Form **1023**
(Rev. September 1998)
Department of the Treasury
Internal Revenue Service

# Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

OMB No. 1545-0056

Note: *If exempt status is approved, this application will be open for public inspection.*

Read the instructions for each Part carefully
**A User Fee must be attached to this application.**
If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.
**Complete the Procedural Checklist on page 8 of the instructions.**

## Part I Identification of Application

1a Full name of organization (as shown in organizing document)
Key Biscayne Community Foundation, Inc.

2. Employer identification number (EIN)
(If none, see page 3 of the Specific Instructions.)

1b c/o Name (if applicable)
N/A

3. Name and telephone number of person to be contacted if additional information is needed.
**HENRY H. RAATTAMA, JR.**
**(305) 982-5656**

1c Address (number and street)
To come

Room/Suite

1d City, town, or post office, state, and ZIP +4. If you have a foreign address, see **Specific instructions** for Part I, page 3.
Key Biscayne, Florida 33149

4. Month the annual accounting period ends
December

5. Date incorporated or formed
February 6, 2004

1e Web site address None

6. Check here if applying under section:
a ☐ 501(e) b ☐ 501(f) c ☐ 501(k) d ☐ 501(n)

7 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? ☐ **Yes** ☒ **No**
If "yes," attach an explanation.

8 Is the organization required to file Form 990 (or Form 990-EZ)? ☐ **N/A** ☒ **Yes** ☐ **No**
If "No," attach an explanation (see page 3 of the **Specific Instructions**).

9. Has the organization filed Federal income tax returns or exempt organization information returns. ☐ **Yes** ☒ **No**
If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.

10. Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING. (See **Specific Instructions** for Part I, Line 10, on page 3.) See also Pub. 557 for examples of organizational documents.)

a ☒ Corporation --- Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state officials; also include a copy of the bylaws.
b ☐ Trust -- Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
c ☐ Association-- Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here ▶ ☐

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

**Please Sign Here** ▶ H H Raattama (Signature) | POA (Type or print name and title or authority of signer) | 8/30/04 (Date)

For Paperwork Reduction Act Notice, see page 7 of the instructions. Cat. No. 17133K

{M2079085;1}

**Part II** **Activities and Operational Information**

1 Provide a detailed narrative description of all the activities if the organization -- past, present, and planned. **Do not merely refer to or repeat the language in the organizational document.** List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: **(a)** a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; **(b)** when the activity was or will be initiated; and **(c)** where and by whom the activity will be conducted.

The organization is a community foundation as that term is commonly known. The organization will engage in charitable activities in and around the City of Key Biscayne, Florida, to improve the quality of life. The Organization will have a volunteer board of community leaders. The organization will raise money in order to carry out community activities. The community activities will consist of those various of community concerns such as public facilities, art, humanities, etc. that are deemed appropriate by the community board. At this time, specific projects have not been decided upon as the Organization is in its organizational mode.

2 What are or will be the organization's sources of financial support? List in order of size.

The Organization's primary source of support will be contributions from the members of the Key Biscayne community, both business and individuals. It is also anticipated that the Organization will apply for and from foundations in and around the United States as support programs similar to those adopted by the Organization but that will be secondary to direct community gifts.

3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

The Organization does not yet have a fund raising program. To date members of the community have discussed the concept of a community foundation and financial commitments have been received from some of those people. After the Organization is operational, it is anticipated that it will engage in traditional fund raising activities. Those traditional fund raising activities will be soliciting current contributions from members of the community and encouraging people to recognize the Organization in planned giving.

## Part II Activities and Operational Information *(Continued)*

**4** Give the following information about the organization's governing body:

| **a** Names, addresses, and titles of officers, directors, trustees, etc. | **b** Annual compensation |
|---|---|
| See attached | 0 |

**c** Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? ☐ **Yes** ☒ **No**
If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified person"? (See **Specific Instructions** for Part II, Line 4d, on page 3.) ☐ Yes ☒ No
If "Yes," explain.

Some members of the governing board may be disqualified by reason of being substantial contributors.

**5** Does the organization control or is it controlled by and other organization? ☒ Yes ☐ No
Is the organization the outgrowth of (or successor to) another organization, or does it have special relationship with another organization by reason of interlocking directorates or other factors? ☐ Yes ☒ No
If either of these questions is answered "Yes," explain.

The Organization controls a §509(a)(3) organization – Key Biscayne Fund, Inc. Key Biscayne Fund, Inc. has submitted a Form 1023.

**6** Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501(c)(3) organization): **(a)** grants; **(b)** purchases or sales of assets; **(c)** rental of facilities or equipment; **(d)** loans or loan guarantees; **(e)** reimbursement arrangements; **(f)** performance of services, membership, or fundraising solicitations; or **(g)** sharing of facilities, equipment, mailing lists or other assets, or paid employees? ☐ Yes ☒ No
If "Yes," explain fully and identify the other organizations involved.

**7** Is the organization financially accountable to any other organizations? ☐ Yes ☒ No
If "Yes," explain and identify the other organization. Include details concerning accountability of attach copies or reports if any have been submitted.

## Part II Activities and Operational Information *(Continued)*

8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If none, indicate "N/A." N/A

9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years. ☐ Yes ☒ No

10 a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? ☒ Yes ☐ No

b Is the organization a party to any leases? ☒ Yes ☐ No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties. The Organization may enter into a contract with the Dade Community Foundation, Inc. (a §501(c)(3) community foundation classified as a §170(b)(1)(A)(vi) non private foundation). Under the contract the Dade Community Foundation, Inc. will take the role of a fiscal agent for the Organization. This relationship is expected to continue until the Organization is sufficiently mature to take over the administrative activities relating to the organization's operation.

11 Is the organization a membership organization? ☐ Yes ☒ No

If "Yes," complete the following:

a Describe the organization's membership requirements and attach a schedule of membership fees and dues.

b Describe the organization's present and proposed efforts to attract members and attach a copy of any descriptive literature or promotional material used for this purpose.

c What benefits do (or will) the members receive in exchange for their payment of dues?

12 a If the organization provides benefit, services, or products, are the recipients required, or will they be required, to pay for them? ☐ Yes ☒ No

If "Yes," explain how the charges are determined and attach a copy of the current fee schedule.

b Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals? ☐ Yes ☒ No

If "Yes," explain how the recipients or beneficiaries are or will be selected.

13 Does or will the organization attempt to influence legislation? ☐ Yes ☒ No

If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

14 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? ☐ Yes ☒ No

If "Yes," explain fully.

## Part III Technical Requirements

1 Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed? .......... ☒ Yes ☐ No
If you answer "Yes," do not answer questions on lines 2 through 6 below.

2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 7.
**Exceptions –** You are not required to file an exemption application within 15 months if the organization:

☐ **a** Is a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church. See **Specific Instructions,** Line 2a, on page 4;

☐ **b** Is not a private foundation and normally has gross receipts of not more that $5,000 in each tax year; or

☐ **c** Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

3 If the organization does not meet any of the exceptions on line 2 above, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed. ☐ Yes ☐ No

If "Yes," your organization qualifies under Regulation section 301.9100-2, for the automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 6.

If "No," answer question 4.

4 If you answer "No" to question 3, does the organization wish to request an extension of time to apply under the "reasonable action and good faith" and the "no prejudice to the interest of the government" requirements of Regulations section 301.9100-3? .......... ☐ Yes ☐ No

If "Yes," give the reasons for not filing this application with the 27-month period described in question 3.
See **Specific Instructions,** Part III, Line 4, before completing this item. Do not answer questions 5 and 6.

If "No," answer questions 5 and 6.

5 If you answer "No" to question 4, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed. Therefore, do you want us to consider the application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed? ☐ Yes ☐ No

6 If you answer "Yes" to question 5 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here ► ☐ and attach a completed page 1 of Form 1024 to this application.

## Part III Technical Requirements *(Continued)*

**7** Is the organization a private foundation?

☐ **Yes** (Answer question 8.)
☒ **No** (Answer question 9 and proceed as instructed.)

**8** If you answer "Yes" to question 7, does the organization claim to be a private operating foundation?

☐ **Yes** (Complete Schedule E.) N/A
☐ **No**

After answering question 8 on this line, go to line 14 on page 7.

**9** If you answer "No" to question 7, indicate the public charity classification the organization is requesting by checking the box below that most appropriate applies:

**THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:**

| | | | |
|---|---|---|---|
| a | ☐ | As a church or a convention or association of churches (CHURCHES MUST COMPLETE SCHEDULE A.) | Sections 509(a)(1) and 170(b)(1)(A)(i) |
| b | ☐ | As school (MUST COMPLETE SCHEDULE B.) | Sections 509(a)(1) and 170(b)(1)(A)(ii) |
| c | ☐ | As a hospital or a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (These organizations, except for hospital service organizations, MUST COMPLETE SCHEDULE C.) | Sections 509(a)(1) and 170(b)(1)(A)(iii) |
| d | ☐ | As a governmental unit described in section 170(c)(1). | Sections 509(a)(1) and 170(b)(1)(A)(v) |
| e | ☐ | As being operated solely for the benefit of, or in connection with, one or more of the organizations described in **a** through **d, g, h** or **i** (MUST COMPLETE SCHEDULE D.) | Sections 509(a)(3) |
| f | ☐ | As being organized and operated exclusively for testing for public safety. | Section 509(a)(4) |
| g | ☐ | As being operated for the benefit of a college or university that is owned or operated by a governmental unit. | Section 509(a)(1) and 170(b)(1)(A)(iv) |
| h | ☐ | As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. | Section 509(a)(1) and 170(b)(1)(A)(vi) |
| i | ☐ | As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). | Section 509(a)(2) |
| j | ☒ | The organization is a publicly supported organization but is not sure whether it meets the public support test of **h** or **i**. The Organization would like the IRS to decide the proper classification. | Sections 509(a)(1) and 170(b)(1)(A)(vi) or Section 509(a)(2) |

**If you check one of the boxes a through f in question 9, go to question 14. If you checked box g in question 9, go to questions 11 and 12. If you checked box h, i, or j, in question 9, go to question 10.**

## Part III Technical Requirements *(Continued)*

**10** If you checked box **h, i,** or **j** in question 9, has the organization completed a tax year of at least 8 months?

☐ **Yes** -- Indicate whether you are requesting:

☐ A definitive ruling. (answer questions 11 through 14.)

☐ An advance ruling. (Answer questions 11 and 14 and attach two Forms 872-C completed and signed)

☒ **No – You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the Form 1023.**

**11** If the organization received any unusual grants during any of the tax years shown in Part IV-A, **Statement of Revenue and Expenses,** attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

No

**12** If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here ►☐ and: N/A

**a** Enter 2% of line 8, column (e), Total, Part IV-A ............................................................ ______

**b** Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants contributions, etc., were more than the amount entered on line **12a** above.

**13** If you are requesting a definitive ruling under section 509(a)(2), check here ►☐ and: N/A

**a** For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of "disqualified person," see **Specific Instructions**, Part II, Line 4d, on page 3.)

**b** For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than $5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

**14**

| Indicate if your organization is one of the following. If so complete the required schedule. (Submit only those schedules that apply to your organization. **Do not submit blank schedules.)** | **Yes** | **No** | **If "Yes," complete Schedule:** |
|---|---|---|---|
| Is the organization a church ............................................................................ | | ✓ | **A** |
| Is the organization, or any part of it, a school?................................................ | | ✓ | **B** |
| Is the organization, or any part of it, a hospital or medical research organization? | | ✓ | **C** |
| Is the organization section (a)(3) supporting organization?............................. | | ✓ | **D** |
| Is the organization a private operating foundation?........................................ | | ✓ | **E** |
| Is the organization or any part of it, a home for the aged or handicapped? ..... | | ✓ | **F** |
| Is the organization, or any part of it, a child care organization? ...................... | | ✓ | **G** |
| Does the organization provide or administer any scholarship benefits, student aid, etc? ........................................................................................ | | ✓ | **H** |
| Has the organization taken over, or will it take over, the facilities of a "for profit" institution?........................................................................................ | | ✓ | **I** |

## Part IV Financial Data See Attached

### A. Statement of Revenue and Expenses

| | | | Year 1 | Year 2 | Year 3 | |
|---|---|---|---|---|---|---|
| | | | (a) From............. | (b) ..................... | (c)................ | (e) TOTAL |
| Revenue | 1 | Gifts, grants, and contributions received (not including unusual grants – see page 6 of the instructions) ............................................ | | | | |
| | 2 | Membership fees received ......................... | | | | |
| | 3 | Gross Investment income (see instructions for definition) ........................... | | | | |
| | 4 | Net income from organization's unrelated business activities not included on line 3.... | | | | |
| | 5 | Tax revenues levied for and either paid to or spent on behalf of the organization ............ | | | | |
| | 6 | Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge) ................................ | | | | |
| | 7 | Other income (not including gain or loss from sale or capital assets) (attach schedule) .................................................. | | | | |
| | 8 | **Total** (add lines 1 through 7) | | | | |
| | 9 | Gross receipts from admissions, sales of merchandise or service, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513. Include related cost of sales on line 22 ...................................................... | | | | |
| | 10 | **Total** (add lines 8 and 9)........................... | | | | |
| | 11 | Gain or loss from sale of capital assets (attach schedule) ...................................... | | | | |
| | 12 | Unusual grants.......................................... | | | | |
| | 13 | **Total** revenue (add lines 10 through 12).... | | | | |
| Expenses | 14 | Fundraising expenses ............................... | | | | |
| | 15 | Contributions, gifts, grants, and similar amounts paid (attach schedule) ................. | | | | |
| | 16 | Disbursements to or for benefit of members (attach schedule)........................ | | | | |
| | 17 | Compensation of officers, directors, and trustees (attach schedule).......................... | | | | |
| | 18 | Other salaries and wages .......................... | | | | |
| | 19 | Interest ..................................................... | | | | |
| | 20 | Occupancy (rent, utilities, etc.).................. | | | | |
| | 21 | Depreciation and depletion ........................ | | | | |
| | 22 | Other (attach schedule) ............................. | | | | |
| | 23 | **Total** expenses (add lines 14 through 22).. | | | | |
| | 24 | Excess of revenue over expenses (line 13 minus line 23) ........................................... | | | | |

## Part IV Financial Data *(Continued)*

| B. Balance Sheet (at the end of the period shown) | | Current Tax year Date ...................... |
|---|---|---|
| **Assets** | | |
| 1 Cash ........................ | 1 | |
| 2 Accounts receivable, net ........................ | 2 | |
| 3 Inventories ........................ | 3 | |
| 4 Bonds and notes receivable (attach schedule) ........................ | 4 | |
| 5 Corporate stocks (attach schedule) ........................ | 5 | |
| 6 Mortgage loans (attach schedule) ........................ | 6 | |
| 7 Other investments (attach schedule) ........................ | 7 | |
| 8 Depreciable and depletable assets (attach schedule) ........................ | 8 | |
| 9 Land ........................ | 9 | |
| 10 Other assets (attach schedule) ........................ | 10 | |
| 11 **Total assets** (add lines 1 through 10) | 11 | |
| 112 Accounts payable ........................ | 12 | |
| 13 Contributions, gifts, grants, etc., payable ........................ | 13 | |
| 14 Mortgages and notes payable (attach schedule) ........................ | 14 | |
| 15 Other liabilities (attach schedule) ........................ | 15 | |
| 16 **Total assets** (add lines 12 through 15) ........................ | 16 | |
| 17 Total fund balances or net assets ........................ | 17 | |
| 18 **Total liabilities and fund balances or net assets** (add line 16 and line 17) ......... | 18 | |

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period show above, check the box and attach a detailed explanation ........................ ▶ ☐

**KEY BISCAYNE COMMUNITY FOUNDATION, INC.**

**FORM 1023**

**Part II** **Activities and Operational Information**

| 4.a. Names, Addresses, and Titles of Officers, Directors, Trustees, Etc. | Annual Compensation |
|---|---|
| Jorge E. Mendia, M.D.<br>111 Island Drive<br>Key Biscayne, Florida 33149 | No compensation paid. |
| Ana Gloria Rivas-Vazquez<br>155 Ocean Lane Drive<br>Apartment 1005<br>Key Biscayne, Florida 33149 | No compensation paid. |
| Silvia P. Tarafa<br>650 Ocean Drive<br>Apartment 10-D<br>Key Biscayne, Florida 33149 | No compensation paid. |

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 10, 2004

KEY BISCAYNE COMMUNITY FOUNDATION, INC.
ONE SE THIRD AVENUE 28TH FLOOR
MIAMI, FL 33131

The Articles of Incorporation for KEY BISCAYNE COMMUNITY FOUNDATION, INC. were filed on February 6, 2004, and assigned document number N04000001276. Please refer to this number whenever corresponding with this office.

Enclosed is the certification requested. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H04000027279.

A corporation annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file/effective date year. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have questions regarding corporations, please contact this office at the address given below.

Becky McKnight
Document Specialist
New Filings Section
Division of Corporations

Letter Number: 404A00008898

# State of Florida

## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of KEY BISCAYNE COMMUNITY FOUNDATION, INC., a Florida corporation, filed on February 6, 2004, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H04000027279. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below

The document number of this corporation is N04000001276.

Authentication Code: 404A00008898-021004-N04000001276-1/1

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Tenth day of February, 2004

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Glenda E. Hood

Glenda E. Hood
Secretary of State

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not For Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I. NAME
The name of the corporation shall be: Key Biscayne Community Foundation, Inc.

ARTICLE II. PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation is: One S.E. Third Avenue, 28th Floor, Miami, Florida 33131.

ARTICLE III. PURPOSE(S)
The specific purpose(s) for which the corporation is organized is to provide support for the betterment of the community of Key Biscayne, Florida, and its residents.

ARTICLE IV. MANNER OF ELECTION OF DIRECTORS
The manner in which the directors are elected or appointed is set forth in the By Laws.

ARTICLE V. INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent is:

American Information Services, Inc.
One Southeast Third Avenue, Suite 2800
Miami, Florida 33131

ARTICLE VI. INCORPORATOR
The name and address of the Incorporator to these Articles of Incorporation:

Henry H. Raattama, Jr.
One Southeast Third Avenue, Suite 2800
Miami, Florida 33131

ARTICLE VII. CHARITABLE ORGANIZATIONS PROVISIONS

Notwithstanding any powers granted to the Corporation by its Articles, By Laws or by the laws of the State of Florida, the following limitations of power shall apply:

a. The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended ("Code").

b. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for the services rendered and to make payments and distributions in furtherance of purposes set forth in the purpose clause hereof. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of (or in opposition to) any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (i) by an organization exempt from federal income tax under Code Section 501(c)(3); or (ii) by an organization contributions to which are deductible under Code Section 170(c)(2).

c. Upon dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of Code Section 501(c)(3), or shall be distributed to the federal government, or a state or local government, for public purpose. Any such assets not so disposed of shall be disposed of by the court having jurisdiction over the Corporation, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

| | |
|---|---|
| Signature/Incorporator | 2/5/04<br>Date |

Henry H. Raattama

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

AMERICAN INFORMATION SERVICES, INC.

| | |
|---|---|
| By<br>Signature/Registered Agent | 2/6/04<br>Date |

Angelica M. Chiru, Assistant Secretary

{M2066325;1}

# KEY BISCAYNE COMMUNITY FOUNDATION, INC.

# BYLAWS

## ARTICLE 1.

Section 1 Purposes

This Corporation will have the purposes stated in its Articles of Incorporation, as they now exist or are hereafter amended.

## ARTICLE 2.

Not for Profit

Section 2.1 No Members

The Corporation shall not have members.

Section 2.2 No Stock

The Corporation shall not issue shares of stock.

Section 2.3 Nonprofit Operations

The Corporation is a Florida not for profit corporation. No dividend will be paid, and no part of the income or assets of this Corporation will be distributed, to its Directors or Officers. However, the corporation may contract in due course of business with its Officers or Directors for services rendered to the extent permissible under the Articles of Incorporation, under law and under Section 501(c)(3) of the United States Internal Revenue Code of 1986 (hereinafter "Code").

Section 2.4 No Loans to Directors or Officers

This Corporation will loan no money to any of its Directors or Officers.

Section 2.5 No Vested Rights

No Director or Officer of this Corporation has any vested right, interest, or privilege of, in, or to the rights, property, assets, functions, or affairs of the Corporation.

## ARTICLE 3.

Board of Directors

Section 3.1 Membership and Election.

The Board of Directors shall be composed of not less than three (3) individuals, the Board shall be elected annually by the existing Board of Directors. A Board of Directors member may vote for himself. The exact number of members shall be set by the Board of Directors annually.

Section 3.2 Duties

The business and affairs of this Corporation and the general policies to be followed by the Corporation shall be the responsibility of the Board of Directors.

Section 3.3 Term of Office

The Board of Directors members shall be elected at the first annual meeting and shall hold office for a term of one year.

Section 3.4 Meetings

3.4.1 The annual meeting of the Board of Directors will be held at a time and place selected by the Board of Directors.

3.4.2 One or more regular meetings shall be held during the year as set by the Board of Directors.

3.4.3 Special meetings shall be held at the call of the President or by a written request of more than 50% of the members of the Board of Directors.

3.4.4 Action By Directors Without A Meeting: Any action taken at a meeting of the Directors of the Corporation may be taken without a meeting if a consent in writing setting forth the actions so to be taken is signed by all the Directors, and filed in the minutes of the Board of Directors. Such consent shall have the same effect as a unanimous vote of the Board of Directors or a committee thereof at a duly called and convened meeting thereof. Action taken under this Section is effective when the last Director signs the consent, unless the consent specifies an effective date.

3.4.5 Participation Of Directors By Means Of Communications Equipment: Members of the Board of Directors, or of any committee thereof, shall be deemed present at a meeting of such Board of Directors or committee if a conference telephone or similar communications equipment, by means of which all persons participating in the meeting can hear each other, is used.

Section 3.5 Notices

3.5.1 Written Notices of any annual meeting shall be provided to all members of the Board of Directors at least seven (7) days prior to such meeting, at their address as listed on the books of the Board of Directors.

3.5.2 Written Notices of any regular meeting or special meeting shall be provided to all members of the Board of Directors at least three (3) days prior to such meeting, at their address as listed on the books of the Board of Directors.

3.5.3 Notice may be made by facsimile, electronic mail or U.S. mail. The date of the notice shall be the date sent if via facsimile or electronic mail, or the third day following deposit in U.S. mail with adequate postage.

Section 3.6 Quorum

A majority of the Board of Directors then serving shall constitute a quorum of the Board of Directors. Should the number of members be three, then all members of the Board of Directors shall constitute a quorum.

Section 3.7 Vacancies

Vacancies on the Board of Directors shall be filled by the remaining members of the Board of Directors.

Section 3.8 Resignation

Any member of the Board of Directors may resign at any time by giving written notice to the Board of Directors or the President. Any such resignation shall take effect at the time specified therein, or, if the time is not specified therein, upon its acceptance by the Board of Directors.

Section 3.9 Removal

The other members, by a majority vote of such other members at any meeting of the Board of Directors at which a quorum is present, may remove from office a member of the Board of Directors, with or without cause, whenever it is deemed in the best interests of the Corporation.

Section 3.10 Voting

Every member of the Board of Directors in good standing shall have the right and be entitled to one vote, in person, upon every proposal properly submitted to vote at any meeting of the Board of Directors.

Section 3.11 Compensation

Members of the Board of Directors shall not receive any stated salaries for their services, but the Board of Directors may, in its discretion, allow a fixed sum and expenses for attendance at any Board of Directors meeting. Nothing contained herein shall preclude any member of the Board of Directors from serving the Corporation in any other capacity and receiving compensation therefor.

## ARTICLE 4.

Officers

Section 4.1 Officers

The officers of the Corporation shall consist of a President, a Vice President, a Treasurer and a Secretary, and such other officers as the Board of Directors may from time to time deem necessary. A person may hold more than one office.

Section 4.2 Duties

President:

The President shall preside at all meetings of the Board of Directors. The President shall have all general powers and duties which are generally vested in the office of the president, including the power to make appointment to all committees from time to time as in his or her discretion may be deemed appropriate to assist in the conduct of the affairs of the committee.

Vice President:

If the Board of Directors elects a Vice President, he or she shall be the second officer in the chain of command, and shall accept and perform the duties and exercise the power of the President in his/her absence.

Secretary:

The Secretary is the third officer in the chain of command. In the absence of the President and Vice President, he/she shall accept and perform the duties and exercise the power of the President. The Secretary shall ensure that all minutes and records are properly kept and are available for corporate purposes.

Treasurer:

The Treasurer is the fourth officer in the chain of command. In the absence of the President, Vice President and the Secretary he/she shall accept and perform the duties and exercise the power of the President. The Treasurer shall be responsible for all reports pertaining to the fiscal affairs of the Corporation and shall be custodian of all funds that the Corporation might receive.

Section 4.3 Term of Office

Officers shall be elected annually by the Board of Directors for a period of one year or until their successors have been duly elected.

Section 4.4 Resignation

Any officer may resign at any time by giving written notice to the Board of Directors, and such resignation shall take effect at the time specified therein or, if no such time is specified, upon acceptance by the Board of Directors.

Section 4.5 Vacancies

A vacancy in any office due to death, resignation, removal or otherwise may be filled by the Board of Directors for the unexpired portion of the term.

Section 4.6 Removal

Any officer elected or appointed by the Board of Directors may be removed from office, with or without cause, by majority vote of the members, other than the officer to be removed if an Officer is a Director.

Section 4.7 Compensation

Compensation, if any, for the officers of the Corporation shall be set by the Board of Directors in its sole discretion.

## ARTICLE 5.

Committees

Section 5.1 Appointment of Committees

The Board of Directors may designate and appoint one or more Committees and delegate to such Committees specific and prescribed authority. Committee chair and members shall be appointed and removed by the Board of Directors.

Section 5.2 Action by Committee Without a Meeting.

Action required or permitted to be taken at a committee meeting may be taken without a meeting if the action is taken by all of the committee members. The action must be evidenced by one or more written consents describing the action taken and signed by each committee member. Any such written consent shall be filed with or entered upon the records of the Corporation. A consent signed under this section has the effect of a meeting vote and may be described as such in any document. Action taken under this section is effective when the last committee member signs the consent, unless the consent specifies a different effective date.

## ARTICLE 6.

Financial Affairs

Section 6.1 Audit and Bookkeeping

All books and records of the Corporation, and all funds thereof, shall be audited as may be required from time to time by applicable law.

Section 6.2 Fiscal Year

The fiscal year of the Corporation shall begin on the first day of [month] 1 of each year.

## ARTICLE 7.

Rules of Order

"Roberts Rule of Order", as revised, shall be the parliamentary authority for all matters of procedure not specifically covered by these Bylaws.

## ARTICLE 8.

Amendments

These Bylaws may be amended, revised, repealed, or rescinded by a majority vote of the Board of Directors present at any meeting of the Board of Directors.

## ARTICLE 9.

Corporate Seal

The Corporate Seal shall bear the words "KEY BISCAYNE COMMUNITY FOUNDATION, INC." which shall be between two concentric circles, and on the inside of the inner circle shall be the words "Florida", "CORPORATION NOT FOR PROFIT" and the figures "2004", an impression of such seal appearing below.

**Key Biscayne Community Foundation, Inc**
**FORM 1023**

**Part IV - Financial Data**

**Budget**

| | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| **Beginning Balance** | $ 100,000 | $ 102,500 | $ 105,063 |
| Growth | $ 8,000 | $ 8,200 | $ 8,405 |
| Expenses | $ 500 | $ 513 | $ 525 |
| Grant | $ 5,000 | $ 5,125 | $ 5,253 |
| | $ 102,500 | $ 105,063 | $ 107,689 |

Form **8718**
(Rev. January 1998)
Department of the Treasury
Internal Revenue Service

# User Fee for Exempt Organization Determination Letter Request

➢ Attach this form to determination letter application.
(Form 8718 is NOT a determination letter application.).

**For IRS Use Only**
Control number
Amount paid
User fee screener

1 Name of organization
KEY BISCAYNE COMMUNITY FOUNDATION, INC.

2 Employer Identification Number

**Caution:** *Do not attach Form 8718 to an application for a pension plan determination letter. Use Form 8717 instead.* **Fee**

3 **Type of request**

**a** ☐ Initial request for a determination letter for:
- An exempt organization that has had annual gross receipts averaging not more than $10,000 during the preceding 4 years, or
- A new organization that anticipates gross receipts averaging not more than $10,000 during its first 4 years ➢ $150

**Note:** *If you checked box 3a, you must complete the Certification below.*

## Certification

I certify that the annual gross receipts of ______________________________
name of organization
have averaged (or are expected to average) not more than $10,000 during the preceding 4 (or the first 4) years of operation.

Signature ➢ Title ➢

**b** ☒ Initial request for a determination letter for:
- An exempt organization that has had annual gross receipts averaging more than $10,000 during the preceding 4 years, or
- A new organization that anticipates gross receipts averaging more than $10,000 during its first 4 years ➢ $500

**c** ☐ Group exemption letters ➢ $500

**Instructions**

The law requires payment of a user fee with each application for a determination letter. The user fees are listed on line 3 above. For more information, see Rev. Proc. 98-8, 1998-1, I.R.B. 225.

Check the box on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.

Attach to Form 8718 a check or money order payable to the Internal Revenue Service for the full amount of the user fee. If you do not include the full amount, your application will be returned. Attach Form 8718 to your determination letter application.

Send the determination letter application and Form 8718 to:

Internal Revenue Service
P.O. Box 192
Covington, KY 41012-0192

If you are using express mail or a delivery service, send the application and Form 8718 to:

Internal Revenue Service
201 West Rivercenter Blvd.
Attn: Extracting Stop 312
Covington, KY 41011

This check has a blue background on white paper and some of the security features on this document include: a Watermark, MicroPrint signature line, and a holographic foil stamp; absence of these features will indicate a copy.

SUNTRUST **Official Check** 87-275/642

0204032916

88734 7027980
Initials (type) Center

Purchaser AKERMAN SENTERFITT Date Mar. 30, 2004

PAY ****$500.00**** $ **500.00**

To the Order of INTERNAL REVENUE SERVICE

SunTrust Banks, Inc. by its Authorized Agent
SunTrust Bank

Security features included. Details on back.

Payable at SunTrust Bank Authorized Signature

⑈0204032916⑈ ⑆064202750⑆ 7019019996⑈

Form **872-C**

(Rev. September 1998)

Department of the Treasury
Internal Revenue Service

# Consent Fixing Period of Limitation Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

(See instructions on reverse side.)

OMB No. 1545-0056

**To be used with Form 1023. Submit in duplicate.**

Under section 6501(c)(4) of the Internal Revenue Code, and as part of request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period.

KEY BISCAYNE COMMUNITY FOUNDATION, INC.
*(Exact legal name of organization as shown in organizing document)*

One S.E. Third Avenue, 28th Floor, Miami, Florida 33131
*(Number, street, city or town, state and ZIP code)*

and the

District Director of Internal Revenue, or Assistant Commissioner (Employee Plans and Exempt Organizations)

consent and agree that the period of assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year December
*(Month, day, and year)*

| | |
|---|---|
| Name of organization (as shown in organizing document) | Date 3/30/04 |
| Office or trustee having authority to sign<br>Signature ▶ H H Raattz | Type or print name and title<br>HENRY H. RAATTAMA, Jr POA |

**For IRS use only**

| | |
|---|---|
| District Director or Assistant Commissioner (Employee Plans and Exempt Organizations) | Date |

By ▶

For Paperwork Reduction Act Notice, see page 1 of the Form 1023 Instructions. Cat. No. 16905Q

{M2088556;1}

Form **872-C**

(Rev. September 1998)

Department of the Treasury
Internal Revenue Service

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KEY BISCAYNE COMMUNITY FOUNDATION, INC.
*(Exact legal name of organization as shown in organizing document)*

One S.E. Third Avenue, 28th Floor, Miami, Florida 33131
*(Number, street, city or town, state and ZIP code)*

and the District Director of Internal Revenue, or Assistant Commissioner (Employee Plans and Exempt Organizations)

consent and agree that the period of assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year December
*(Month, day, and year)*

| | |
|---|---|
| Name of organization (as shown in organizing document) | Date 3/30/04 |
| Office or trustee having authority to sign<br>Signature ▶ | Type or print name and title<br>HENRY H. RAATTAMA, JR POA |

**For IRS use only**

| | |
|---|---|
| District Director or Assistant Commissioner (Employee Plans and Exempt Organizations) | Date |

By ▶

For Paperwork Reduction Act Notice, see page 1 of the Form 1023 Instructions. Cat. No. 16905Q

{M2088556;1}

Form **872-C**

(Rev. September 1998)

Department of the Treasury
Internal Revenue Service

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(See instructions on reverse side.)

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KEY BISCAYNE COMMUNITY FOUNDATION, INC.
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*(Number, street, city or town, state and ZIP code)*

and the District Director of Internal Revenue, or Assistant Commissioner (Employee Plans and Exempt Organizations)

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However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year December
*(Month, day, and year)*

| | |
|---|---|
| Name of organization (as shown in organizing document) | Date 3/30/04 |
| Office or trustee having authority to sign<br>Signature ▶ H H Raattz | Type or print name and title<br>HENRY H. RAATTAMA JR POA |

**For IRS use only**

| | |
|---|---|
| District Director or Assistant Commissioner (Employee Plans and Exempt Organizations) | Date |

By ▶

**For Paperwork Reduction Act Notice, see page 1 of the Form 1023 Instructions.** Cat. No. 16905Q

{M2088556;1}

Form **2848**

(Rev. December 1997)

Department of the Treasury
Internal Revenue Service

# Power of Attorney and Declaration of Representative

➢ **See the separate instructions.**

OMB No. 1545-0150
**For IRS Use Only**
Received by:
Name ________
Telephone ________
Function ________
Date / /

## PART I

**Power of Attorney** (Please type or print).

1 **Taxpayer information** (Taxpayer(s) must sign and date this form on page 2, line 9.)

| Taxpayer name(s) and address | Social security number(s) | Employer identification number |
|---|---|---|
| KEY BISCAYNE COMMUNITY FOUNDATION, INC.<br>One S.E. Third Avenue, 28th Floor<br>Miami, Florida 33131 | (305) 947-1664<br>Daytime telephone number | Plan number (if applicable) |

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 **Representative(s) (Representative(s) must sign and date this form on page 2, Part II)**

| Name and address | |
|---|---|
| HENRY H. RAATTAMA, JR.<br>AKERMAN, SENTERFITT & EIDSON, P.A.<br>ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR<br>MIAMI, FLORIDA 33131 | **CAF No.** 6505-20194R<br>Telephone No. (305) 982-5656<br>Fax No. (305) 374-5095<br>Check if new: Address ☐ Telephone No. ☐ |
| Name and address: | **CAF No.**<br>Telephone No.<br>Fax No.<br>Check if new: Address ☐ Telephone No. ☐ |

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 **Tax matters**

| Type of Tax (Income Employment, Excise, etc.) | Tax Form Number (1040, 941, 720, etc.) | Year(s) or Period(s) |
|---|---|---|
| | 1023 | |

4 **Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. (See instructions for **Line 4 -- Specific uses not recorded on CAF.**) ➢ ☐

5 **Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or to the power to sign certain returns (see instruction for **Line 5 -- Acts authorized).**

List any specific additions or deletions to the acts otherwise authorized in this power of attorney

**Note:** *In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.*
**Note:** *The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the instructions for more information.*

6 **Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH,** refund checks, initial here ___________ and list the name of that representative below.

Name of representative to receive refund check(s) ➢

7 **Notices and communications.** Original notices and other written communications will be sent to you and a copy of the first representative listed on line 2 unless you check one or more of the boxes below.

a If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box ➤ ☐

b If you also want the second representative listed to receive a copy of such notices and communications, check this box ➤ ☒

c ☒ If you do not want any notices or communications sent to your representative(s), check this box ➤

8 **Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matter and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here ➤ ☒

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

9 **Signature of taxpayer(s).** If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

➤ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

| Signature | Date | Title (if applicable) |
|---|---|---|
| [signature] | 3/29/2004 | President |

Print Name: Ana Gloria Rivas-Vazquez

| Signature | Date | Title (if applicable) |
|---|---|---|
| | | |

Print Name

## Part II

### Declaration of Representation

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:

a Attorney--a member in good standing of the bar of the highest court of the jurisdiction shown below.
b Certified Public Accountant--duly qualified to practice as a certified public accountant in the jurisdiction shown below.
c Enrolled Agent--enrolled as an agent under th requirements of Treasury Department Circular No. 230.
d Officer--a bona fide officer of the taxpayer's organization.
e Full-time Employee--a full-time employee of the taxpayer.
f Family Member--a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
g Enrolled Actuary--enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
h Unenrolled Return Preparer--an unenrolled return preparer under section 10.7(c)(viii) of Treasury Department Circular No. 230.

➤ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.**

| Designation--Insert above letter 9(a-h) | Jurisdiction (state or Enrollment Card No. | Signature | Date |
|---|---|---|---|
| a | Florida | [signature] | 3/30/04 |
| | | | |
| | | | |

FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES

# REGISTRATION STATEMENT

## SOLICITATION OF CONTRIBUTIONS ACT

Chapter 496, Florida Statutes

CHARLES H. BRONSON
COMMISSIONER

Make check payable and remit application to:

**Florida Department of Agriculture & Consumer Services
Post Office Box 6700
Tallahassee, Florida 32314-6700**

www.800helpfla.com 1-800-HELP FLA (435-7352)(FL Only)

Note: All documents and attachments submitted with this Application are subject to public review pursuant to Chapter 119, F.S.

**PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed.** Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question.

REGISTRATION STATEMENT TYPE: (Check applicable box.)

- ☒ Charitable [496.404(1)]
- ☐ Sponsor [496.404(21)]
- ☐ Professional Solicitor [496.404(18)]
- ☐ Charitable/Parent [496.404(15)]
- ☐ Sponsor/Parent [496.404(15)]
- ☐ Professional Fundraising Consultant [496.404(17)]

1. Legal name of organization [496.405(2)(b), 496.405(2)(g)1, 496.409(2)(a), 496.410(2)(a), F.S.]
Key Biscayne Community Foundation, Inc.

Previous name, if changed: ____

Other names soliciting as: a.____ b.____ c.____

2. Street address c/o Henry H. Raattama, Jr.
Akerman Senterfitt
1 S.E. 3rd Ave., 28th Floor
City Miami State Florida Zip Code 33131

Mailing address (*if different*) ____

City ____ State ____ Zip Code ____

3. Telephone number (305) 374-5600

Fax number (305) 374-5095

E-mail keybiscaynecf@yahoo.com

Web site ____

Solicitation of Contributions
Org Code: 4210 06 12 000 A2
Object Code: 001133

**4A.** List all branch offices, chapters, or affiliates located in Florida. ***Attach a separate sheet if necessary.***

a. Name N/A

Address

City, State, & Zip Code Phone

b. Name

Address

City, State, & Zip Code Phone

**4B.** ***Note: If the charitable organization or sponsor does not maintain an office in Florida, provide the name, street address and telephone number of the person having custody of the financial records.***

Name N/A

Address

City, State, & Zip Code Phone

**5.** Form of organization: [496.405(2)(f), 496.409(2)(b), 496,410(2)(b),(c), F.S.]

☒ Corporation ☐ Partnership ☐ Individual ☐ Other

Date incorporated or legally established 2/6/04 State

**6.** Federal Employer Identification Number (FEIN) or Social Security Number 30-0239421

**7.** List all officers, directors, trustees, and principal salaried executive personnel. If a solicitor or fundraising consultant, include owners, partners, agents, employees, and all other persons with whom you have contracted to work under your direction. [496.405(2)(g)2, 496.409(2)(c), 496.410(2)(d), (3), F.S.]

a. Name Attached Title

Address Salaried? ☐ Yes ☐ No

City, State, & Zip Code Phone

b. Name Title

Address Salaried? ☐ Yes ☐ No

City, State, & Zip Code Phone

c. Name________ Title________

Address________ Salaried? ☐ Yes ☐ No

City, State, & Zip Code________ Phone________

d. Name________ Title________

Address________ Salaried? ☐ Yes ☐ No

City, State, & Zip Code________ Phone________

e. Name________ Title________

Address________ Salaried? ☐ Yes ☐ No

City, State, & Zip Code________ Phone________

***(Attach a separate sheet if necessary.)***

**8.** Have any persons listed in question #7, *or any others not listed,* including persons with a controlling interest in applicant or agents involved in solicitation, regardless of adjudication, been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [496.405(2)(d)5, 496.409(2)(e), (f), 496.410(2)(f), (g), F.S.]

☐ Yes ☒ No *If yes*, provide the following information for each individual: ***(Attach a separate sheet if necessary.)***

Name________

Nature of offense________ Date________

Court having jurisdiction________

Disposition of offense________ Date________

**9.** Have any persons listed in question #7, *or any others not listed,* including persons with a controlling interest in applicant or agents involved in solicitation, been enjoined from violating any law relating to a charitable solicitation? [496.405(2)(d)6, 496.409(2)(g), 496.410(2)(h), F.S.]

☐ Yes ☒ No *If yes*, provide the following information for each individual: ***(Attach a separate sheet if necessary.)***

Name________

Date of Injunction________

Court issuing the injunction________

**10. If a fundraising consultant or solicitor**, answer the following: [496.409(2)(d), 496.410(2)(e), F.S.] N/A

a. Are any persons listed in question #7 related as parent, child, spouse, or sibling to each other?

☐ Yes ☐ No

b. Are any persons listed in question #7 related to any member of a charitable organization or sponsor with whom you hold a contract?

☐ Yes ☐ No

c. Are any persons listed in question #7 related to any suppliers or vendors of a charitable organization or sponsor with whom you hold a contract?

☐ Yes ☐ No

**11. If a charitable organization, sponsor, *or solicitor***, list name of person(s) from question #7 responsible for solicitation or fundraising activities: [496.405(2)(c), 496.410(2)(i),F.S.]

Ana Gloria Rivas-Vazquez

**FOLLOWING SECTIONS APPLY ONLY TO CHARITABLE ORGANIZATIONS OR SPONSORS**

**12.** Name of person(s) from question #7 responsible for the custody and final distribution of contributions: [496.405(2)(g)5, F.S.]

Ana Gloria Rivas-Vazquez

**13.** Month/Day fiscal year ends [496.405(2)(g)3, F.S.] December 31

**14.** Indicate the type of financial report you are filing for the immediately preceding fiscal year: [496.405(2)(a), F.S.]

☒ Budget (new organizations only) Attached

☐ Department's financial report form - ***See page 5 & 6***

☐ 990 with Schedule A - ***See item #14 of Instructions for Completing the Registration Statement.***

☐ 990-EZ - ***See item #14 of Instructions for Completing the Registration Statement.***

**<u>Organizations filing as a parent organization on behalf of one or more branch offices</u>: See item #14 of instructions for important financial filing requirements.**[496.405(3), F.S.]

**15.** Has organization been granted tax exempt status by the Internal Revenue Service? [496.405(2)(f), F.S.]

☐Yes ☐No ☒ Pending *If yes*, under what section of the federal code? 501(c) 3 (3) (*insert number*)
***You must attach a copy of the tax exemption determination letter from the IRS.***

## STATEMENT OF SUPPORT/REVENUE AND EXPENSES FOR THE CALENDAR YEAR 12/31/______ *OR* YEAR ENDING ___/___/______

**NOTE: In lieu of completing the following financial statement, you may send the IRS 990 with Schedule A or 990-EZ. If providing a 990-EZ or 990 without lines 13-16 completed, you must complete lines 9-12 below.**

**Is this a consolidated financial statement?** ☐Yes ☐No

No assets

**REVENUE**

| | | |
|---|---|---|
| **1. Contributions, gifts, grants, and similar amounts received** | | |
| a. Direct public support (attach list of solicitors/co-venturers & amounts, if any) | 1a.________ | |
| b. Indirect public support (attach list of sources and amounts) | 1b.________ | |
| c. Grants (attach list of sources and amounts) | 1c.________ | |
| d. Total (add lines 1a, 1b, & 1c) | | **1d.**________ |
| **2. Inventory sales** | 2a.________ | |
| a. Gross sales | 2b.________ | |
| b. Less cost of goods sold | | |
| c. Gross profit (or loss) (line 2a less line 2b) | | **2c.**________ |
| **3. Special events and fundraising activities** | | |
| a. Gross revenue (not including contributions reported on line 1) | 3a.________ | |
| b. Less direct expenses | 3b.________ | |
| c. Net income (or loss) (line 3a less line 3b) | | **3c.**________ |
| **4. Program service revenue** | | **4.**________ |
| **5. Membership dues and assessments** | | **5.**________ |
| **6. Sale of assets other than inventory** | | |
| a. Gross sales | 6a.________ | |
| b. Less sales expenses | 6b.________ | |
| c. Net gain (or loss) (line 6a less line 6b) | | **6c.**________ |
| **7. Other revenue** (attach list of sources and amounts) | | **7.**________ |
| **8. TOTAL REVENUE (add lines 1d, 2c, 3c, 4, 5, 6c & 7)** | | **8.**________ |

**EXPENSES**

| | |
|---|---|
| **9.** Program services (including payments to affiliates) | **9.**________ |
| **10.** Management & general | **10.**________ |
| **11.** Fundraising | **11.**________ |
| **12. TOTAL EXPENSES (add lines 9, 10, & 11)** | **12.**________ |

**NET ASSETS**

| | | |
|---|---|---|
| **13. Excess (or deficit) for the year (line 8 less line 12)** | | **13.**________ |
| **14.** Net assets or fund balance at beginning of year | | **14.**________ |
| **15.** Net assets or fund balance at end of year (add lines 13 & 14) | | **15.**________ |

| **Balance Sheet:** | (A) Beginning of Year | (B) End of Year |
|---|---|---|
| Cash, savings and investments | ________ | ________ |
| Land and building | ________ | ________ |
| Other assets (describe on separate sheet) | ________ | ________ |
| **Total assets** | ________ | ________ |
| **Total liabilities** (describe on separate sheet) | ________ | ________ |
| **Total assets or fund balance** | (Line 14)________ | (Line 15)________ |

| Statement of Functional Expenses | | | | |
|---|---|---|---|---|
| | **(A) Total** (sum of B, C, D) | **(B)** Program Services | **(C)** Management and General | **(D)** Fundraising |
| Grants & Allocations (cash_____non-cash_____) (attach schedule) | | | | |
| Assistance to individuals (attach schedule) | | | | |
| Benefits to members (attach schedule) | | | | |
| Compensation to officers, etc | | | | |
| Other salaries, wages, etc. | | | | |
| Other benefits, pensions, etc | | | | |
| Payroll taxes | | | | |
| Professional fundraising fees | | | | |
| Accounting fees | | | | |
| Legal fees | | | | |
| Supplies | | | | |
| Telephone | | | | |
| Postage and shipping | | | | |
| Equipment rental | | | | |
| Occupancy | | | | |
| Printing | | | | |
| Travel | | | | |
| Conferences and meetings | | | | |
| Interest | | | | |
| Insurance | | | | |
| Other (describe) | | | | |
| Other (describe) | | | | |
| Other (describe) | | | | |
| Other (describe) | | | | |
| Other (describe) | | | | |
| **Total Expenses** | | | | |

**16A.** What is the purpose for which the organization is organized? [496.405(2)(b), F.S.]

To enhance the quality of life for all members of the Key Biscayne community.

**16B.** What is the purpose for which the contributions will be used? [496.405(2)(b), F.S.]

To support charitable activities in Key Biscayne.

**17.** List major program activities: [496.405(2)(g)4, F.S.]

Cultural, health, social services, youth, elderly, environmental

**18.** Is this charitable organization/sponsor authorized by any other state to solicit contributions? [496.405(2)(d)1, F.S.]

☐ Yes ☒ No

**19.** Has the charitable organization/sponsor or any of its officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? [496.405(2)(d)2, F.S.]

☐ Yes ☒ No

**20.** Has the charitable organization/sponsor had its registration or authority denied, suspended, or revoked by any governmental agency? [496.405(2)(d)3, F.S.]

☐ Yes ☒ No

*If yes*, explain the reasons for the denial, suspension or revocation:

**21.** Has the charitable organization/sponsor voluntarily entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s.496.420, Florida Statutes? [496.405(2)(d)4, F.S.]

☐ Yes ☒ No *If yes,* attach a copy of the agreement.

**22.** Does the charitable organization or sponsor employ a professional solicitor? [496.405(2)(e), F.S.]

☐ Yes ☒ No *If yes*, attach a copy of the current contract, and provide the following information for each:

Name ____________________

Address ____________________

City, State, & Zip Code ____________________ Phone ____________________

Florida registration number ____________________

Dates of contract - Begin: ____________________ End: ____________________

***(Attach a separate sheet if necessary)***

**23.** Does the charitable organization or sponsor employ a professional fundraising consultant? [496.405(2)(e), F.S.]

☐ Yes ☒ No *If yes*, attach a copy of the current contract, and provide the following information for each:

Name ____________________

Address ____________________

City, State, & Zip Code ____________________ Phone ____________________

Florida registration number ____________________

Dates of contract - Begin: ____________________ End: ____________________

***(Attach a separate sheet if necessary)***

**24. If a sponsor**, answer the following: [496.426, F.S.]

a. Does the organization consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and pay an annual membership of not less than $10 a member?

☐ Yes ☐ No

b. Total number of sponsor's members ____________________

c. Total number of members actively employed as law enforcement or emergency service employees: ____________________

d. Percentage of total net contributions, which are dispersed in the state on behalf of its members in furtherance of its stated purposes or programs (defined as the total amount of all contributions raised minus the total cost of expenses incurred in raising contributions solicited): ____________________%

# AFFIDAVIT

State of: Florida

County of: Miami-Dade

I, Ana Gloria Rivas-Vazquez, being first duly sworn, say that I am the
(NAME)

Treasurer of Key Biscayne Community Foundation, Inc.
(TREASURER or CHIEF FISCAL OFFICER, SOLICITOR OR CONSULTANT) (NAME of ORGANIZATION OR COMPANY)

and further state that:

1. Ana Gloria Rivas-Vazquez completed the Registration Statement;
(NAME OF PERSON COMPLETING REGISTRATION IF DIFFERENT FROM ABOVE)

2. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act;

3. I have read the Registration Statement and know the contents thereof.

____________________
(SIGNATURE)

The foregoing instrument was acknowledged before me the ______ day of ________________, ______,

by ____________________, who is personally known to me or who has produced

____________________ as identification and who (did) (did not) take an oath.

SEAL/STAMP

____________________
(NOTARY PUBLIC SIGNATURE)

____________________
(NOTARY PUBLIC NAME, PLEASE PRINT)

MY COMMISSION EXPIRES: ________________

**Key Biscayne Community Foundation, Inc**

**FORM DACS-10100E**

**Line 14. Budget**

| | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| **Beginning Balance** | $100,000 | $102,500 | $105,063 |
| Growth | $8,000 | $8,200 | $8,405 |
| Expenses | $500 | $513 | $525 |
| Grant | $5,000 | $5,125 | $5,253 |
| | $102,500 | $105,063 | $107,689 |

**KEY BISCAYNE COMMUNITY FOUNDATION, INC.**

**FORM DACS-10100E**

| 7. Names, Addresses, and Titles of Officers, Directors, Trustees, Etc. | Annual Compensation |
|---|---|
| Jorge E. Mendia, M.D.<br>111 Island Drive<br>Key Biscayne, Florida 33149 | No compensation paid. |
| Ana Gloria Rivas-Vazquez<br>155 Ocean Lane Drive<br>Apartment 1005<br>Key Biscayne, Florida 33149 | No compensation paid. |
| Silvia P. Tarafa<br>650 Ocean Drive<br>Apartment 10-D<br>Key Biscayne, Florida 33149 | No compensation paid. |

X

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-07-2004

Employer Identification Number:
30-0239421

Form:

Number of this notice: CP 576 A

KEY BISCAYNE COMMUNITY FOUNDATION
INC
% HENRY H RAATTAMA JR
ONE SE THIRD AVE 28TH FLR
MIAMI FL 33131

000330

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

As we were processing your Form for tax period 122004, we found that your form didn't have a valid employer identification number (EIN). Our records show no EIN assigned to this business. Since an EIN is required by law, we assigned you EIN 30-0239421. Please keep this notice for your records.

Use your name and EIN exactly as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Every taxpayer must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year must generally be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the majority partners, the tax year of the principal owners, or a calendar year, in that order, unless you establish a business purpose for using a different tax year. A personal service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see Publication 538 (Accounting Periods and Methods), available at most IRS offices.

We've enclosed a Form SS-4, Application for Employer Identification Number (EIN), for you to complete so your account record will be complete. Please return the form with the bottom part of this notice within 15 days. We've enclosed an envelope for your convenience.

If you already have an EIN, return the bottom part of this notice to us. Write in the exact name and EIN shown on the notice you received assigning you that EIN.

Thank you for your cooperation.