Form **990**

Department of the Treasury Internal Revenue Servise

Return of Organization Exempt From Income Tax

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

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

2009

Open to Public Inspection

	OI LITE	2009 Calefidat year, or tax year beginning and er	nuing					
В	Check if applicable	Please C Name of organization		D Employer identific	cation number			
	Addres	use in a	NC					
F	lchange Name	type	NC.	30-0	239421			
F	change lnitial return		oom/suite	E Telephone number				
	Termin- ated		00111/30110	,	305-361-2770			
	Amend			G Gross receipts \$	446 505			
	Application	KEY BISCAYNE, FL 33149		H(a) Is this a group re				
	pendin	F Name and address of principal officer PATRICK DWYER	- · - · -	for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No			
		mpt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		If "No," attach a	list (see instructions)			
		e: ► WWW.KEYBISCAYNEFOUNDATION.ORG		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	of formation: 2004 N	1 State of legal domicile: FL			
P	T	Summary						
ဗ္	1 1	Briefly describe the organization's mission or most significant activities.						
Governance	-	Check this box If the organization discontinued its operations or dispose	d of moore	than OEO/ of its not as				
Ver	_	Check this box I	eu or more	3	13			
ගී		Number of independent voting members of the governing body (Part VI, line 1b)		4	13			
vitues &		Total number of employees (Part V, line 2a)		5	1			
Ţţe.		Total:number_of-volunteers (estimate if necessary)		6	40			
Activ		Total gross Linielated business revenue from Part VIII, column (C), line 12		7a	0.			
1		Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
	NOV	/ 1 9 2010 O		Prior Year	Current Year			
37 ue	8 (Contributions and prants (Part VIII, line 1h)		116,499.	34,312.			
en.	-	Program.service.reveriue (Part VIII, line 2g)	<u> </u>					
Reven		Nestinentincome (Part VIII, column (A), lines 3, 4, and 7d)		12,947.	<u>15,827.</u>			
	1	Otherrevenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-44,694.	40,171.			
	1""	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		84,752.	90,310.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		48,898.	45,472.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)	 	74,294.	76,752.			
Expenses	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		14,434.	10,132.			
pen	h 1	Total fundraising expenses (Part IX, column (D), line 25) 40,54	1.					
ŭ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	 -	101,966.	41,395.			
i i		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		225,158.	163,619.			
<u>.</u>	19 F	Revenue less expenses Subtract line 18 from line 12		-140,406.	-73,309.			
PS	3		Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		789,660.	743,862.			
Net Assets or Fund Balances	21 1	Total liabilities (Part X, line 26)			2,547.			
2	22	Net assets or fund balances. Subtract line 21 from line 20		789,660.	741,315.			
P	art II	Signature Block						
		Under penalties of perjury, I defiare that I have examined this return, including accompanying schedules and and complete. Declaration of preparer (other than officer). Preceding elimitormation of which preparer has any	statements, a y knowledge	and to the best of my knowled	ge and belief, it is true, correct,			
		X June //Clear		X 11-11	T -10			
Sig		Signature of officer		Date	B - 10			
Hei	re	SHERRY REED, TREASURER		Duto				
		Type or print name and title						
		Preparer's Date	Che		er's identifying number			
Paid	structions)							
		signature Firm's name (or LANCASTER & REED, ILC	1	ployed ▶ L EIN ▶				
Use	Only	self-employed), 50 W. MASHTA DRIVE, STE. 6			·			
		address, and ZIP+4 KEY BISCAYNE, FL 33149-2431		Phone no. ► (305) 361-1014			
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)	<u> </u>		X Yes No			

	m 990 (2009) KEY BISCAYNE COMMUI		30-0239421 Page 2
Par	art III Statement of Program Service Accomplish	ments	
1	Briefly describe the organization's mission SEE SCHEI	OULE O FOR CONTINUATION	
	THE ORGANIZATION HOLDS FUNDRAIS:		E RAISES FUNDS
	IN ORDER TO MAKE GRANTS THAT BEI		
	WERE PAID DURING THE YEAR TO BE		ADDITION,
	SEVERAL EVENTS SERVED TO EDUCATI		
			III ABOUI
2	Did the organization undertake any significant program services	s 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 chair	nges in how it conducts, any program services	? Yes ☒ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the org	anization's three largest program services by e	expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947	(a)(1) trusts are required to report the amount of	of grants and
	allocations to others, the total expenses, and revenue, if any, for		
	,		
4a	(Code) (Expenses \$ 47,614.	including grants of \$ 45,472.)(Revenue \$
	THE ORGANIZATION HOLDS FUNDRAIS:		
		IT THE COMMUNITY. MULTII	
		THE COMMUNITY. IN ADDIT	
	EVENTS SERVED TO EDUCATE MEMBERS		r SERVICES AND
	BENEFITS AVAILABLE IN THE COMMUN	NITY.	
			
			<u> </u>
4b	(Code) (Expenses \$	including grants of \$) ((Revenue \$
	·	-	
	· · ·		
		· · · · · · · · · · · · · · · · · · ·	
_			
4c	(Code.) (Expenses \$	including grants of \$)(Revenue \$
			•
4 ra	Other program services (Describe in Schedule O)		
4d) (Power	,
	(Expenses \$ including grants of \$ Total program service expenses ▶ \$ 47,65) (Revenue \$	
46	Total program service expenses > \$ 4/.6.	14 a	

Part IV Checklist of Red	guired Schedules
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1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule or Complete Schedule B, Schedule G Contributions? Did the organization engage in direct or indirect political campagn activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organizations are the organizations believe the section 603(c) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization investion of hold a conservation essement, including assements to preserve open apace, the environment, instinctives? If "Yes," complete Schedule D, Part II Did the organization investion of hold a conservation essement, including assements to preserve open apace, the environment, instinctives? If "Yes," complete Schedule D, Part III Did the organization interest or hold a conservation essement, including assements to preserve open apace, the environment, instinctives? If "Yes," complete Schedule D, Part III Did the organization interest or hold accounts of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide circletic conservation, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI, VII, VIII, X, or X as applicable Did the organization report an amount for fine floar, or debt negotiation services? If "Yes," complete Schedule D, Part VI, VIII, X, III, X, III, X, III, X, III, X, III, Y, III, Y, III, Y, III, Y, III, Y, III, Y, III, X, III, Y, III, Y, III, Y, III, X, III, X, III, Y, III, Y, II				Yes	No			
2 Is the 'organization required to complete Schedule 6, Schedule of Contributions? Did the organization range in direct or indirect paths of paths and amount of the organization and indirect paths of the organizations. Is the organizations between the organizations are selected in the organizations and interest paths of the organizations are selected in the organizations and interest paths of the organizations are selected in the organization and interest paths or the organization are selected in consolidated in inancial statements for the tax year? If year, complete Schedule D, Par	1							
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(5) organizations. Is the organization subject to the section 603(6) notice and reporting requirement and proxy tax' If "Yes," complete Conduct C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(5), and 501(c)(5), complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)		·						
public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organizations. Is the organization subject to the section 603(e)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(e) office and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization and yolono advead funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, Instoncial treasures, or other similar assets? If "Yes," complete Schedule D, Part II VI and the organization maintain collections of works of art, Instoncial treasures, or other similar assets? If "Yes," complete Schedule D, Part II VI and the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV VI II Is the organization savere to any of the following questions "Yes?" If so, complete Schedule D, Part IV VI II Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV VI II Is 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 18? If "Yes," complete Schedule D, Part X VI II			_2	<u> X</u>				
4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organizations ubject to the section 603(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(c)(4), 501(c)(5), and 501(c)(6) organization are proving requirement and proxy tax? If "Yes," complete Schedule C, Part II or Did the organization maintian any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II or Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures If "Yes," complete Schedule D, Part IV or Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Or 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 repart, or debt negotiation services? If "Yes," complete Schedule D, Part IV Or Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI IX or X as applicable Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization separate or consolidated financial statements for the tax year? If "Yes," com	3							
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and prioxy tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts Where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization research or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 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 negotation services? If "Yes," complete Schedule D, Part IV 10 Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 11 Is the organization answer to any of the following questions "Yes"? If so, complete Schedule D, Part IV, VIII, VIII, IX, or X as applicable 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 12 Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XV 13 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16 If IVes, "complete Schedule D, Part X 15 Did the organization is liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 16 Did								
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10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VII	9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide	_					
If "Yes," complete Schedule D, Part V 10		credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X			
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII Did the organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization blability for uncertain tax positions under FINI 48? If "Yes," complete Schedule D, Part X Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, IXII, and XIII. A Was the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraisin	10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?						
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Form 990 (2009)	20	·	20		_X_			
			Form	990 (2009)			

Part IV Checklist of Required Schedules (continued)

No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х Schedule L. Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? Х If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Х If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

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

Form 990 (2009)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form **990** (2009)

Form 990 (2009) KEY BISCAYNE COMMUNITY FOUNDATION, INC. 30-0239421 Page 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

ec.	tion A. Governing Body and Management								
			•			Yes	No		
1a	Enter'the number of voting members of the governing body	1a	<u> </u>	13					
þ	Enter the number of voting members that are independent	1b		13					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp witi	n any other						
	officer, director, trustee, or key employee?				2_		<u> </u>		
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ect supervision						
	of officers, directors or trustees, or key employees to a management company or other person?				3		<u> </u>		
4	Did the organization make any significant changes to its organizational documents since the prior Fo		90 was filed?		<u>4</u> 5		X		
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	· ·								
7a	Does the organization have members, stockholders, or other persons who may elect one or more more more more more more more	embe	rs of the						
	governing body?		_		7a		X		
	Are any decisions of the governing body subject to approval by members, stockholders, or other pe				7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durir	g the year						
	by the following.				_				
	The governing body?				8a	X			
	Each committee with authority to act on behalf of the governing body?				8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	achec	at the	1	_		٠,,		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- 01- 1		9		X		
sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	teven	ue Coae)			V	N.		
40-	Dana the average have local sharters by such as a officiate 2				10-	Yes	No X		
	Does the organization have local chapters, branches, or affiliates?	obor	tore offiliator		10a				
D	If "Yes," does the organization have written policies and procedures governing the activities of such	Спар	ters, arimates,		10b				
44	and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before f	filina t	he form?		11		Х		
11 11	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	illing t	ne tom:				21		
	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	х			
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld a	ve rice		IZa	- 22			
U	to conflicts?	ulu gi	ve rise		12b	х			
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes	" describe		12.0		·		
·	In Schedule O how this is done	, 00,	acscribe		12c	x			
13	Does the organization have a written whistleblower policy?				13		х		
14	Does the organization have a written document retention and destruction policy?				14		X		
15	Did the process for determining compensation of the following persons include a review and approv	al by	ındependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official				15a		х		
	Other officers or key employees of the organization				15b		Х		
-	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 arrange	ment	with a						
	taxable entity during the year?				16a		X_		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	its participatio	n					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	janiza	tion's						
	exempt status with respect to such arrangements?				16b	<u> </u>			
Sec	tion 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 (50	(c)(3)s only) av	aılable	for				
	public inspection indicate how you make these available. Check all that apply								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	confli	ct of interest po	olicy, ar	nd fina	incial			
	statements available to the public								
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the or	ganızat	tion 🕨	-			
	MELISSA MCCAUGHAN WHITE - 305-361-2770								
	50 W. MASHTA DRIVE, SUITE 3, KEY BISCAYNE, FL 331	L49							

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

(A)	(B)	ny current officer, directo						(D)	(E)	(F)	
Name and Title	Average	١,,	Pos					Reportable	Reportable	Estimated	
	hours per		neck	all	that apply)			compensation from	compensation from related	amount of other	
	week	Individual trustee or director						the	organizations	compensation	
		ordi	豐			sated		organization	(W-2/1099-MISC)	from the	
		ruste	it trus		8	шреп		(W-2/1099-MISC)		organization	
		Ē	institutional trustee		Key employee	Highest compensated employee	5			and related organizations	
		횰	1 te	Officer	Key	High	Former			Organizations	
CARLOS BATLLE			_								
VICE CHAIR	2.00	X		X		ļ		0.	0.	0.	
PATRICK DWYER											
CHAIR	2.00	X	ļ	X	<u> </u>			0.	0.	0.	
H JOSEPH KIENE					1				_	_	
DIRECTOR	2.00	X			_			0.	0.	0.	
SHERRY REED											
TREASURER	2.00	X	_	X	_			0.	0.	0.	
JORGE MENDIA, MD	10 00			ļ				_		•	
DIRECTOR	10.00	X		-	-	├	_	0.	0.	0.	
ENRIQUE FALLA, JR DIRECTOR	2.00	l .						0.	0.	0.	
JOAN MCCAUGHAN	2.00	₽		\vdash	\vdash			0.		U •	
DIRECTOR	2.00	x		l				0.	0.	0.	
ANA GLORIDA RIVAS-VAZQUE	2.00	1					-	<u> </u>	-		
DIRECTOR	10.00	x						0.	0.	0.	
STACIA SMITH											
DIRECTOR	5.00	X		1				0.	0.	0.	
STEPHEN SONNABEND											
DIRECTOR	2.00	X						0.	0.	0.	
SILVIA TARAFA											
DIRECTOR	2.00	X						0.	0.	0.	
ANNE RICHARDS ROTHE									_	_	
SECRETARY	5.00	X		X	<u> </u>	<u> </u>		0.	0.	0.	
ED STONE										242	
DIRECTOR	2.00	X			_	<u> </u>		0.	0.	843.	
XIMENA ANTUNEZ DE MAYOLO	40.00			,,	ļ			CF 000	0	_	
EXECUTIVE DIRECTOR	40.00	_		X		-		65,000.	0.	0.	
]			
	-									-	
		_	_		_	┞					
			Щ	<u> </u>					L	F 000 (2222)	

Name and business address	Description of services	Compensation				
 \$100,000 in compensation from the organization	0					

	t VII			COMMUNIT	I FOUNDALL	ON, INC.	30-04334	EZI Page 5
Fai	VII	Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
इइ	1 a	Federated campaigns	1a		·			
EZ		Membership dues	1b				i	
s, g	С	Fundraising events	1c					
gift ar	d	Related organizations	1d					
S,E	е	Government grants (contribut	tions) 1e	849.				
i s	f	All other contributions, gifts, gran	its, and					
혈		similar amounts not included abo	ve 1f	33,463.				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines	s 1a-1f \$					
<u>8</u> 0	<u>h</u>	Total. Add lines 1a-1f		<u> </u>	<u>34,312.</u>			 -
l				Business Code				
<u>8</u>	2 a							
e S	b							
n S	С							
Program Service Revenue	d	<u> </u>						
Š.	е			-		-		
-	f	All other program service reve	enue					
\rightarrow		Total. Add lines 2a-2f				1		
	3	Investment income (including other similar amounts)	aiviaenas, inter	est, and	15,827.			15,827.
	4	Income from investment of ta	v avamnt hand r	rocoede	13,021.			13,027.
	4 5	Royalties	x-exempt bond t	Dioceeds		-		
	5	noyaliles	(ı) Real	(ii) Personal.				
	6 a	Gross Rents	(I) Neal	(ii) i ersoriai,				
	b							
1	c	- · · · · · · · · · · · · · · · · · · ·						
	d			>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
ļ	d	Net gain or (loss)						
a	8 a	Gross income from fundraisin	ng events (not					
Other Revenue		including \$	of					
ě		contributions reported on line						
je		Part IV, line 18	а					
됩		Less direct expenses	. b	56,427.	40 484			40 454
1		Net income or (loss) from fund	-	•	40,171.			40,171.
	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	а					
		Less direct expenses	b					
		Net income or (loss) from gan	_					
	10 a	Gross sales of inventory, less						
ŀ	_	and allowances Less: cost of goods sold	a					
		Net income or (loss) from sale	b o of inventors					
t		Miscellaneous Revent	•	Business Code				
ł	11 a			Progruess Code				
	ıı a b						_	
	C						-	-
	d							
	e	Total. Add lines 11a-11d						
	12			•	90,310.	0.	0.	55,998.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	· All other organizations must comple				(D).
	not include amounts reported on lines 6b, 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	45,472.	45,472.		
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	65,000.		32,500.	32,500.
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	_			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	6,780.		3,390.	3,390.
10	Payroll taxes	4,972.		2,486.	2,486.
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	6,403.		6,403.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	14,248.		12,296.	<u>1,952.</u>
13	Office expenses	6,901.		6,731.	<u> </u>
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,331.		5,288.	43.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,070.		3,070.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	TRAINING AND SEMINARS	3,300.		3,300.	
b	GOOD NEIGHBOR	2,142.	2,142.		
С			•	· - · · -	
d					
е					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	163,619.	47,614.	75,464.	40,541.
26	Joint costs Check here I If following				
	SOP 98-2. Complete this line only if the organization	į			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
					E 000 (0000)

Pa	rt X	Balance Sheet				
		,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		36,118.	1	16,710.
	2	Savings and temporary cash investments		718,257.	2	650,402.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	1,936.	4	46,750.	
	5	Receivables from current and former officers, di	rectors, trustees, key			······································
		employees, and highest compensated employe	es Complete Part II			
		of Schedule L	•		5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495				
		Part II of Schedule L			6	
Ś	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		3,349.	9	· · · · · · · · · · · · · · · · · · ·
		Land, buildings, and equipment cost or other	1	3,7,3,2,3		
		basis. Complete Part VI of Schedule D	10a			
	l h	Less: accumulated depreciation	10b	1	10c	
	11	Investments - publicly traded securities	100		11	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments · program-related. See Part IV, line	···-	13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	30,000.	15	30,000.	
	16	Total assets. Add lines 1 through 15 (must equ	789,660.	16	743,862.	
	17	Accounts payable and accrued expenses	70370001	17	71370021	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
"	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director			21	
Ē	22	highest compensated employees, and disqualif				
Ë		of Schedule L	led persons. Complete Part II		22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24		•		24	
	25	Unsecured notes and loans payable to unrelate Other liabilities. Complete Part X of Schedule D	u tiliu parties	0.	25	2,547.
	26	Total liabilities. Add lines 17 through 25		0.		2,547.
	20	Organizations that follow SFAS 117, check he	are N and semplete	0.	20	2,341.
<i>1</i> 0	1	lines 27 through 29, and lines 33 and 34.	ere and complete			
ĕ	27	Unrestricted net assets			27	
lan	1	Temporarily restricted net assets			 	
B	28	Permanently restricted net assets			28 29	
nug	29	Organizations that do not follow SFAS 117, c	hook horo		29	
Ē			neck nere			
S.	20	complete lines 30 through 34.			20	0.
set	30	Capital stock or trust principal, or current funds		0.		0.
As	31	Paid-in or capital surplus, or land, building, or ed			31	741,315.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	789,660.		
_	33	Total net assets or fund balances		789,660.		741,315.
	34_	Total liabilities and net assets/fund balances		789,660.	34	<u>743,862.</u>

Form **990** (2009)

Form	990 (2009) KEY BISCAYNE COMMUNITY FOUNDATION, INC. 30-023	9421	Pa	ge 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
Ь	Were the organization's financial statements audited by an independent accountant?	2b		X
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			ĺ
За	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 (2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

Name of	the organizati	on						E	Employer id	dentification	on nu	mber
		KEY BIS	CAYNE COMMUN	IITY F	'OUNDA	TION,	INC.	1.	30	-0239	421	_
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this part	.) See inst	ructions.	. "			_
The organ	ization is not a	a private foundation	because it is. (For lines	1 through	11, check	only one b	ox.)					
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2 🔲			'0(b)(1)(A)(ii). (Attach Sc									
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pital descr	ribed in se	ction 170	(b)(1)(A)(i	iii). Enter th	e hospital'	s nam	ie,
	city, and stat											
5 🔲	An organizat	on operated for the	benefit of a college or u	niversity o	wned or op	erated by	a governr	nental un	ut describe	d ın		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🔲	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(1	I)(A)(v).					
7 🗀	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	e general p	ublic desci	ıbed ı	n
	section 170	b)(1)(A)(vi). (Comple	te Part II)									
8 X	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗌	An organizat	on that normally rec	eives: (1) more than 33	1/3% of its	support fi	rom contri	butions, m	nembersh	np fees, and	d gross rec	eipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	aın exceptı	ons, and (2	2) no more	than 33 1	/3% of it	s support f	rom gross	ınvest	ment
	income and i	unrelated business to	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	anızatıon at	fter June 3	0, 197	'5
	See section	509(a)(2). (Complete	e Part III.)									
10	-	•	perated exclusively to te	-	-			•				
11 📖	An organizat	ion organized and or	perated exclusively for the	ne benefit	of, to perfo	orm the fur	nctions of,	or to car	ry out the p	ourposes o	f one	or
		_	ations described in secti				2) See sec	ction 509	(a)(3). Ched	ck the box	that	
			organization and compl									
	a Type		•••		e III - Func	-	-			Type III · C		
e 📖			t the organization is not									n
		=	han one or more publicl)9(a)(1) or s	ection 509	(a)(2)	
f			ten determination from	the IRS tha	atitis a Ty	pe I, Type	II, or Type	9 111				
		rganization, check th				. .	-6 Ab - 6-11.					
9	-	•	organization accepted a			•					Yes	No
	• • •	· ·	irectly controls, either a upported organization?	ione or tog	jeulei willi	persons c	ieschbeu i	iii (ii) ariu	(III) Delow,	11g(i)	162	NO
	_		n described in (i) above?	•						11g(ii)		
		•	person described in (i)		e?					11g(iii)		
h	` '	•	about the supported or							1 19(11)		<u> </u>
••		one mig interment	about the capported of	gamzanon	(0).							
/i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did voi	ı notify the	(vi)	Is the	(vii) Am	ount o	ıf
	anization	(11) E 114	organization (described on lines 1-9	in col. (i) la	sted in your	organizat	ion in col.	organizat	ion in col.	Sup		
5		ļ.	above or IRC section	governing	document?	(i) of you	support?	(',' s' b''.	S.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				<u> </u>			<u> </u>			<u></u>		
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Total												

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009 KEY BISCAYNE COMMUNITY FOUNDATION, INC. 30-0239421 Page 2

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)

Calendary year (or fiscal) year beginning in Gits, jarnate, contributions, and membership fees received. (Do not include any "unusual grants") 195, 374. 283, 901. 117, 440. 116, 499. 34, 312. 747, 526.	<u>260</u>	ction A. Public Support							
membership fees received. (10 not include any 'unusual grants') 1 Tax revenues leved for the organization benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total, Add lines 1 through 3 5 The portion of total contributions by sech person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsect line 5 from line 4 8 Gross income from interest, dividends, payments received on securities lines, received on the business activities, whether or not the business activities, whether or not the business screyularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 This value of services or particular screens of the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 950 is for the organization of the sale of capital assets (Explain in Part IV) 14 Evillos support percentage for 2009 (ine 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2009 (ine 6, column (f) divided by line 11, column (f)) 16 Subtice support test - 2009. If the organization of din ot check to box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 16 10% -facts-and-circumstances test - 2008. If the organization did not check the 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. froek this box and stop here. Explain in Part IV	Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
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		more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part IV how the	·	
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		organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a public	cly supported orga	anızatıon	▶∐	
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s 🕨	

School Pa	edule A (Form 990 or 990-EZ) 2009 rt III Support Schedule for C	Organizations	Described in	Section 509(a)(2) (Complete only	If you checked the ho	Page 3		
Sec	tion A. Public Support			<u>`</u>	** * (Complete only	ii you oncoxed the be	2X 011 11110 3 011 arc 1.		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	Gifts, grants, contributions, and	(2)	127-33-	(3) = 3 = 3	(4)	197200	<u> </u>		
	membership fees received (Do not								
	include any "unusual grants ")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	zation's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year	· · · · · · · · · · · · · · · · · · ·							
	: Add lines 7a and 7b						·		
	Public support (Subtract line 7c from line 6)			<u> </u>	<u> </u>				
	ction B. Total Support	I	I .	Τ	T				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
_	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital								
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)								
	First five years. If the Form 990 is for	the organization's	s first, second. thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,		
	check this box and stop here	3	- , ,	, , =	,	()(=) = (3	▶□		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
15	Public support percentage for 2009 (column (f))		15	%		
16	Public support percentage from 2008					16	%		
	Section D. Computation of Investment Income Percentage								
17	17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 / 17 / 96								
18									
19a	19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t					
					Sch	nedule A (Form 99	0 or 990-EZ) 2009		

Schedule D

(Form 990)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		UNITY FOUNDATION,		30-0239421
Par	Organizations Maintaining Donor Advis	sed Funds or Other Similar	Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, I			
		(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year		10	
2	Aggregate contributions to (during year)		20.	
3	Aggregate grants from (during year)		.00.	
4	Aggregate value at end of year	69,0	78.	
5	Did the organization inform all donors and donor advisors i	n writing that the assets held in don	or advised fun	
	are the organization's property, subject to the organization	's exclusive legal control?		X Yes No
6	Did the organization inform all grantees, donors, and donor	r advisors in writing that grant funds	can be used o	only
	for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any other p	ourpose confer	
	impermissible private benefit?			X Yes No
Par			n 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation o			ly important land area
	Protection of natural habitat	Preservation	of a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the	he form of a co	onservation easement on the last
	day of the tax year.			
	Tabel arrach as of a conservation accounts			Held at the End of the Tax Year
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic s	structure included in (a)		2b
C		` '		2c 2d
d	Number of conservation easements included in (c) acquire Number of conservation easements modified, transferred,		d by the ergen	
3	year	released, extinguished, or terminate	d by the organ	iization duning the tax
4	Number of states where property subject to conservation	easement is located		
5	Does the organization have a written policy regarding the p		dling of	
Ŭ	violations, and enforcement of the conservation easement	- · ·	ag 0.	Yes No
6	Staff and volunteer hours devoted to monitoring, inspectin		ments during tl	
7	Amount of expenses incurred in monitoring, inspecting, an			
8	Does each conservation easement reported on line 2(d) ab			
	and section 170(h)(4)(B)(ii)?	•		Yes No
9	In Part XIV, describe how the organization reports conserve	ation easements in its revenue and	expense stater	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organia	zation's financial statements that de	scribes the org	ganization's accounting for
	conservation easements			
Par	t III Organizations Maintaining Collections		s, or Other	Similar Assets.
_	Complete if the organization answered "Yes" to For	m 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, i	·		
	treasures, or other similar assets held for public exhibition,		ce of public sei	rvice, provide, in Part XIV, the text of
_	the footnote to its financial statements that describes thes			
b	If the organization elected, as permitted under SFAS 116, to	•		
	or other similar assets held for public exhibition, education	, or research in furtherance of public	service, provi	de 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	rossures or other similar assets for	financial sais	
2	If the organization received or held works of art, historical t		imanciai gain,	provide
_	the following amounts required to be reported under SFAS	Tro relating to triese items:		• •
a	Revenues included in Form 990, Part VIII, line 1			► \$ ► \$
þ	Assets included in Form 990, Part X			- •

Surgin the organization's acquishon, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).			CAYNE COMM						<u> 30-02:</u>			ge 2
Check all that apply .						•						
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of air, 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 Ecrow and Custodial Arrangements. Complete in 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, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21 1b Tress', explain the arrangement in Part XIV and complete the following table: C Beginning balance 1d Additions during the year 1e Distributions during the year 1f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? Yes No 1s Yes, explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 1g Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e)	3	Using the organization's acquisition, accessi	on, and other record	is, check a	ny of the t	following that	are a sig	gnificant i	use of its c	ollection	ıtems	3
b Scholarly research e		(check all that apply).										
c	а	Public exhibition	d	ıЩ∟	an or exch	nange progran	ns					
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 sed to risse funds rather than to be maintained as part of the organization's collection? Part VI	b	Scholarly research	е	· L Ot	her			_				
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to rise funds rather than to be maintained as part of the organization collection?	С	Preservation for future generations										
To be sold to rase funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explai	n how they	further th	ne organization	n's exen	npt purpo	se in Part	XIV.		
Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	5	During the year, did the organization solicit of	r receive donations	of art, histo	orical treas	sures, or other	sımılar	assets				
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 is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21? Amount 1c		to be sold to raise funds rather than to be m	aintained as part of t	the organiz	ation's co	llection?				Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	t IV Escrow and Custodial Arran	gements. Compl	ete ıf orgar	nization an	swered "Yes"	to Forn	n 990, Pa	rt IV, line 9	, or		
on Form 990, Part X? Yes		reported an amount on Form 990, Pa	rt X, line 21									
b if "Yes," explain the arrangement in Part XIV and complete the following table: Amount	1a	Is the organization an agent, trustee, custod	an or other intermed	diary for co	ntribution	s or other ass	ets not	ıncluded				
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? Yes		on Form 990, Part X?								Yes		No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? Yes	b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tal	ole.							
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? 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 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permainet endowment \(\) — % 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment \(\) — % 3 Are there endowment \(\) — % 3 Are there endowment funds not in the possession of the organization that are held and administered for the organizations (ii) related organizations b If "Yes" to 3a(n), 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 Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value deficiency (e) Four years back (e) Four years ba			•	_						Amount		
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? 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 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment y 6 b Permanent endowment y 6 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(n), are the related organizations listed as required on Schedule R? 4 Describe in Pax IV/t the intended uses of the organization's endowment funds. Pert VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (investment) 4 Description of investment (a) Cost or other basis (investment) (b) Cost or other depreciation 4 Equipment 6 Equipment 6 Equipment 7 Endowned 7 Exemple 1 1	С	Beginning balance						1c				
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 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 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment								1d				
defining balance 2a Did the organization include an amount on Form 990, Part X, line 21? 2b 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) Pnor year (c) Two years back (d) Three years back (e) Four		,						1e				
2a Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 A Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years b	f							1f				
Bill Tyes, "explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10	2a	-	orm 990. Part X. line	21?						Yes		No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Carrent year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		-										
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶				nswered "Y	es" to Fo	rm 990, Part I\	V, line 10	0				
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶			(a) Current year	(b) Prid	or year	(c) Two years	back ((d) Three y	ears back	(e) Four	years !	back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1a	Beginning of year balance										
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d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	-				"							
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment \$\simeq \qquad \text{9} \text{9} \text{9} \text{9} \text{7} \text{9} \text{1} \text{1} \text{9} \text{1} \text{9} \text{1} \text{9} \text{1} \text{1} \text{1} \text{1} \text{9} \text{1} \text{9} \text{1} 1	d	• • • • • • • • • • • • • • • • • • • •	***									
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	_	•										
g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	·	•										
g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶												
Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	,	· ·										
a Board designated or quasi-endowment ▶		-	r end balance held :	J		L						
b Permanent endowment	_		ar one balance note									
Term endowment ▶		•	0/4									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations 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 Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other												
by (i) unrelated organizations (ii) related organizations 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 Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment e Other	_		., •	ation that	are held a	nd administer	ad for th	ne organiz	etion			
(ii) unrelated organizations (iii) related organizations 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 Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment e Other	Sa	·	sssion of the organiz	ation that	ale liciu a	nd administer	ea 101 ti	ic organiz	ation	Γ	Vas	No.
(ii) related organizations 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 Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other											103	110
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 Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		•								\Box		
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	_	, ,	a hatad as required a	on Cabadu	lo P2							
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	D									30 }		
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Equipment (f) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other basis (other)	Par					Part X line 1	0					
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	1 41							cumulate	² d	(d) Bool	k valu	
1a Land b Buildings c Leasehold improvements d Equipment e Other		Description of investment	1 '				\ -,			(4) 500	· vaiu	•
b Buildings c Leasehold improvements d Equipment e Other		Land	24010 (1114031)			()						
c Leasehold improvements d Equipment e Other									-			
d Equipment e Other		-	 						-			
e Other		•	–									
			agual Form 990 Por	t X column	(R) line 1	10(c))						0.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. (a) Description of security or category	(b) Book value	(c) Method of valua	
(including name of security)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Cost	or end-of-year mark	et value
Financial derivatives			<u>,</u>	
Closely-held equity interests				
Other				
				·
				<u> </u>
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	•			
Part VIII Investments - Program Related.		e 13		
			c) Method of valua	tion.
(a) Description of investment type	(b) Book value	Cost	or end-of-year marl	ket value
				·-·-
			=	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	<u> </u>			
Part IX Other Assets. See Form 990, Part X, I				
·····	(a) Description			(b) Book value
<u> </u>			·-·	
				
				
	 			
				
T 1 1 (O-1 (h) 1 1 200 Pt V 1 (P)				
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part	Y line 25			
1 (a) Description of liability	X, III le 25.	(b) Amount		 -
Federal income taxes		(2).		
PAYROLL TAXES PAYABLE		2,547.		
TAIRODD TAIADD		2,347		
·· ·				
				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25)	2,547.		
2. FIN 48 Footnote. In Part XIV, provide the text of the			hat reports the org	anization's liability for
uncertain tax positions under FIN 48				
932053 02-01-10				edule D (Form 990) 200

	t XI Reconciliation of Change in Net Assets from Form 990 to			30-02394	21 Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	raditod i iliai	T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		-
4	Net unrealized gains (losses) on investments		4		
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	· ·	
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statement		10	Return	
		ilia with Heve	ilue pei II		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1			
a	Net unrealized gains on investments	2a		-	
b	Donated services and use of facilities	2b	 	-	
С.	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIV.)	2d		4	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		_	
С	Add lines 4a and 4b			4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses per	Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a]	
b	Prior year adjustments	2b]	
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)	4b		1	
	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Par	t XIV Supplemental Information			 	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also compl				
		·			
			•		
		,			
			•		

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2009

KEY BIS	CAYNE COMMUNITY F	OUND	ATI	ON, INC.	30-0239	421
	Complete if the organization answ					
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicit f Solicit g Special or oral agreement with any individual Part VII) or entity in connection with dividuals or entities (fundraisers) pur	ation of ation of al fundra al (include profess	non-gr gover using d ding of ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	or cor	(iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity		(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		-				
Fotal 3 List all states in which the organization	on is registered at learned to calcu	► t funds	or boo	boon notified it is a	vompt from registrati	on or licensing
S List all states in which the organization	on is registered of licensed to solici	it iulius	<u>-</u>		empt nom registrati	
						· · · · · · · · · · · · · · · · · · ·

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

Schedule G (Form 990 or 990-EZ) 2009 KEY BISCAYNE COMMUNITY FOUNDATION, INC.30-0239421 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events LIGHTHOUSE NONE (add col (a) through AQUA PARTY RUN col (c)) (total number) (event type) (event type) 96,598. Gross receipts 73,463. 23,135 2 Less Charitable contributions 96,598. 73,463. 23,135 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages Entertainment 41,841. 14,586 56,427. Other direct expenses 56,427 10 Direct expense summary. Add lines 4 through 9 in column (d) 40,171 Net income summary Combine line 3, column (d), and line 10 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue col. (a) through col (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 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 Yes No 9 Enter the state(s) in which the organization operates gaming activities: 9<u>a</u> a is the organization licensed to operate gaming activities in each of these states? b If "No," explain 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain 11 Does the organization operate gaming activities with nonmembers? 11 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

<u>scn</u>	edule G (Form 990 or 990-EZ) 2009 KEY BISCAYNE COMMUNITY FOUNDATION,	TNC	.30-0	239	42.	⊥ Pa	age 3
						Yes	No
	Indicate the percentage of gaming activity operated in:						
	The organization's facility	13a		%			
	An outside facility	13b		%			
14	Enter the name and address of the person who prepares the organization's gaming/special events books a	and reco	rds [.]				
	Name			-			
	Address ►						
15a	Does the organization have a contract with a third party from whom the organization receives gaming rever	nue?		1	5a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and	I the amo	ount				
	of gaming revenue retained by the third party > \$						
С	If "Yes," enter name and address of the third party						
	Name			_			
	Address ▶			_			
16	Gaming manager information:						
	Name			_			
	Gaming manager compensation > \$						
	Description of services provided		·········	_			
				_			
	Director/officer Employee Independent contractor						
17	Mandatory distributions:						
	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?			1	7a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent	t in the				
	organization's own exempt activities during the tax year			1			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047	2009	Open to Public
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Employer identification number

Inspection

% X 30-0239421 (h) Purpose of grant or assistance GENERAL OPERATIONS SENERAL OPERATIONS SENERAL OPERATIONS Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö ö ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States INC 5 000 7,500 5,000 (d) Amount of cash grant FOUNDATION, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations KEY BISCAYNE COMMUNITY 65-0140488 65-0474914 59-2549600 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization COMMUNITIES IN SCHOOLS OF MIAMI 11965 SW 142ND TERR, #102 or government KEY BISCAYNE, FL 33149 BISCAYNE NATURE CENTER KEY BISCAYNE, FL 33149 6767 CRANDON BLVD MIAMI FL 33186 VOICES UNITED 285 W ENID DR Part

Schedule I (Form 990) 2009

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

932102 02-02-10

Page 2

30-0239421

Schedule I (Form 990) 2009

Part III

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. Inspection Name of the organization **Employer identification number** KEY BISCAYNE COMMUNITY FOUNDATION, INC. 30-0239421 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVICES AND BENEFITS AVAILABLE IN THE COMMUNITY. FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE RETURN WAS PROVIDED TO THE EXECUTIVE DIRECTOR AND TREASURER FOR REVIEW. UPON THEIR APPROVAL, THE RETURN WAS RELEASED FOR FILING. FORM 990, PART VI, SECTION B, LINE 12C: GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. THE ONLY FORMAL FINANCIAL STATEMENTS ARE CONTAINED WITHIN THE FORM 990, WHICH IS AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. THE ONLY FORMAL FINANCIAL STATEMENTS ARE CONTAINED WITHIN THE 990, WHICH AVAILABLE UPON REQUEST.

Form 8	868 (Rev. 4-2009)	. <u> </u>		Page 2
• If ŷc	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	ox .	1	X
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		3838.	
• If yo	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies r	eeded).	
Type	Name of Exempt Organization	Empl	oyer identification	on number
print	KEY BISCAYNE COMMUNITY FOUNDATION, INC.	3	0-0239421	
File by t extende due date filing the	Number, street, and room or suite no. If a P.O. box, see instructions.	For IF	RS use only	
return S instructi	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	k type of return to be filed (File a separate application for each return). Form 990 X Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	==	orm 5227 orm 6069	Form 8870
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 8868.	
• The	SHERRY L REED be books are in the care of 50 W. MASHTA DRIVE, SUITE 6 - KEY BISCA	YNE	, FL 3314	19
Tel	ephone No ► 305 361-1014 FAX No. ► 305 361-7078	3		
• If ti	ne organization does not have an office or place of business in the United States, check this box		•	-
• If ti	nis is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	is is fo	r 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	memb	ers the extension	ıs for
4	request an additional 3-month extension of time until NOVEMBER 15, 2010.			
5	For calendar year 2009 , or other tax year beginning, and ending			
6	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accoul	nting period
	State in detail why you need the extension			
			<u>NECESSARY</u>	<u> </u>
	INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.	<u></u>		
8a	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	8a	\$	
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 and any amount paid	<u> </u>		
	previously with Form 8868.	8b	\$	
С	Balance Due, Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A
	Signature and Verification			
Under it is tru	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the, correct, and complete, and that I am authorized to prepare this form.	e best o	f my knowledge and	d belief,
Signat	ure > < Title > CPA	Date	▶ 7/16/	10
	$O(\mathcal{N})$		Form 8868	(Rev. 4-2009)