



**Florida Department of Environmental Protection  
CITIZEN SUPPORT ORGANIZATION  
2021 LEGISLATIVE REPORT  
(pursuant to Section 20.058 Florida Statutes)**

Citizen Support Organization (CSO) Name: Friends of Cape Florida, Inc.

Mailing Address: 1200 S. Crandon Blvd., Key Biscayne, Fl. 33149

Telephone Number: 305-401-4595

Website Address: [www.friendsofcapeflorida.com](http://www.friendsofcapeflorida.com)

Check to confirm your Code of Ethics is posted conspicuously on your website.

**Statutory Authority:**

**Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships.** In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

**Section 258.015, F.S., Citizen support organizations; use of property; audit.** In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

**YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:**

**CSO's Mission:**

The mission of Friends of Cape Florida, Inc. shall be to enhance and perpetuate the Bill Baggs Cape Florida State Park for the people of Florida and its visitors.

**Describe Last Calendar Year's Results Obtained:**

Due to Covid-19, Bill Baggs Cape Florida State Park was open at 50% capacity working under the guidelines of the CDC. All activities were limited to groups of ten people or less. This made all community projects including fundraising events on hold., we did host a zoom, meet and greet the author of the new biography of Bill Baggs, Amy Condon. The interview was shown on a big screen floating on a barge in No Name Harbor here in the park.

We also hosted a movie night for Halloween for families with "Pods" to gather and enjoy a scary movie also shown on the barge. We spent a lot of time working hands on in the park on projects that needed attention. We replaced our Entrance Gate, bought new park benches, replaced wooden railing along water's edge, laid new asphalt on our bike paths, bought new beach clean-up buckets and T shirts, repaired the Gator for Sea Turtle season. We received two model tall ships for the Lighthouse Keepers cottage with a donation value of \$20,000 and donated was a Kawasaki Diesel MULE with a donation value of \$10,000.

**Describe the CSO's Plans for the Next Three Calendar Years:**

Host 3rd Annual Full Moon Fundraiser in January,2022 Discuss plans for a Visitor ' s Center

Purchase a storage trailer for the CSO.

Purchase a Studio Trailer for an Artist-in-Residence program Install two volunteer RV parking with hookups.

Host the Annual Halloween Hike Host weekly Beach Clean-ups

Host regularly scheduled guided Nature Walks

**CSO's LAST CALENDAR YEAR STATISTICS:**

**Total Number of CSO General Membership: 55**

**Total Number of Board of Directors: 8**

**Total Volunteer Hours for the Board of Directors (Hours from VSys. Work with your parks' volunteer manager): 1240**

**PARK & CSO RELATIONSHIP:**

Relationship with the Park and CSO is wonderful. We enjoy working together and we accomplish a lot together.

**Park Manager's Comments on the CSO & Park Relationship and Support:**

This past year has been another reflection of the positive what we "Can Do" attitude of the Friends Board of Directors, and our many supporters. Significant projects have been accomplished which continue to make our Park a Gem in the Florida Park Service System for the future generations. Special public events sponsored by the Friends of Cape Florida State Park Inc. reflect the quality of interpretation and recreational opportunities our guests have learned to associate with the Bill Baggs Cape Florida State Park State Park. State budget concerns and economic uncertainty have not deterred our wonderful Park staff from striving to go the extra mile for our visitors, and our invaluable volunteers continue to be an inspiration to public service.

As you read this report, you will no doubt be pleased to see the strides that have been made, and the promise the future holds for one of Florida's premier state parks. Improvement projects that have been completed. Thank you for your continuing support. Florida's award-winning state park system would not be able to provide the level of service that it does without the generous contributions of time and money we receive from our Citizen's Support Organization. Thank you for supporting the Friends of Bill Baggs Cape Florida State Park; and thank you, Friends of Cape Florida State Park Inc. for supporting the Bill Baggs Cape Florida State Park

**CSO President's Comments on the CSO & Park Relationship and Support:**

The relationship between the Park and the CSO cannot be better. There is great communication and respect. We help meet the goals set out by the Park Director and we enjoy ourselves while making those goals happen. It is a pleasure to be part of the State Park system. We are also very proud of the impact we have on the local Community by having such a beautiful park for everyone to use.

**SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, SPECIFIC PARK(S) SUPPORT:**

**Program Service Expenses** are costs related to providing your organization's programs or services in accordance with your mission. For CSO's provide expenses that directly support the park(s). For established nonprofit organizations, program service expenses generally represent most of the overall expense of the organization. For the last calendar year provide totals \$ for each that apply.

Building improvement, construction or renovations	\$21,539.00
Cultural resources (e.g., historic structure restoration/ renovation)	\$20,000.00*
Natural resources (e.g., native plants, natural lands restoration)	\$500.00
Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws)	\$1455.86
Other facilities and landscape maintenance	\$815.98
Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.)	\$10,000*
Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.)	\$4,438.00
Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition)	\$604.00
Big ticket visitor center exhibits or interpretation updates	\$
Park exhibits, displays, signage	\$
Park publications, brochures, maps, etc.	\$
Programing/interpretation support material purchases	\$2,000.00
Other program services	\$

**Total Program Service Expenses \$61,602.84**

**Total Operating Expenses** (Overhead including fees, memberships, postage, rent, utilities, etc.) **\$0**

**Visitor Services Revenue**

Park gift shops, craft stores and concession sales	\$
Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.)	\$
Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.)	\$
Vending (e.g., drink machines, penny press, laundry, Wifi, etc.)	\$
Rentals (e.g., bikes, canoe, kayak, SUPs, etc.)	\$
In-park donation boxes	\$
Other visitor services revenue	\$
<b>Total Visitor Services Revenue</b>	<b>\$31,602.84</b>
<b>Net Assets</b>	<b>\$43,026.41</b>

**CSO AUDIT:**

**Total of Last Calendar Year's Expenses (including grants) \$**

Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards ([U.S. GAO Yellow Book](#)) when the CSOs annual expenses are \$300,000 including grants. The audit is **due by September 1** (9 months after the CSO's calendar year ends) to the Florida Auditor General and to the Department.

<b>This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes</b>			
Title	Name	Signature	Date
CSO President			
Park Manager			

- CSO's Code of Ethics is attached
- CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N Receipt. All IRS Form 990's must be complete with Part III Program Service and all appropriate Schedules (A, O and others as appropriate). If filing an IRS extension, attach the IRS 8868 receipt and the most recent 990 and schedules.

**SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, SPECIFIC PARK(S) SUPPORT:**

Program Service Expenses are costs related to providing your organization's programs or services in accordance with your mission. For CSO's provide expenses that directly support the park(s). For established nonprofit organizations, program service expenses generally represent most of the overall expense of the organization. For the last calendar year provide totals \$ for each that apply.

Building improvement, construction or renovations	\$ 21,539.00
Cultural resources (e.g., historic structure restoration/ renovation)	\$ 20,000.00 *
Natural resources (e.g., native plants, natural lands restoration)	\$ 500.00
Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws)	\$ 1,455.86
Other facilities and landscape maintenance	\$ 815.98
Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.)	\$ 10,000.00 *
Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.)	\$ 4,438.00
Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition)	\$ 604.00
Big ticket visitor center exhibits or interpretation updates	\$
Park exhibits, displays, signage	\$
Park publications, brochures, maps, etc.	\$
Programing/interpretation support material purchases	\$ 2,000.00
Other program services	\$
<b>Total Program Service Expenses</b>	<b>\$ 61,602.84</b>

**Total Operating Expenses** (Overhead including fees, memberships, postage, rent, utilities, etc.) \$ 0

**Visitor Services Revenue**

Park gift shops, craft stores and concession sales	\$
Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.)	\$
Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.)	\$
Vending (e.g., drink machines, penny press, laundry, Wifi, etc.)	\$
Rentals (e.g., bikes, canoe, kayak, SUPs, etc.)	\$
In-park donation boxes	\$
Other visitor services revenue	\$
<b>Total Visitor Services Revenue</b>	<b>\$ 0</b>
<b>Net Assets</b>	<b>\$ 43,026.41</b>

**CSO AUDIT:**

**Total of Last Calendar Year's Expenses (including grants) \$ 31,602.84 \* \$30,000 was in-Kind Donations**  
 Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards ([U.S. GAO Yellow Book](#)) when the CSOs annual expenses are \$300,000 including grants. The audit is due by September 1 (9 months after the CSO's calendar year ends) to the Florida Auditor General and to the Department.

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes		
Title	Name	Date
CSO President	<i>Theodora Long</i>	5/21/21
Park Manager	<i>Brian Addison</i>	05/24/2021

**FRIENDS OF CAPE FLORIDA, INC.  
CODE OF ETHICS**

**PREAMBLE**

- (1) It is essential to the proper conduct and operation of Friends of Cape Florida, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of Cape Florida, Inc. board members, officers, and employees in the performance of their official duties.

**STANDARDS**

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla Stat., to be observed by CSO board members, officers, and employees.

**1. Prohibition of Solicitation or Acceptance of Gifts**

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

**2. Prohibition of Accepting Compensation Given to Influence a Vote**

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

**3. Salary and Expenses**

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

#### **4. Prohibition of Misuse of Position**

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

#### **5. Prohibition of Misuse of Privileged Information**

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

#### **6. Post-Office/Employment Restrictions**

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

#### **7. Prohibition of Employees Holding Office**

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

#### **8. Requirements to Abstain from Voting**

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

#### **9. Failure to Observe CSO Code of Ethics**

Failure of a CSO board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

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

(Rev. January 2020)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. FRIENDS OF CAPE FLORIDA INC	Taxpayer identification number (TIN) 55-0810948
	Number, street, and room or suite no. If a P.O. box, see instructions. 1200 SCRANDON BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KEY BISCAWAYNE FL 33149	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► JASON CUMMINS

Telephone No. ► (305) 361-8779 Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until Nov 15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 20 or

►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

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

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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization FRIENDS OF CAPE FLORIDA INC		<b>D</b> Employer identification number 55-0810948
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1200 SCRANDON BLVD		<b>E</b> Telephone number (305) 361-8779
	City or town, state or province, country, and ZIP or foreign postal code KEY BISCAWAYNE, FL 33149		<b>F</b> Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ MODIFIED CASH

**I** Website: ▶ N/A **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (check only one) --  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

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

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 85,755.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	85,755.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	85,755.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) See Line 16 Stmt	<b>16</b>	80,809.
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	80,809.	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	4,946.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	35,868.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	40,814.



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	Yes	No
			X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	Yes	No
			X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		X
b	If "Yes," was the related organization a section 527 organization? . . . . .		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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

<b>Sign Here</b>	Signature of officer 	Date 07/06/2020
	Type or print name and title JASON CUMMINS, TREASURER	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name ROMINA GUIDO	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01952046
	Firm's name ▶ Lulu's Bookkeeping & Finance Services	Firm's EIN ▶ 47-4662908			
	Firm's address ▶ 15004 SW 80TH TER, MIAMI, FL 33193	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 16: Other Expenses****Continuation Statement**

Description	Amount
EVENTS	36,891.
ADMINISTRATION	3,236.
GOODS	685.
FACILITIES	37,208.
KBCF DONATION - TURTLE NEST	1,004.
SEA TURTLE NEST MONITORING PROGRAM	216.
NCL DONATION - BEACH CLEAN UP	1,569.
<b>Total</b>	<b>80,809.</b>

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

FRIENDS OF CAPE FLORIDA INC

Employer identification number

55-0810948

**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)(vi)**. (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 33 1/3% 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 33 1/3% 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)						
<b>Total</b>						

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,810.	10,115.	28,001.	52,151.	85,755.	178,832.
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	1,500.	1,500.	1,500.	1,500.	1,500.	7,500.
6 <b>Total.</b> Add lines 1 through 5	4,310.	11,615.	29,501.	53,651.	87,255.	186,332.
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 <b>Public support.</b> (Subtract line 7c from line 6.)						186,332.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	4,310.	11,615.	29,501.	53,651.	87,255.	186,332.
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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	4,310.	11,615.	29,501.	53,651.	87,255.	186,332.
14 <b>First five years.</b> 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 2019 (line 8, column (f), divided by line 13, column (f))	15	100 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	100 %

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

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0 %

- 19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

**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.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

FRIENDS OF CAPE FLORIDA INC

Employer identification number

55-0810948

Pt I, Line 16:

Description: EVENTS \$36,891

Description: ADMINISTRATION \$3,236

Description: GOODS \$685

Description: FACILITIES \$37,208

Description: KBCF DONATION - TURTLE NEST \$1,004

Description: SEA TURTLE NEST MONITORING PROGRAM \$216

Description: NCL DONATION - BEACH CLEAN UP \$1,569