

Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01/01, 2017, and ending 12/31, 20 17

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization COMMUNITY FOUNDATION OF THE FLORIDA KEYS
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
300 SOUTHARD ST SUITE 201
 City or town, state or province, country, and ZIP or foreign postal code
KEY WEST, FL, 33040

D Employer identification number
65-0648968

E Telephone number
305-292-1502

F Name and address of principal officer: Dianna Sutton
300 Southard St Suite 201, Key West, FL 33040

G Gross receipts \$ 7,066,414

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.CFFK.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1996

M State of legal domicile: FL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Making Key West and the Florida Keys a better place to live now and in the future by encouraging philanthropy and matching these acts of caring to the community needs</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	15
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,502,128	Current Year 2,674,283
	9	Program service revenue (Part VIII, line 2g)	11,500	17,381
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	212,979	504,651
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,428	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,779,035	3,196,315
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,604,367	2,073,545
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	279,377	314,484
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>77,253</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	189,979	193,023
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,073,723	2,581,052
19	Revenue less expenses. Subtract line 18 from line 12	-294,688	615,263	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 14,557,963	End of Year 16,718,640
	21	Total liabilities (Part X, line 26)	241,626	142,712
	22	Net assets or fund balances. Subtract line 21 from line 20	14,316,337	16,575,928

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
Dianna Sutton, CEO / President
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
 Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

To be a unique and vital partner to local charities by securing substantial sources of funds - not otherwise available - to strengthen the not-for-profit organizations whose services benefit the community at large; to provide a service to donors by facilitating their charitable planned giving; and to identify unmet needs in the community and to work with other community organizations and individuals to meet those needs.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,213,640 including grants of \$ 1,056,645) (Revenue \$ 0)

The organization is focused on making Key West and the Florida Keys a better place to live now and in the future by encouraging philanthropy and matching these acts of caring to the community needs. It works with individuals to develop philanthropic plans to improve the quality of life in the Florida Keys. The organization also supports nonprofit organizations by helping them build endowment and operating reserve funds. Additionally the organization works to strengthen the nonprofit sector and civic engagement in the Florida Keys through the Center for Nonprofit Excellence. During 2017, 5 new donor funds were established. During 2017 316 gifts were recorded and 200 grants were made.

4b (Code:) (Expenses \$ 81,022 including grants of \$ 0) (Revenue \$ 17,315)

The Center for Nonprofit Excellence provides a wide range of resources and services that strengthen and support leadership and management of nonprofit organizations located in the Florida Keys. The Leadership Success Academy provides specific leadership and governance skills building to nonprofit board members. During 2017 there were 23 participants from 19 organizations. This marks the 11th consecutive year for the Leadership Success Academy that has trained over 400 members of the Florida Keys community to be more effective board leaders. To recognize volunteer efforts, the organization for the last 18 years has conducted an Unsung Heroes / Volunteer of the Year luncheon to recognize the accomplishments of individuals serving nonprofit organizations. During 2017, there were 386 attendees representing 102 nonprofit organizations throughout Monroe County. In addition, the program offers a work space and conference room for nonprofit organizations without charge.

4c (Code:) (Expenses \$ 1,076,608 including grants of \$ 1,016,900) (Revenue \$ 0)

The third program is to identify and address unmet needs in the community and work with other community organizations and individuals to meet those needs. Hurricane Irma struck the Florida Keys on September 10, 2017. During the last 4 months of 2017, assisting with relief and recovery efforts was the primary focus of the organization. CFFK received 610 gifts for \$1,259,279 that were restricted to emergency recovery and relief, then awarded 82 grants for \$1,016,900. No fees were deducted from hurricane disaster initiative donations, so that 100% could be granted for relief and recovery efforts. Because expenses are allocated based on activity and staff spent significant time devoted to raising funds to respond to this emergency, the percentage of expenses allocated to fundraising is higher than the prior year.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **▶** 2,371,270

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		✓
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	✓	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a-13b with various tax-related questions and numerical inputs.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
Dianna L Sutton, (305)292-1502

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Roger Heinen	2									
Chair	0	✓		✓			0	0	0	
Karen Sharp	2									
Treasurer	0	✓		✓			0	0	0	
Rita Linder	2									
Vice Chair	0	✓		✓			0	0	0	
Susanne Woods	2									
Vice Chair, Treasurer	0	✓		✓			0	0	0	
William Porter	2									
Vice Chair	0	✓		✓			0	0	0	
Greg Oropeza	2									
Director	0	✓					0	0	0	
Michael Ingram	2									
Vice Chair	0	✓		✓			0	0	0	
Bobby Highsmith	2									
Director	0	✓					0	0	0	
Brian Wruble	2									
Director	0	✓					0	0	0	
Doug Mayberry	2									
Secretary	0	✓		✓			0	0	0	
Ron Burd	2									
Vice Chair	0	✓		✓			0	0	0	
William Langley	2									
Director	0	✓					0	0	0	
Rosie Ware	2									
Director	0	✓					0	0	0	
Ken Silverman	2									
Director	0	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
W Ann Reynolds	2									
Vice Chair	0	✓		✓			0	0	0	
Jason Koler	2									
Director	0	✓					0	0	0	
Lauretta Reeves	2									
Director	0	✓					0	0	0	
Jodi Weinhofer	2									
Director	0	✓					0	0	0	
Dianna Sutton	40									
President CEO				✓			135,000	0	12,739	
1b Sub-total							135,000	0	12,739	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							135,000	0	12,739	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
None		

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 0					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,674,283					
	g	Noncash contributions included in lines 1a-1f: \$	316,995					
	h	Total. Add lines 1a-1f ▶		2,674,283				
Program Service Revenue			Business Code					
	2a	Workshops and Community Awards	541990	17,381	17,315	0	66	
	b	-----						
	c	-----						
	d	-----						
	e	-----						
	f	All other program service revenue .		0	0	0	0	
g	Total. Add lines 2a-2f ▶		17,381					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		318,349	0	0	318,349	
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5	Royalties ▶		0	0	0	0	
	6a	Gross rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)	0	0		
			d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses	4,056,401	0		
			c	Gain or (loss)	3,870,099	0		
			d	Net gain or (loss) ▶	186,302	0	0	186,302
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events . ▶						
	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities . . ▶						
	10a	Gross sales of inventory, less returns and allowances	a					
			b	Less: cost of goods sold	b			
			c	Net income or (loss) from sales of inventory . . ▶				
Miscellaneous Revenue		Business Code						
11a	-----							
b	-----							
c	-----							
d	All other revenue							
e	Total. Add lines 11a-11d ▶		0					
12	Total revenue. See instructions. ▶		3,196,315	17,315	0	504,717		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,995,545	1,995,545		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	78,000	78,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	158,258	0	158,258	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	128,700	12,795	115,905	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,446	319	2,127	0
9 Other employee benefits	13,443	2,334	11,109	0
10 Payroll taxes	11,637	1,009	10,628	0
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	5,460	0	5,460	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	58,903	34,351	24,552	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	10,942	644	5,418	4,880
12 Advertising and promotion	23,369	0	10,472	12,897
13 Office expenses	20,225	0	20,225	0
14 Information technology	10,724	0	10,724	0
15 Royalties	0	0	0	0
16 Occupancy	13,002	6,501	6,501	0
17 Travel	4,381	0	4,381	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	3,339	0	3,339	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	9,685	0	9,685	0
23 Insurance	2,057	0	2,057	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Center for Nonprofit Excellence Programs</u>	19,166	19,166	0	0
b <u>Marketing</u>	7,068	0	2,108	4,960
c <u>Other</u>	4,702	0	4,702	0
d <u>Reclassify Indirect Expense</u>	0	220,606	-275,122	54,516
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,581,052	2,371,270	132,529	77,253
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	260	1	200
	2 Savings and temporary cash investments	274,969	2	550,910
	3 Pledges and grants receivable, net	25,000	3	15,000
	4 Accounts receivable, net	300	4	375
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,462	9	19,842
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	413,129		
	b Less: accumulated depreciation	141,322		
	11 Investments—publicly traded securities	13,967,056	11	15,860,506
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,557,963	16	16,718,640	
Liabilities	17 Accounts payable and accrued expenses	4,386	17	7,519
	18 Grants payable	203,000	18	110,573
	19 Deferred revenue	34,240	19	24,620
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	241,626	26	142,712
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,380,536	27	11,422,872
	28 Temporarily restricted net assets	3,935,801	28	5,153,056
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	14,316,337	33	16,575,928
34 Total liabilities and net assets/fund balances	14,557,963	34	16,718,640	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,196,315
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,581,052
3	Revenue less expenses. Subtract line 2 from line 1	3	615,263
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,316,337
5	Net unrealized gains (losses) on investments	5	1,644,328
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,575,928

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF THE FLORIDA KEYS	Employer identification number 65-0648968
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	434,382	3,753,557	1,866,013	1,502,128	2,674,283	10,230,363
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	434,382	3,753,557	1,866,013	1,502,128	2,674,283	10,230,363
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,606,436
6 Public support. Subtract line 5 from line 4						8,623,927

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	434,382	3,753,557	1,866,013	1,502,128	2,674,283	10,230,363
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	295,349	462,253	465,970	432,897	318,349	1,974,818
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						12,205,181
12 Gross receipts from related activities, etc. (see instructions)					12	117,034
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	70.66 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	64.4 %
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2017. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2016. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF THE FLORIDA KEYS; Employer identification number: 65-0648968

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for held easements at the end of the tax year.

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

Form for Part III with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including revenue and asset amounts.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,254,734	8,329,570	10,643,713	6,770,516	6,189,536
b Contributions	298,430	478,502	844,285	5,018,034	247,933
c Net investment earnings, gains, and losses	1,495,866	820,259	-297,191	361,716	620,651
d Grants or scholarships	74,900	97,451	219,895	1,216,124	215,168
e Other expenditures for facilities and programs	174,942	123,300	2,524,626	61,712	72,436
f Administrative expenses	176,023	152,846	116,716	228,717	0
g End of year balance	10,623,165	9,254,734	8,329,570	10,643,713	6,770,516

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 69.3 %
- b** Permanent endowment ▶ 0 %
- c** Temporarily restricted endowment ▶ 30.7 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0	0	0
b Buildings	0	360,000	90,000	270,000
c Leasehold improvements	0	0	0	0
d Equipment	0	53,129	51,322	1,807
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				271,807

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,941,605
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,238,902
b	Donated services and use of facilities	2b	750
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	115,605
e	Add lines 2a through 2d	2e	1,355,257
3	Subtract line 2e from line 1	3	2,586,348
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,491
b	Other (Describe in Part XIII.)	4b	565,476
c	Add lines 4a and 4b	4c	609,967
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,196,315

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,158,345
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	750
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	64,759
e	Add lines 2a through 2d	2e	65,509
3	Subtract line 2e from line 1	3	2,092,836
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	488,216
c	Add lines 4a and 4b	4c	488,216
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,581,052

Part XIII Supplemental Information.

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

Schedule D, Part V, Line 4 - Endowment funds are maintained for a variety of purposes, including performing arts, visual arts, scholarship, affordable housing, disaster and emergency relief, operating and maintenance funds for specific nonprofit organizations, social justice programs, study and performance of classical music, donor advised funds and funds that are unrestricted for charitable purposes with grants determined by a committee or organization and board volunteers.

Schedule D, Part X, Line 2 - CFFK is tax exempt under Section 501(c)(3) of the Internal Revenue Code and has been determined not to be a private foundation under Section 509(a)(1) of the Code. However, subject to certain exceptions, gross income, if any, from an activity not substantially related to the performance of the organization's exempt function that constitutes a trade or business regularly carried on by the organization will be subject to the unrelated business income tax. Management believes that it has appropriate support for any tax positions taken and as such does not have any uncertain tax positions that would be material to the financial statements. CFFK's tax returns are subject to routine audits by taxing jurisdictions, however, currently there are no such audits in progress. Tax returns for years before 2014 are no longer subject to examination. Management has evaluated the need for a reserve for income tax liability and determined that no reserve is required at December 31, 2017 or 2016.

Schedule D, Part XI, Line 2d - Agency funds realized losses \$13,473, Administrative fees not in form 990 \$102,132

Schedule D, Part XI, Line 4b - Agency funds donations and investment earnings \$565,476

Schedule D, Part XII, Line 2d - Administrative fees not in form 990 \$64,759

Schedule D, Part XII, Line 4b - Grants paid by Agency funds included in form 990 \$429,313, Management Fees net against investment earnings in audit \$58,903

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF THE FLORIDA KEYS

65-0648968

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) <u>Sch I, Stmt 1</u>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 73
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Scholarship for college and university	9	38,000	0		
2 Merit Awards for outstanding educators	8	40,000	0		
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Schedule I, Part I, Line 2 - Generally grants from donor advised funds are unrestricted for general operating support. Grants made based on a competitive application process require end of grant reports to detail how funds were used, number of people benefited and similar data. Scholarship grants are monitored by requiring students to provide proof of enrollment and disbursing funds directly to the college or university for the benefit of the student's account. Emergency Assistance grants were determined after receiving applications from not-for-profit and faith based organizations. Applications were reviewed by ad-hoc grant committees which were composed of community leaders from the area of the Florida Keys to receive the grant funds. The ad-hoc grant committee recommendations were considered by the board grant committee and awarded based on the committee's assessment of need. End of grant reports were requested for these Emergency Assistance grants to detail how funds were used and demographics of those who benefited.

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	A Positive Step Inc 716 Ashe Street Key West, FL 33040	65-1077573	10,100	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Hurricane Irma, general operations			
Name and address	AIDS Help Inc 1434 Kennedy Drive Key West, FL 33040	59-2678740	10,000	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Hurricane Irma Disaster Relief			
Name and address	American Contract Bridge League District 9 PO Box 1534 Ponte Vedra Beach, FL 32004	20-2360193	10,540	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	2017 Youth NABC Scholarship			
Name and address	American Legion Post 154 4115 Overseas Highway Marathon, FL 33050	59-0718617	10,000	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Hurricane Irma Disaster Relief			
Name and address	Bahama Village Music Program 103 Olivia St Key West, FL 33040	30-0134445	6,700	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Keys Kids Jr., general operations			
Name and address	Bethel AME Church 223 Truman Avenue Key West, FL 33040	65-0851720	10,000	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Hurricane Irma Disaster Relief			
Name and address	Big Pine Academy 30220 Overseas Highway Big Pine Key, FL 33043	20-5732425	15,000	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Hurricane Irma Disaster Relief			

Schedule I, Part IV, Statement 1

COMMUNITY FOUNDATION OF THE FLORIDA KEYS

Name and address	Big Pine United Methodist Church 280 Key Deer Blvd Big Pine Key, FL 33043	65-0710197	7,500
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Boys & Girls Clubs of the Florida Keys Inc 1400 United Street Suite 108 Key West, FL 33040	65-0678071	25,800
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma, building fund, National Fitness Competition		
Name and address	Catholic Charities 2700 Flagler Avenue Key West, FL 33040	59-1279497	10,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Child Care Aware of America 1515 N Courthouse Rd Ste 900 Arlington, VA 22201	94-3060756	9,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Congregation B'Nai Zion 750 United Street Key West, FL 33040	65-0023035	7,500
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Jewish History Book Fund, general operations		
Name and address	Coral Isles Church 90001 Overseas Hwy MM90 Tavernier, FL 33070	59-2344150	15,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Early Childhood Initiative Foundation 2555 Ponce deLeon Blvd 5th floor Coral Gables, FL 33134	65-1122406	15,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Equality Florida PO Box 20786 Tampa FL, FL 33622-0786	59-3435235	10,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Statewide Social Justice, general operations		

Name and address	Florida Keys Area Health Education Center 5800 Overseas Highway Ste 38 Marathon, FL 33050	65-0183810	17,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma, Childrens Health Centers		
Name and address	Florida Keys Commercial Fishermen's Assn PO Box 501404 Marathon, FL 33050	65-0196267	44,650
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Florida Keys Council of the Arts 1100 Simonton Street Suite 2-263 Key West, FL 33040	65-0737532	39,600
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma, Culture Circle, Key West Writers Guild		
Name and address	Florida Keys Fishing Guides Association 187 Atlantic Circle Drive Tavernier, FL 33070	65-0450063	25,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Florida Keys Healthy Start Coalition PO Box 6166 Key West, FL 33041	65-0051482	10,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Florida Keys Land & Sea Trust 5550 Overseas Highway Marathon, FL 33050	59-1867599	10,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Florida Keys Outreach Coalition PO Box 4767 Key West, FL 33041-4767	65-0409898	43,600
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma, Quick Assist, general operations		
Name and address	Florida Keys SPCA 5230 College Rd Key West, FL 33040	65-0891564	256,901
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			

Schedule I, Part IV, Statement 1

COMMUNITY FOUNDATION OF THE FLORIDA KEYS

Purpose of grant	Building, Hurricane Irma, general operations		
Name and address	Gerald Adams Elementary School 5855 College Road Key West, FL 33040	65-0551178	7,604
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	3D Printed Art for the 21st Century Artist		
Name and address	Glad Tidings Tabernacle Assembly of God Church 1209 United Street Key West, FL 33040	59-1431599	10,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Grace Church of Gwinnett 86450 Overseas Highway Islamorada, FL 33036	80-0048138	15,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Growing Hope Initiative 258 Cunningham Ln Big Pine Key, FL 33050	26-2024022	10,100
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma, general operations		
Name and address	Guidance Care Center Inc 1205 4th St Key West, FL 33040	59-1458324	10,500
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Habitat for Humanity of the Upper Keys Inc PO Box 2151 Key Largo, FL 33037	65-0169353	10,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Hospice of the Florida Keys and Visiting Nurse Associatin 1319 William St Key West, FL 33040	59-2386289	10,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Immanuel Lutheran Church 108 Ocean Drive Tavernier, FL 33070	59-1273777	8,000
IRC code section	501C3		
Method of valuation			

Schedule I, Part IV, Statement 1

COMMUNITY FOUNDATION OF THE FLORIDA KEYS

Desc. of Non-Cash Asst.

Purpose of grant Hurricane Irma Disaster Relief

Name and address	Impromptu Classical Concerts	59-1735835	10,500
	PO Box 6244		
	Key West, FL 33041		
IRC code section	501C3		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Remembering Lenny, general operations

Name and address	Independence Cay	26-4290105	30,000
	PO Box 500286		
	Marathon, FL 33050		
IRC code section	501C3		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Hurricane Irma Disaster Relief

Name and address	Island Community Church	59-6536697	15,000
	83250 Overseas Highway		
	Islamorada, FL 33036		
IRC code section	501C3		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Hurricane Irma Disaster Relief

Name and address	KAIR (Keys Area Interdenominational Resources)	65-0926262	40,000
	3010 Overseas Hwy		
	Marathon, FL 33050		
IRC code section	501C3		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Hurricane Irma Disaster Relief

Name and address	Key Bridge	81-1904763	10,000
	1111 12th St Ste 212		
	Key West, FL 33040		
IRC code section	501C3		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Hurricane Irma Disaster Relief

Name and address	Key West Botanical Garden Society Inc	65-0084855	75,991
	5210 College Road		
	Key West, FL 33040		
IRC code section	501C3		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Hurricane Irma, playground equipment, general operations

Name and address	Key West Community Sailing Center	59-2813351	10,000
	PO Box 828		
	Key West, FL 33041		
IRC code section	501C3		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Hurricane Irma Disaster Relief

Name and address	Key West Literary Seminar	59-2807058	15,724
	717 Love Lane		
	Key West, FL 33040		
IRC code section	501C3		

Schedule I, Part IV, Statement 1

COMMUNITY FOUNDATION OF THE FLORIDA KEYS

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Scholarship, general operations

Name and address	Key West Police Department Love Fund 1604 North Roosevelt Blvd Key West, FL 33040	20-5145219	10,000
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Hurricane Irma Disaster Relief

Name and address	Key West Rotary Club Foundation Inc 1107 Key Plaza Key West, FL 33040	59-2826669	35,000
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Dental sealant program, Hurricane Irma

Name and address	Key West Theater 512 Eaton St Key West, FL 33040	47-2053122	10,000
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant School for the Performing Arts

Name and address	Marathon Community Theatre Inc PO Box 500124 Marathon, FL 33050	59-1692300	16,000
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Summer theater, Hurricane Irma

Name and address	Marr Velous Pet Rescues and Adoptions 99900 Overseas Highway Key Largo, FL 33037	26-0662699	6,000
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Hurricane Irma Disaster Relief

Name and address	Matecumbe United Methodist Church PO Box 905 Islamorada, FL 33036	59-2340906	15,000
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Hurricane Irma Disaster Relief

Name and address	Middle Keys Community Land Trust PO Box 500194 Marathon, FL 33050	65-1118748	15,000
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Hurricane Irma Disaster Relief

Name and address	Middle Keys Marine Association Inc 383 Lima Ave Marathon, FL 33050-5729	65-0450581	15,000
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Schedule I, Part IV, Statement 1

COMMUNITY FOUNDATION OF THE FLORIDA KEYS

IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	MM50 Relief Project 50 Minnehaha Circle Maitland, FL 32751	82-3096501	15,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Monroe Association for ReMARCAble Citizens PO Box 428 Key West, FL 33041-0428	59-1031546	29,350
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma, Dinner Among the Flowers		
Name and address	Monroe County Education Foundation 241 Trumbo Road Key West, FL 33040	65-0551178	74,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma, Take Stock in Children, EIL		
Name and address	Morada Way Arts & Cultural District 151 Morada Way Islamorada, FL 33036	27-5269482	7,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Trades in the Arts and Beyond		
Name and address	New Life Assembly of God 4711 Overseas Highway Marathon, FL 33050	65-0033061	10,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Peace Covenant Presbyterian Church 2610 Flagler Avenue Key West, FL 33040	59-1627710	10,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Reef Relief PO Box 430 Key West, FL 33041	59-2696402	9,150
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Youth education, general operations		
Name and address	Rural Health Network of Monroe County Inc PO Box 500370	65-0474953	15,000

Schedule I, Part IV, Statement 1

COMMUNITY FOUNDATION OF THE FLORIDA KEYS

IRC code section	Marathon, FL 33050 501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Samuel's House Inc 1614 Truesdell Court Key West, FL 33040	65-0951120	62,006
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma, general operations		
Name and address	Seacamp Association Inc 1300 Big Pine Ave Big Pine Key, FL 33043	59-1144011	30,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Sister Season Fund PO Box 4535 Key West, FL 33041	20-3179971	22,950
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma, general operations		
Name and address	South Florida Symphony Orchestra 2201 Wilton Drive Suite 12 Wilton Manor, FL 33305	65-0846695	12,500
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Music to FL Keys, School music program, general operations		
Name and address	Southernmost Coconut Castaways PO Box 431497 Big Pine Key, FL 33043	45-1496622	6,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	St Columba Episcopal Church 451 52nd Street Gulf Marathon, FL 33050-0456	59-2356874	11,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	St James Children's Shelter PO Box 509 Islamorada, FL 33036	59-1512694	10,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	St Paul's Church	59-1484163	19,000

Schedule I, Part IV, Statement 1

COMMUNITY FOUNDATION OF THE FLORIDA KEYS

	401 Duval St Key West, FL 33040		
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Church music, Rectors fund		
Name and address	St Peter Catholic Church PO Box 431295 Big Pine Key, FL 33043	59-1920878	25,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Star of the Sea Outreach Mission 5640 Maloney Ave Key West, FL 33040	30-0496670	44,500
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	General operations, Hurricane Irma, Children Meals		
Name and address	Tennessee Williams Key West Exhibit Fund 281 Front Street Key West, FL 33040	46-2764439	5,430
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Life Story - Two Unknown Plays		
Name and address	The Good Health Clinic 91555 US 1 Suite 2 Tavernier, FL 33070	04-3745805	10,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	The Hammock House 451 W 52nd Street Gulfside Marathon, FL 33050-0426	59-2356874	30,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	The Studios of Key West 533 Eaton Street Key West, FL 33040	20-5116495	129,268
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	General operations, Hugh's view, Undying Love, Poetry contest		
Name and address	Treasure Village Montessori School 86731 Overseas Highway Islamorada, FL 33036	65-0842097	14,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		

Schedule I, Part IV, Statement 1

COMMUNITY FOUNDATION OF THE FLORIDA KEYS

Name and address	Upper Keys Humane Society Inc PO Box 511 Key Largo, FL 33037	23-7434680	6,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		
Name and address	Wesley House Family Services 1304 Truman Avenue Key West, FL 33040	59-0624461	22,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Music together program, Hurricane Irma		
Name and address	Womankind Inc 1511 Truman Avenue Key West, FL 33040	65-1003208	16,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma Disaster Relief		

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF THE FLORIDA KEYS

65-0648968

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	✓	14	316,995	Avg Hi-Low Quote
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	✓	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE FLORIDA KEYS

Employer identification number

65-0648968

Form 990, Part III, Line 2 - Hurricane Irma struck the Florida Keys on September 10, 2017. To respond to this disaster, the organization cooperated to identify and address unmet needs in the community and work with other community organizations and individuals to meet those needs. Refer to the Third Program Service Accomplishment for additional details.

Form 990, Part V, Line 2a - The organization has entered a leased employee arrangement with a professional employer organization. All applicable tax returns were filed by the PEO, none were filed under the organization's FEIN.

Form 990, Part VI, Section B, Line 11b - Staff prepares and the independent audit firm reviews the form 990. After this review, an electronic copy of the 990 is provided to each board member. Any board questions or comments are incorporated into the final return that is signed by the President / CEO.

Form 990, Part VI, Section B, Line 12c - All board members and staff are required to provide an annual certification of compliance with the conflict of interest policy. The organization is required to document this compliance with an annual filing with the Florida Department of Agriculture and Consumer Services. The Committee on the Board is responsible to conduct a Board Evaluation as requested by the Chair.

Form 990, Part VI, Section B, Line 15 - The organization has a policy requiring annual evaluations for each employee. The CEO prepares a self evaluation that is submitted to the Executive Committee. The Executive Committee completes the evaluation of the CEO with input from the full board. CEO compensation is determined after the evaluation and based on comparison to relevant salary surveys. No employees other than the CEO meet the definition of Key Employee or Highly Compensated Employee.

Form 990, Part VI, Section C, Line 19 - The organization provides copies of its governing documents and conflict of interest policy upon request. The annual certification of compliance with the conflict of interest policy is filed with the Florida Department of Agriculture and Consumer Services Charitable Organizations / Sponsors Registration Application and is available online at the FDACS website. The audited financial statements are posted on the organization's website and are available upon request.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

65-0648968

COMMUNITY FOUNDATION OF THE FLORIDA KEYS

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CFFK HOLDINGS LLC (47-5385158) 300 Southard St Suite 201, Key West, FL 33040	Real Estate	FL	0	0	Community Foundation of
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
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(15)													
(16)													

