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

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

4e Total program service expenses 3,966,736.

**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>	X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	X	
<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>		X
<b>4 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>	X	
<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>		X
<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>		X
<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>		X
<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>		X
<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>		X
<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>	X	
<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>	X	
<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>		X
<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>		X
<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>		X
<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>		X
<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>	X	
<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>	X	
<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>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<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>		X
<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>		X
<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>		X
<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>		X
<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>	X	
<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>		X
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
<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)		

**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	

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 16		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 129		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b> 0		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	10			
b Enter the number of voting members included in line 1a, above, who are independent		10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Does the organization have members or stockholders?				X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?				X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Does the organization have local chapters, branches, or affiliates?														X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?														
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Does the organization have a written conflict of interest policy? If "No," go to line 13				X										
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					X									
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done						X								
13 Does the organization have a written whistleblower policy?							X							
14 Does the organization have a written document retention and destruction policy?								X						
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official									X					
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.)														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?														

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 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: **GREG WHEELER, CFO - (305)294-8812**  
**1319 WILLIAM STREET, KEY WEST, FL 33040**

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

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			
PETER RYSMAN CHAIRMAN	1.00	X		X			0.	0.	0.	
JUDI COOLEY DIRECTOR	1.00	X					0.	0.	0.	
DON LANMAN VICE CHAIR	1.00	X		X			0.	0.	0.	
JACK NILES, JR. TREASURER	1.00	X		X			0.	0.	0.	
FRED GREENBERG DIRECTOR	1.00	X					0.	0.	0.	
MINDY MCKENZIE DIRECTOR	1.00	X					0.	0.	0.	
MARGARET DOMANSKI SECRETARY	1.00	X		X			0.	0.	0.	
SID GOLDMAN, MD DIRECTOR	1.00	X					0.	0.	0.	
ANNE O'BANNON DIRECTOR	1.00	X					0.	0.	0.	
RICHARD GRUSIN DIRECTOR	1.00	X					0.	0.	0.	
LISBETH KERN CEO EMERITUS	40.00			X			112,969.	0.	0.	
GREG WHEELER CFO	40.00			X			94,604.	0.	8,701.	
JODY GROSS CEO/COO	40.00			X			97,699.	0.	6,526.	
LINDA SWIFT PHYSICAL THERAPIST	40.00				X		123,759.	0.	7,976.	



**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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns					
	<b>b</b> Membership dues					
	<b>c</b> Fundraising events	157,087.				
	<b>d</b> Related organizations					
	<b>e</b> Government grants (contributions)	145,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	235,209.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	8,577.				
	<b>h Total.</b> Add lines 1a-1f	537,296.				
<b>Program Service Revenue</b>	<b>2 a</b> VISITING NURSES ASSOCI	621610 2791163.	2791163.			
	<b>b</b> HOSPICE SERVICES	621610 1738429.	1738429.			
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	4529592.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		29,237.		29,237.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross Rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	320282.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	280606.			
		<b>c</b> Gain or (loss)	39,676.			
	<b>d</b> Net gain or (loss)		39,676.		39,676.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 157,087. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	125676.			
		<b>b</b> Less: direct expenses	59,490.			
<b>c</b> Net income or (loss) from fundraising events			66,186.		66,186.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> OTHER INCOME	621610	2,560.		2,560.		
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		2,560.				
<b>12 Total revenue.</b> See instructions.		5204547.	4529592.	0.	137,659.	

**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	274,778.		274,778.	
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	2,711,710.	2,465,083.	168,765.	77,862.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	231,380.	190,165.	37,438.	3,777.
10 Payroll taxes	251,966.	189,255.	56,856.	5,855.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	36,283.		36,283.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,907.		5,907.	
g Other	17,124.		17,124.	
12 Advertising and promotion	46,943.	6,648.	40,295.	
13 Office expenses				
14 Information technology	108,268.	53,220.	55,048.	
15 Royalties				
16 Occupancy	36,546.	21,978.	14,568.	
17 Travel	167,804.	164,709.	2,664.	431.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,203.	23,201.	9,002.	
20 Interest	18,894.		18,894.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,893.	35,337.	24,556.	
23 Insurance	59,604.	43,467.	16,137.	
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>SUPPLIES</b>	377,517.	353,206.	24,311.	
b <b>INPATIENT/OUTPATIENT CO</b>	161,654.	161,654.		
c <b>BAD DEBT</b>	126,390.	126,390.		
d <b>FUNDRAISING AND DEVELOP</b>	91,410.			91,410.
e <b>CONTRACTUAL SERVICES</b>	77,956.	74,351.	3,605.	
f All other expenses	79,455.	58,072.	21,383.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	4,973,685.	3,966,736.	827,614.	179,335.
26 <b>Joint costs.</b> 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				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	200.	1	200.
	2	Savings and temporary cash investments	239,556.	2	356,198.
	3	Pledges and grants receivable, net	112,386.	3	18,045.
	4	Accounts receivable, net	503,074.	4	549,612.
	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	40,262.	9	38,236.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,465,489.		
	b	Less: accumulated depreciation	10b 859,273.		
	11	Investments - publicly traded securities	624,949.	10c	606,216.
	12	Investments - other securities. See Part IV, line 11	808,078.	11	916,514.
	13	Investments - program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11	20,180.	14	20,180.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,348,685.	15	2,505,201.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	302,043.	16	328,698.
	18	Grants payable		17	
	19	Deferred revenue	41,292.	18	43,700.
	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	373,870.	22	329,616.
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities. Complete Part X of Schedule D		24	
	26	<b>Total liabilities.</b> Add lines 17 through 25	717,205.	25	702,014.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,344,442.	26	1,634,756.
	28	Temporarily restricted net assets	157,152.	27	38,545.
	29	Permanently restricted net assets	129,886.	28	129,886.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		29	
	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
	32	Retained earnings, endowment, accumulated income, or other funds		31	
33	<b>Total net assets or fund balances</b>	1,631,480.	32	1,803,187.	
34	<b>Total liabilities and net assets/fund balances</b>	2,348,685.	33	2,505,201.	

**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	5,204,547.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,973,685.
3	Revenue less expenses. Subtract line 2 from line 1	3	230,862.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,631,480.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<59,155.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,803,187.

**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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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 falls 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.") .....	380,098.	297,732.	427,996.	508,764.	469,934.	2,084,524.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	380,098.	297,732.	427,996.	508,764.	469,934.	2,084,524.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						2,084,524.

**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 .....	380,098.	297,732.	427,996.	508,764.	469,934.	2,084,524.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	44,768.	46,158.	19,211.	18,832.	29,237.	158,206.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						2,242,730.
12 Gross receipts from related activities, etc. (see instructions) .....					12	19,840,746.

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	92.95 %
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	91.91 %

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

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

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

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

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

**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

HOSPICE OF THE FLORIDA KEYS, INC.

Employer identification number

59-2386289

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For 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>HOSPICE OF THE FLORIDA KEYS, INC.</b>	Employer identification number <b>59-2386289</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<p><u>BLAKE HUNTER CHARITABLE REMAINDER TRUST</u></p> <p><u>17139 LA BRISA COURT</u></p> <p><u>SUGARLOAF KEY, FL 33042</u></p>	\$ <u>102,070.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<p><u>CAPTAIN LEON SHELL TOURNAMENT</u></p> <p><u>PO BOX 510910</u></p> <p><u>KEY COLONY BEACH, FL 33051</u></p>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<p><u>MONROE COUNTY - CLERK OF THE COURT</u></p> <p><u>500 WHITEHEAD STREET</u></p> <p><u>KEY WEST, FL 33040</u></p>	\$ <u>145,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<p><u>ARDEL PRICE</u></p> <p><u>3616 SUNRISE DRIVE</u></p> <p><u>KEY WEST, FL 33040</u></p>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HOSPICE OF THE FLORIDA KEYS, INC.

59-2386289

**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

Employer identification number

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

**59-2386289**

**Part III**

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

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

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

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

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

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
c Total lobbying expenditures (add lines 1a and 1b) .....															
d Other exempt purpose expenditures .....															
e Total exempt purpose expenditures (add lines 1c and 1d) .....															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f) .....															
h Subtract line 1g from line 1a. If zero or less, enter -0- .....															
i Subtract line 1f from line 1c. If zero or less, enter -0- .....															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....															

Yes  No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV	X		19.
<b>j</b> Total. Add lines 1c through 1i			19.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

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

**Part IV** Supplemental Information

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

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ 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

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

Employer identification number  
**59-2386289**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

**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	
d Additions during the year	
e Distributions during the year	
f Ending balance	

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

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

**Part V Endowment Funds.** Complete if 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	129,886.	129,886.	129,886.		
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	129,886.	129,886.	129,886.		

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- 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		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		393,878.		393,878.
b Buildings		557,042.	481,589.	75,453.
c Leasehold improvements		93,348.	45,238.	48,110.
d Equipment		311,516.	264,229.	47,287.
e Other		109,705.	68,217.	41,488.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>606,216.</b>

**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 this footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,204,547.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,973,685.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	230,862.
4	Net unrealized gains (losses) on investments	4	<59,155.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	<59,155.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	171,707.

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

1	Total revenue, gains, and other support per audited financial statements	1	5,174,871.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<59,155.>
b	Donated services and use of facilities	2b	29,479.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	<29,676.>
3	Subtract line 2e from line 1	3	5,204,547.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,204,547.

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

1	Total expenses and losses per audited financial statements	1	5,003,164.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	29,479.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	29,479.
3	Subtract line 2e from line 1	3	4,973,685.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,973,685.

**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 X, LINE 2: THE ORGANIZATION ADHERES TO THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. AS A RESULT OF ASC 740, THE ORGANIZATION HAS NOT RECOGNIZED ANY RESPECTIVE LIABILITY FOR UNRECOGNIZED TAX BENEFITS AS IT HAS NO KNOWN TAX POSITIONS THAT WOULD SUBJECT THE ORGANIZATION TO ANY MATERIAL INCOME TAX EXPOSURE. A RECONCILIATION OF THE BEGINNING AND ENDING AMOUNT OF UNRECOGNIZED TAX BENEFITS, IN INTEREST EXPENSE AND PENALTIES INCLUDED IN OPERATING EXPENSES IS NOT PRESENTED AS THERE ARE NO UNRECOGNIZED TAX BENEFITS. THE TAX YEARS THAT REMAIN SUBJECT**

**Part XIV** Supplemental Information (continued)

TO EXAMINATION ARE 2008, 2009, AND 2010 FOR ALL MAJOR TAX JURISDICTIONS.

Lined area for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		4TH OF JULY ANNUAL PICNIC (event type)	DANCE OF THE DRAGON FLY (event type)	1 (total number)		
Revenue	1	Gross receipts	118,218.	14,355.	13,763.	146,336.
	2	Less: Charitable contributions	45,252.	10,213.	10,212.	65,677.
	3	Gross income (line 1 minus line 2)	72,966.	4,142.	3,551.	80,659.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	72,966.	4,142.	3,551.	80,659.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 80,659 )
	11	Net income summary. Combine line 3, column (d), and line 10				0.

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2010**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

Employer identification number

**59-2386289**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)							
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KRISTEN WHEELER	KRISTEN WHEELER IS	49,511.	KRISTEN WHE		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: KRISTEN WHEELER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KRISTEN WHEELER IS MARRIED TO GREG WHEELER, CFO.

(D) DESCRIPTION OF TRANSACTION: KRISTEN WHEELER IS EMPLOYED BY THE ORGANIZATION. KRISTEN REPORTS DIRECTLY TO THE CEO IN ALL MATTERS AND DOESN'T REPORT TO GREG WHEELER.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

HOSPICE OF THE FLORIDA KEYS, INC.

Employer identification number  
59-2386289

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

HEALTH AND SUPPORTIVE SERVICES. THIS IS ACCOMPLISHED THROUGH OUR  
HOSPICE AND HOME HEALTH PROGRAMS, WHICH ARE RENDERED WITHOUT REGARD TO  
THE RECIPIENTS' INABILITY TO PAY, AND PRIVATE DUTY PROGRAM.

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

INABILITY TO PAY, AND PRIVATE DUTY PROGRAM.

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

DURING THIS FISCAL YEAR WE PROVIDED CARE FOR APPROXIMATELY 48 PATIENTS  
EACH MONTH. WE ARE PROUD THAT WE ARE ABLE TO HELP OUR COMMUNITY AND  
OUR NEIGHBORS IN THEIR TIMES OF NEED.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION REVIEWED AND  
CLARIFIED ITS ENTIRE BY-LAWS. THE ORGANIZATION NOW REQUIRES THE  
FINANCE/AUDIT COMMITTEE TO MEET WITH THE AUDITORS PRIOR TO THE AUDITOR'S  
PRESENTATION AND WITHOUT THE PRESENCE OF ANY STAFF.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE/AUDIT COMMITTEE AND THE  
TREASURER REVIEW A DRAFT OF THE 990 BEFORE IT IS FILED.

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

FORM 990, PART VI, SECTION B, LINE 15: THE SALARY OF THE CHIEF EXECUTIVE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
032211  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

HOSPICE OF THE FLORIDA KEYS, INC.

Employer identification number

59-2386289

OFFICER WAS ESTABLISHED BY THE BOARD OF DIRECTORS BASED ON SALARY  
 INFORMATION COLLECTED FROM COMPARABLE POSITIONS. THE CHIEF EXECUTIVE  
 OFFICER'S SALARY IS REVIEWED PERIODICALLY BY THE BOARD TO DETERMINE IF AN  
 ADJUSTMENT IS NECESSARY. SALARIES FOR OTHER OFFICERS FOLLOW SIMILAR  
 PROCEDURES.

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -59,155.

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization <b>HOSPICE OF THE FLORIDA KEYS, INC.</b>	Employer identification number <b>59-2386289</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1319 WILLIAM STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>KEY WEST, FL 33040</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**GREG WHEELER, CFO**

- The books are in the care of ▶ **1319 WILLIAM STREET - KEY WEST, FL 33040**  
Telephone No. ▶ **(305)294-8812** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **OCT 1, 2010**, and ending **SEP 30, 2011**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

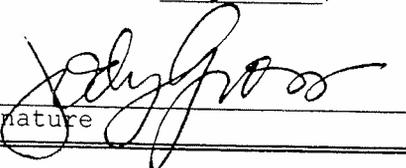
<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

# ATTACHMENT I

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

Subject: <b>Fee Schedule - VNA</b> Status: N/A	Policy No. 612 Effective Date: 05/01/2011 Initiator: LK/GW
Approved By: <u>Jody Gross</u> , President & CEO  Signature _____ Date <u>5/1/11</u>	Replaces Policy No. 612 Issue Date: <u>7/89, 12/96,</u> <u>3/98, 4/05, 11/05,</u> <u>9/06, 3/07, 2/08</u>
Page <u>1</u> of <u>2</u>	

**Policy:**

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

**Scope:**

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

**Guidelines (Procedures):**

1. CHARGES FOR SERVICES: Visiting Nurse Association

DIRECT SERVICES	PER VISIT	PER HOUR	FEE
Skilled Nursing	X		\$150
Skilled Hi-Tech Nursing	X		\$175
Nursing - RN (ARNP)	X		\$175
Medical Social Work	X		\$150
Physical Therapy	X		\$175
Occupational Therapy	X		\$150
Speech Therapy	X		\$150
Dietary Consultation	X		\$100
Home Care Aide	X		\$75
Private Duty Services - Reference <i>Life. At Home.</i>			
MEDICAL RESPONSE SYSTEM			
Installation			\$75
Rental			\$40/month or \$1.50/day
Dual Subscription Monitoring			\$10/month
SUPPLIES			
Routine			*
Wound Care			*

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

**Notes:**

1. All fees/compensation may be considered on a sliding scale or as negotiated with third party payors.
2. The Hospice per diem rate may be lowered depending on the contracted extent of coverage through third party insurers - i.e.: if drugs are not included under the per diem rate, the charge to the insurer may be lowered to a rate agreed upon by Hospice and the insurer.
3. A visit is considered any service up to two hours in length.
4. Fees for the Medical Response System are billed at daily rates for any month with partial service.

FEE SCHEDULE – LIFE AT HOME  
 FOR PROPOSED CHANGES TO P&P #612

SERVICE	COST TO CLIENT	COMMENTS
RN ASSESSMENT	\$75/VISIT	
RN SUPERVISION/REASSESSMENT	\$75/VISIT	
PVT DUTY CNA/HHA 8A-6P HOURLY	\$30/HOUR	2 HOUR MINIMUM PER VISIT/THEN PRORATED IN 15 MINUTE INCREMENTS
PVT DUTY CNA/HHA 8A-6P HOURLY – 8 HR/WEEK MINIMUM	\$25/HOUR	2 HOUR MINIMUM PER VISIT/THEN PRORATED IN 15 MINUTE INCREMENTS
PRIVATE DUTY 8AM-6PM COMPANION/HOMEMAKER	\$20/HOUR	2 HOUR MINIMUM PER VISIT/THEN PRORATED IN 15 MINUTE INCREMENTS
PVT. DUTY CNA/HHA 24 HOUR CARE – 2 DAY MINIMUM	\$20/HOUR	FOR AROUND THE CLOCK, HANDS-ON CARE; CAREGIVER GETS TO SLEEP LESS THAN 8 HOURS.
PVT DUTY CNA/HHA LIVE-IN 7 DAY MINIMUM	\$250/DAY	CAREGIVER ALLOWED TO SLEEP MINIMUM OF 8 HOURS W/ MINIMAL INTERRUPTIONS OR ADD 8 HOURS OVERNIGHT HOURLY RATE.
PVT DUTY CNA/HHA OVERNIGHTS (6PM-8AM)	\$35/HOUR	2 HOUR MINIMUM PER VISIT/THEN PRORATED IN 15 MINUTE INCREMENTS
PVT DUTY COMPANION OVERNIGHTS (6PM-8AM)	\$30/HOUR	2 HOUR MINIMUM PER VISIT/THEN PRORATED IN 15 MINUTE INCREMENTS
HOLIDAYS	TIME AND A HALF	2 HOUR MINIMUM PER VISIT/THEN PRORATED IN 15 MINUTE INCREMENTS
ADDITIONAL CLIENT IN HOME	ADD ½ OF RATE	**ONLY IF ADDITIONAL CLIENT RECEIVES SERVICES DURING THE SAME VISIT AND LEVEL OF SERVICE IS EQUAL OR LESS THAN THE LEVEL OF SERVICE REQUIRED BY THE PRIMARY CLIENT.
HANDYMAN SERVICES	\$30/HOUR	2 HR MIN PLUS MILEAGE

**Related Policies (if any):**

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

**Applicable Forms (if any):**

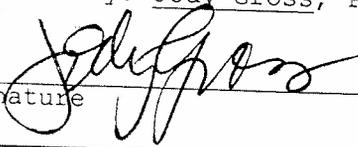
- VNA Fee Schedule
- Life. At Home. Fee Schedule

**Reference:**

None.

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

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

Subject: <b>Fee Schedule - Hospice</b> Status: N/A	Policy No. 612.1 Effective Date: 05/01/2011 Initiator: LK/GW/JG
Approved By: <u>Jody Gross</u> , President & CEO  Signature _____ Date <u>5/1/11</u>	Replaces Policy No. 612 Issue Date: <u>7/89, 12/96,</u> <u>3/98, 4/05, 11/05,</u> <u>9/06, 03/07, 4/08</u>
Page <u>1</u> of <u>2</u>	

**Policy:**

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

**Scope:**

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

**Guidelines (Procedures):**

1. CHARGES FOR SERVICES: Hospice

DIRECT SERVICES	PER VISIT	PER HOUR	RENT
Routine Care			
Continuous Care			<i>Based on</i>
Respite Home Care			<i>established</i>
General Inpatient Care			<i>Medicare</i>
Private Duty Services – Reference <i>Life. At Home.</i>			<i>rates</i>
MEDICAL RESPONSE SYSTEM			
Installation			
Rental			\$75
Dual Subscription Monitoring			\$40/month or \$1.50/day
SUPPLIES			
Routine			*
Wound Care			*

\* The fee for routine and wound care supplies is based on supplies used. Other specialized higher cost care will be quoted on a case by case basis – to be determined by the Chief Executive Officer or Chief Clinical Officer or another senior clinical manager.

**Notes:**

1. All fees/compensation may be considered on a sliding scale or as negotiated with third party payors.
2. The Hospice per diem rate may be lowered depending on the contracted extent of coverage through third party insurers - i.e.: if drugs are not included under the per diem rate, the charge to the insurer may be lowered to a rate agreed upon by Hospice and the insurer.
3. A visit is considered any service up to two hours in length.
4. Fees for the Medical Response System are billed at daily rates for any month with partial service.

**Related Policies (if any):**

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

**Applicable Forms (if any):**

None.

**Reference:**

None.

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

612.1

Internal Revenue Service  
District Director

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

DATE: March 20, 1996

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

Date of Inquiry:

EIN: 59-2386289

Dear Sir or Madam:

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

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

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

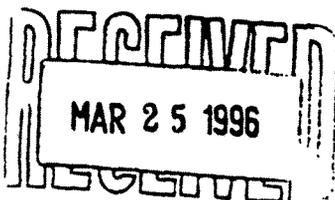
A copy of this letter should remain in your permanent records, as it may help resolve any questions about your exempt status.

Thank you for your cooperation.

Sincerely,

*J. Pressley*

Exempt Organizations  
Coordinator



# Nonprofit Report

## HOSPICE OF FLORIDA KEYS INC

Also Known As:  
1319 William St  
Key West, FL 33040

*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

#### HOSPICE OF FLORIDA KEYS INC

Also Known As:

**Physical Address:** 1319 William St  
Key West, FL 33040

**Web Address:** [www.hospicevna.com](http://www.hospicevna.com)

**Telephone:** 305-294-8812

**Contact:**

### At A Glance

**Formerly Known As:**

**Category (NTEE):** P Human Services /P74 (Hospice)

**Year Founded:** 1985

### Mission Statement

TO PROVIDE PALLIATIVE & SUPPORTIVE CARE TO RESIDENTS OF MONROE COUNTY WHO ARE TERMINALLY ILL, & THEIR FAMILIES

### Impact Statement

This organization has not provided an impact statement.

### Background Statement

### Financial Data

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

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

### Revenue and Expenses

#### Revenue

Contributions	--
Program Services	--
Membership Dues	--
Special Events	--
Other	--
<b>Total Revenue</b>	--

#### Expenses

Program Services	--
Administrative Costs	--
Payments To Affiliates	--
<b>Total Expenses</b>	--

#### Assets & Liabilities

Total Assets	--
Total Liabilities	--
<b>Net Assets or Fund Balance at the end of year</b>	--

### Balance Sheet

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

## Financial Statements

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

## Annual Reports

## Formation Documents

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

## Program:

Budget: --

Category:

Population Served:

Program Description:

Program Long-Term Success:

Program Short-Term Success:

Program Success Monitored by:

Program Success Examples:

## Funding Needs

## Volunteer Needs

## Request for In-Kind Contributions

## Organizational Statistics

## Chief Executive

## Board Chair

## Board of Directors

## 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

## Legitimacy Information

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

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

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

## Forms 990 from IRS



View IRS Form 990 data for the following years:

[2010 Form 990](#)

[2009 Form 990](#)

[2008 Form 990](#)

### Digitizing IRS Form 990 Data

*Forms 990 for 2010, 2009, 2008, 2007, 2006 are included in the GuideStar Premium Report. [Upgrade Now](#)*

*A multi-year analysis of key balance sheet, income statement, profitability and liquidity measures is available for this organization. Financial SCAN includes a detailed financial health analysis and peer comparison and benchmarking tool. [Learn More](#)*

## News

## Basic Organization Information

HOSPICE OF FLORIDA KEYS INC

Physical Address: 1319 William St  
Key West, FL 33040  
EIN: 59-2386289  
Web URL: [www.hospicevna.com](http://www.hospicevna.com)  
Telephone: 305-294-8812  
NTEE Category: P Human Services  
P74 (Hospice)  
Year Founded: 1985  
Ruling Year: 1985

## Mission Statement

TO PROVIDE PALLIATIVE & SUPPORTIVE CARE TO RESIDENTS OF MONROE COUNTY WHO ARE TERMINALLY ILL, & THEIR FAMILIES

## Expert Reviews

There are no Expert Reviews for this organization. Learn more about [TakeAction@GuideStar](mailto:TakeAction@GuideStar).

## Impact Statement

This organization has not provided an impact statement.

## Personal Reviews

There are no reviews for this organization.

Write a Review Powered by [GREAT Nonprofits](#)

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

RECEIPT# 46110-10549

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

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

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

**Rooms                      Seats                      Employees                      Machines                      Stalls**

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

Paid 125-10-00005749 07/12/2011 0.00

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

THIS BECOMES A TAX RECEIPT  
WHEN VALIDATED

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

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

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

RECEIPT # 46110-107502

Business Name: LIFE AT HOME

Owner Name: HOSPICE OF THE FLORIDA KEYS INC  
Mailing Address: 1319 WILLIAM ST  
KEY WEST, FL 33040

Business Location: 1319 WILLIAM ST  
KEY WEST, FL 33040  
Business Phone: 305-294-8812  
Business Type: PROFESSIONALS (HEALTHCARE PROVIDERS)

Rooms                      Seats                      Employees                      Machines                      Stalls

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

Paid 122-11-00001699    12/28/2011    0.00

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

THIS BECOMES A TAX RECEIPT  
WHEN VALIDATED

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

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

# CITY OF KEY WEST, FLORIDA

## Business Tax Receipt

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

Business Name HOSPICE OF THE FLORIDA KEYS IN CTINbr:0004279  
Location Addr 1319 WILLIAM ST  
Lic NBR/Class 12-00004280 SERVICE - GENERAL  
Issue Date: July 18, 2011 Expiration Date: September 30, 2012  
License Fee \$0.00  
Add. Charges \$0.00  
Penalty \$0.00  
Total \$0.00  
Comments: HEALTH CARE PROVIDER FOR TERMINALLY ILL

This document must be prominently displayed.  
HOSPICE OF THE FLORIDA KEYS IN

1319 WILLIAM ST  
KEY WEST FL 33040

# CITY OF KEY WEST, FLORIDA

## Business Tax Receipt

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

Business Name VISITING NURSE ASSOC OF THE FL CTINbr:0004278  
Location Addr 1319 WILLIAM ST  
Lic NBR/Class 12-00004279 SERVICE - GENERAL  
Issue Date: July 18, 2011 Expiration Date: September 30, 2012  
License Fee \$0.00  
Add. Charges \$0.00  
Penalty \$0.00  
Total \$0.00  
Comments: VISITING NURSES ASSOC.

This document must be prominently displayed.  
KERN, LISBETH, EXECUTIVE DIR.  
VISITING NURSE ASSOC OF THE FL  
1319 WILLIAM ST  
KEY WEST FL 33040

# CITY OF KEY WEST, FLORIDA

## Business Tax Receipt

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

Business Name LIFE AT HOME CtINbr:0021510  
Location Addr 1319 WILLIAM ST  
Lic NBR/Class 12-00026541 SERVICE - GENERAL  
Issue Date: January 05, 2012 Expiration Date:September 30, 2012  
License Fee \$0.00  
Add. Charges \$0.00  
Penalty \$0.00  
Total \$0.00

Comments: HOMEMAKER COMPANION SERVICE

---

This document must be prominently displayed.  
HOSPICE OF FLORIDA KEYS, INC.

LIFE AT HOME  
1319 WILLIAM ST

KEY WEST FL 33040

CERTIFICATE #: 1099

LICENSE #: 50310951

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

**HOSPICE  
LICENSED**

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

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

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

EFFECTIVE DATE: 12/01/2011

EXPIRATION DATE: 11/30/2013

*Molly J. Kennedy*  
Deputy Secretary, Division of Health Quality Assurance

CERTIFICATE #: 16128

REGISTRATION #: 232517

# State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION  
DIVISION OF HEALTH QUALITY ASSURANCE

## HOMEMAKER & COMPANION SERVICES REGISTERED

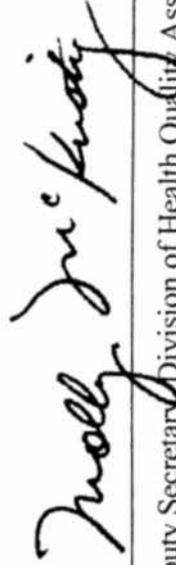
This is to confirm that HOSPICE OF THE FLORIDA KEYS, INC. has complied with Chapter 400, Part III, rules of the State of Florida and is authorized to operate the following:

**LIFE AT HOME**  
92001 OVERSEAS HWY  
TAVERNIER, FL 33070  
in the following counties:  
MONROE

Homemaker & Companion Services are prohibited from providing any hands-on personal care services.

EFFECTIVE DATE: 01/17/2012

EXPIRATION DATE: 01/16/2014



Deputy Secretary, Division of Health Quality Assurance

CERTIFICATE #: 27933

LICENSE #: 21245096

# State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION  
DIVISION OF HEALTH QUALITY ASSURANCE

## MEDICARE/MEDICAID CERTIFIED HOME HEALTH AGENCY

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

### VISITING NURSE ASSOCIATION OF THE FLORIDA KEYS

1319 WILLIAM ST  
KEY WEST, FL 33040  
MONROE COUNTY

in the following counties:

MONROE

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

EFFECTIVE DATE: 07/01/2010

EXPIRATION DATE: 06/30/2012

  
Deputy Secretary, Division of Health Quality Assurance

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

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

CLIA ID NUMBER  
10D0645330

EFFECTIVE DATE  
09/01/2010

EXPIRATION DATE  
08/31/2012

LABORATORY DIRECTOR  
LISBETH KERN

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

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



*Judith A. Yost*

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



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
EXEMPTION CERTIFICATE

For: Biomedical Waste - Home Health  
Issued To: Hospice/VNA of FL Keys  
1319 William St  
Key West, FL 33040

Mailed To: Hospice/VNA of FL Keys  
1319 William St  
Key West, FL 33040

ORIGINAL - CUSTOMER (Non-Transferable)

Audit Control: 44-BID-1801681  
Permit Number: 44-64-90054  
County: Monroe  
Issue Date: 10/01/2011



*William C. Hoffman*

Issued By: Monroe County Health Department  
1100 Simonton St  
Ofc 242  
Key West, FL 33040



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
EXEMPTION CERTIFICATE

For: Biomedical Waste - Home Health  
Issued To: Hospice/VNA of FL Keys  
1319 William St  
Key West, FL 33040

Mailed To: Hospice/VNA of FL Keys  
1319 William St  
Key West, FL 33040

Duplicate CUSTOMER (Non-Transferable)

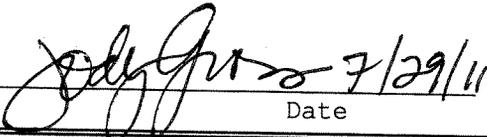
Audit Control: 44-BID-1801681  
Permit Number: 44-64-90054  
County: Monroe  
Issue Date: 10/01/2011



*William C. Hoffman*

Issued By: Monroe County Health Department  
1100 Simonton St  
Ofc 242  
Key West, FL 33040

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

Subject: <b>Equal Employment Opportunity</b>	Policy No. 501.0 Effective Date: 07/29/2011
Status: N/A	Initiator: LK/JG
Approved By: <u>Jody Gross, President &amp; CEO</u> 	Replaces Policy No. <u>501.0</u> Issue Date: <u>11/84, 10/96</u>
Signature _____ Date <u>7/29/11</u>	Page <u>1</u> of <u>2</u>

**Policy:**

The organization does not discriminate against employees, or applicants for employment, because of race, color, ethnicity, religion, sex, age, national origin, disability/handicap, or sexual orientation.

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

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

**Scope:**

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

**Related Policies (if any):**

- 501.1 - Americans with Disabilities Act of 1990
- 511.0 - Employee Grievance
- 524.0 - Sexual Harassment
- 531.0 - Employee Eligibility (I-9)

**Applicable Forms (if any):**

None.

**Reference:**

Title VII of the Civil Rights Act of 1964 (Federal)  
The Age Discrimination Act of 1967, amended 1978 (Federal)  
The Rehabilitation Act of 1973 (Federal)  
Americans with Disabilities Act of 1990 (Federal)  
Older Workers Benefit Protection Act (Federal)  
Equal Pay Act (Federal)  
Florida Civil Rights Act of 1992 (State)  
Equal Pay Statute (State of Florida)

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

501.0



RICK SCOTT  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
SECRETARY

March 7, 2012

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

Dear Administrator:

This letter reports the findings of a Recertification and Relicensure survey revisit conducted by desk review on February 28, 2012 by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams  
Field Office Manager

sh

Enclosures: CMS 2567, State Form and Revisit Report

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



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Fort Myers Field Office  
2295 Victoria Avenue, Room 340  
Fort Myers, FL 33901  
Phone (239) 335-1315; Fax (239) 338-2372

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

PRINTED: 03/07/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>107263</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>02/28/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VISITING NURSE ASSOCIATION OF THE FLORIDA KEYS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1319 WILLIAM ST KEY WEST, FL 33040</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

{G 000}	<p><b>INITIAL COMMENTS</b></p> <p>This is to report the results of an unannounced revisit desk review survey to the Recertification survey, conducted on 11/28/11 to 2/1/2011 and 1st revisit survey on 1/9/12 to 1/10/12, at Visiting Nurse Association of the Florida Keys, a certified Home Health Agency (HHA), in Key West, FL. This revisit desk review was completed on 2/28/2012.</p> <p>All previous citations have been substantially improved or corrected.</p> <p>Visiting Nurse Association of the Florida Keys is in compliance with 42 CFR Part 484 Requirements for Home Health Agencies.</p>	{G 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Department of Health and Human Services  
Centers for Medicare & Medicaid Services

Form Approved  
OMB NO. 0938-0390

Post-Certification Revisit Report

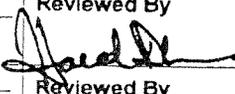
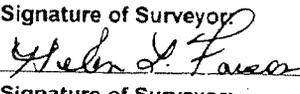
Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this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

(Y1) Provider / Supplier / CLIA / Identification Number 107263	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 2/28/2012
---	--	-----------------------------------

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

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

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>G0159</u> Reg. # <u>484.18(a)</u> LSC _____	Correction Completed <u>02/28/2012</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency _____	Reviewed By  Reviewed By _____ CMS RO _____	Date: <u>3-7-12</u> Date: _____	Signature of Surveyor:  Signature of Surveyor: _____	Date: <u>3/7/2012</u> Date: _____
---	--	------------------------------------	---	--------------------------------------

Followup to Survey Completed on: <u>12/1/2011</u>	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
--	--

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HH351083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/28/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>VISITING NURSE ASSOCIATION OF THE FLOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1319 WILLIAM ST KEY WEST, FL 33040</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 000}	<p><b>INITIAL COMMENTS</b></p> <p>This is to report the results of an unannounced revisit desk review survey to the Relicensure survey at Visiting Nurse Association of the Florida Keys, a certified Home Health Agency (HHA), conducted on 11/28/11 to 2/1/2011 and 1st revisit survey on 1/9/12 to 1/10/12, in Key West, FL. This revisit desk review was completed on 2/28/2012.</p> <p>All previous citations have been substantially improved or corrected.</p> <p>There were no deficiencies identified at the time of this survey.</p>	{H 000}		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6899

R18Z13

If continuation sheet 1 of 1

**State Form: Revisit Report**

(Y1) Provider / Supplier / CLIA / Identification Number HH351083	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 2/28/2012
Name of Facility VISITING NURSE ASSOCIATION OF THE FLORIDA KEYS		Street Address, City, State, Zip Code 1319 WILLIAM ST KEY WEST, FL 33040

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

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>H0380</u> Reg. # <u>59A-8.027(16-17), F.A.C.</u> LSC _____	Correction Completed <u>02/28/2012</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By	Date: <u>3-7-12</u>	Signature of Surveyor:	Date: <u>3/7/2012</u>
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: <u>12/1/2011</u>	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
--	---



CHARLIE CRIST  
GOVERNOR

*Better Health Care for all Floridians*

THOMAS W. ARNOLD  
SECRETARY

June 18, 2010

Administrator  
Hospice Of The Florida Keys  
1319 William St  
Key West, FL 33040

Dear Administrator:

This letter reports the findings of a Recertification survey revisit conducted on June 8, 2010 by representative(s) of this office.

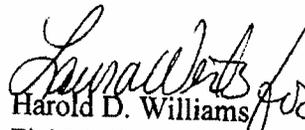
Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

In accordance with the Florida Statutes, this report of inspection must be posted in a prominent location to be accessible to all residents and the public.

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

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

  
Harold D. Williams  
Field Office Manager

Enclosures

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



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Fort Myers Field Office  
2295 Victoria Avenue, Room 340  
Ft. Myers, FL 33901  
Phone (239) 335-1315; Fax (239) 338-2372

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

PRINTED: 06/17/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>101524</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/08/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOSPICE OF THE FLORIDA KEYS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1319 WILLIAM ST</b> <b>KEY WEST, FL 33040</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{L 000}	<p><b>INITIAL COMMENTS</b></p> <p>These are the results of the followup survey completed on 6/08/10 to the Recertification survey conducted on 4/19/10 through 4/21/10 for Hospice of the Florida Keys, a Hospice agency.</p> <p>The following Federal deficiencies have been cleared: L0553, L0578, L0591, L0628, L0671, and L0691.</p>	{L 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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

**Post-Certification Revisit Report**

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

(Y1) Provider / Supplier / CLIA / Identification Number 101524	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 6/8/2010
Name of Facility HOSPICE OF THE FLORIDA KEYS		Street Address, City, State, Zip Code 1319 WILLIAM ST KEY WEST, FL 33040

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

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>L0553</u> Reg. # <u>418.56(d)</u> LSC _____	Correction Completed 06/08/2010	ID Prefix <u>L0578</u> Reg. # <u>418.60</u> LSC _____	Correction Completed 06/08/2010	ID Prefix <u>L0591</u> Reg. # <u>418.64(b)(1)</u> LSC _____	Correction Completed 06/08/2010
ID Prefix <u>L0628</u> Reg. # <u>418.76(a)(4)</u> LSC _____	Correction Completed 06/08/2010	ID Prefix <u>L0671</u> Reg. # <u>418.104</u> LSC _____	Correction Completed 06/08/2010	ID Prefix <u>L0691</u> Reg. # <u>418.106(c)</u> LSC _____	Correction Completed 06/08/2010
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: <i>Anna Westford C. Byrne</i>	Date: <u>6/17/10</u>
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 4/21/2010	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HC22910038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/08/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOSPICE OF THE FLORIDA KEYS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1319 WILLIAM ST KEY WEST, FL 33040</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{T 000}	<p>Initial Comments</p> <p>These are the results of the followup survey completed on 6/08/10 to the Relicensure survey originally conducted on 4/19/10 through 4/21/10 for Hospice of the Florida Keys, a Hospice agency.</p> <p>The following citations were cleared: T 0061, T0162 and T0164.</p>	{T 000}		
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AHCA Form 3020-0001

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

TITLE

(X6) DATE

**State Form: Revisit Report**

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> HC22910038	<b>(Y2) Multiple Construction</b> A. Building B. Wing	<b>(Y3) Date of Revisit</b> 6/8/2010
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<b>Name of Facility</b> HOSPICE OF THE FLORIDA KEYS	<b>Street Address, City, State, Zip Code</b> 1319 WILLIAM ST KEY WEST, FL 33040
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>T0061</u> Reg. # <u>400.611</u> LSC _____	Correction Completed <u>06/08/2010</u>	ID Prefix <u>T0162</u> Reg. # <u>FAC 58A-2.026(3)</u> LSC _____	Correction Completed <u>06/08/2010</u>	ID Prefix <u>T0164</u> Reg. # <u>FAC 58A-2.026(5)</u> LSC _____	Correction Completed <u>06/08/2010</u>
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: <i>Laura Wertz</i>	Date: <u>6/17/10</u>
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: <i>Laura Wertz</i>	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____		Date: _____
CMS RO _____				

Followup to Survey Completed on: <u>4/21/2010</u>	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float:right"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		