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C Name of organization

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

D Employer identification number

Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

2008

Open to Public Inspection

Add	fress ch	ange use IR	s FOUNDATION INC	EANOGRAPHIC INSTITUTION		59-164433	
– Nar	ne char		or Doing business As			E Telephone nu	mber
- Init	ial retur		ic Number and street (or	r P O box if mail is not delivered to street addr	ess) Room/suite	(772) 466-9	
– Ter	mınatıo	Instru- tions.	5600 US 1 NORTH			G Gross receipt	<b>s</b> \$ 8,289,466
- Am	ended r	return	City or town, state or			1	
- App	olication	pending	FORT PIERCE, FL 349	946			
			Name and address of Pri	incipal Officer	H(a) Is th	s a group return	for
			MES L SEITZ DO US 1 NORTH		affilia	ites?	⊤Yes <b>√</b> No
		FOI	RT PIERCE,FL 34946		H(b) Are a	II affiliates include	d?
Ta	x-exem	pt status 🔽 50	01(c) ( 3 ) <b>4</b> (insert no )	4947(a)(1) or 527	(If "N	lo," attach a list	See instructions )
W	eb site	e:► N/A			H(c) Grou	ıp Exemption Nur	nber ►
Тур	e of org	janization 🔽 Corp	poration trust associatio	on other <b>F</b>	<b>L</b> Year of Fo	ormation 1975 M S	State of legal domicile FL
Pa	rt I	Summary					
	1	Briefly describ	e the organization's miss	sion or most significant activities			
		ADMINISTER ATLANTIC UN	PROPERTY TO OR FOR NIVERSITY	CINSTITUTION FOUNDATION INC. THE BENEFIT OF HARBOR BRANCH scontinued its operations or disposed	OCEANOGR	APHIC INSTITU	TION AT FLORIDA
	3	Number of voti	ng members of the gover	rning body (Part VI, line 1a)		3 _	10
			-	s of the governing body (Part VI, line 1	b)		8
			of employees (Part V , line			_	1
ŧ				necessary)			10
				e from Part VIII, line 12, column (C) from Form 990-T, line 34		7a _ 7b	0
			Jasiness taxable income		Pri	or Year	Current Year
	8	Contributions	and grants (Part VIII, li		19,074	6,437	
Revenue	9		ice revenue (Part VIII, I		1,633,219	3,281,340	
	10	Investment ır	ncome (Part VIII, columi		1,579,368	-208,595	
	11	Other revenu	e (Part VIII, column (A ),		125,606	311,069	
	12	Total revenue 12)	-add lines 8 through 11	L (must equal Part VIII, column (A), lii	ne	3,357,267	3,390,251
	13		mılar amounts paid (Part	t IX, column (A), lines 1-3)		1,865,827	2,902,859
	14		to or for members (Part 1	, , , , , , , , , , , , , , , , , , , ,		0	0
<b>.</b>	15	Salaries, othe	er compensation, employ	ee benefits (Part IX, column (A), lines	5-		
Expenses		10)	5 /	(4)		26,206	71,114
<u>ক</u>	16a		fundraising fees (Part IX,			3,277	0
ĭ	b	•	g expenses, Part IX, column (I	·· · · · · · · · · · · · · · · · · · ·		677 473	1 127 506
	17 18	•		lines 11a-11d, 11f-24f) ust equal Part IX, line 25, column (A))		677,473 2,572,783	1,137,506 4,111,479
	19		es—add illies 13-17 (llic expenses Subtract line			784,484	-721,228
5 %	† <del></del>				Beginn	ing of Year	End of Year
ner Assers or Fund Balances	20	Total assets	(Part X, line 16)			36,141,526	34,892,755
(E)	21		es (Part X, line 26)			1,998,960	616,309
	22		fund balances Subtract	: line 21 from line 20		34,142,566	34,276,446
	t II	Signature				, ,	, ,
		Under penalties	of perjury, I declare that I hav	ve examined this return, including accompanyin			
lea	Se	and belief, it is to	ue, correct, and complete. De	eclaration of preparer (other than officer) is bas	ı		n nas any клоwiedge
Sign		Signature of o	officer		Date	-05-11	
lere		JAMES L SEΠ	Z VICE CHAIRMAN & VICE PRI	ESIDENT			
			name and title				
		Preparer's		Date	Check If	Preparer's PTIN (	See Gen Inst )
aid		signature			self- empolyed ▶ <b></b>		
	arer's	Firm's name (or		l l			
se (	Only	ıf self-employed) address, and ZIP	· • ————	treet Suite 400		EIN Þ	_
		,	Greensboro, NC 274			Phone no 🕨 (33	36) 275-3394
			OICCIIDUOIO, NC Z/				

May the IRS discuss this return with the preparer shown above? (See instructions)  $\, \cdot \, \cdot \, \cdot \, \cdot \, \cdot \,$ 

## Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

		ice expenses \$ 3	,697,241 Must equal Part IX, Line		
	(Expenses \$	including	grants of \$	) (Revenue \$	)
4d	Other program serv	vices (Describe in Schedule	0)		
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4Ь	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4</b> L	(Codo	\/Evpances.d	including graphs of the	\/Poyonyo ¢	· · · · · · · · · · · · · · · · · · ·
4a		NOGRAPHIC INSTITUTION FOUNDA	,697,241 including grants of \$ TION, INC ADMINISTERS THE FLORIDA "P ROGRAMS, THE PROCEEDS OF WHICH SUP		
	others, the total exp	enses, and revenue, if any, fo	7 (a)(1) trusts are required to report each program service reported		
4	Describe the exempt		ach of the organization's three larg		
3	services?		gnificant changes in how it conduct		es 🗸 No
	•	ese new services on Schedul	e O	, .	,
2	Did the organization the prior Form 990 o		ogram services during the year whi		es 🔽 No
	AND TO MAKE EXPENDITU		ON, INC ("HBOIF") IS OPERATED EXCLUSI ARBOR BRANCH OCEANOGRAPHIC INSTIT		

art TV	Chec	klist of	f Required	Schedules
		RIISLO	ı ixcyuli cu	Julicadica

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
				<u>                                       </u>
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$ Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		No
	Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person	25a 25b		No
26	from a prior year? If "Yes," complete Schedule L, Part I	230		140
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . . .

#### Part IV Checklist of Required Schedules (Continued)

			1 63	140
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R.	37	·	Νo

Pai	Tt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 0			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4	V	
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
h	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i>	30		
·	Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Dod the constant of the consta			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	- 3		
	required?	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
•	year?			 
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

#### Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management	

			Υe	es	No			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a	10						
ь	Enter the number of voting members that are independent 1b	8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an other officer, director, trustee, or key employee?	ıy <b>2</b>			Νο			
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? .							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	. 71	•		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	. 8a	Υe	s				
b	each committee with authority to act on behalf of the governing body?	. 81	Ye	s				
9a	Does the organization have local chapters, branches, or affiliates?	98	1		Νo			
b	<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization must describe in Schedule O the process, if any, the organization uses to review the Form 990		Ye	ıs.				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		L		Νο			

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
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?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed FL
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

JAMES L SEITZ VICE CHAIRMAN 5600 US 1 NORTH FORT PIERCE, FL 34946 (772) 466-9876

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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, or 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 the organization did not compensate any officer, director, trustee or key employee										
(A) Name and Title	(B) Average hours per week	P Individual Trustee or Director	on a Institutional Trustee	chec pply	)	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
PAUL A YOST JR , CHAIRMAN AND PRESIDENT	1 0	X	_	X		<del></del>		0	0	
C AMOS BUSSMANN , MEMBER OF THE BOARD	1 0	X		<del>  ^</del>				0	0	0
DR JOHN V BYRNE PHD , MEMBER OF THE BOARD	1 0							0	0	0
JUDITH CARTER , MEMBER OF THE BOARD	1 0	X						0	0	0
JOHN N MCCONNELL JR , MEMBER OF THE BOARD	1 0	Х						0	0	0
JOHN B DODGE , MEMBER OF THE BOARD	1 0	Х						0	0	0
JAMES L SEITZ , VICE CHAIRMAN/VICE PRESIDENT	30 0	Х		х				144,000	0	0
JOSEPH DUKE , MEMBER OF THE BOARD	1 0	Х						0	0	0
MARILYN C LINK , MEMBER OF THE BOARD - EMERITUS	1 0	Х						0	0	0
SHERRY PLYMALE , MEMBER OF THE BOARD	1 0	Х						0	0	0
DOUG SMITH , MEMBER OF THE BOARD	1 0	Х						0	0	0
WILLIAM J STEWART ESQ , SECRETARY	1 0			Х				0	0	0
			l		l		I	l	l	

#### Part VII Continued

(A) A verage hours per week week	-, I !	Officer Officer	Highest compensated employee	Former	organization (W- 2/1099MISC)	(W- 2/1099- MISC)	organization and related organizations
	$\dashv$	_		+			
	$\dashv$			1			
	$\blacksquare$						
1b Total				<u> </u>	144,000	0	0

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►1

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

#### 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

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation			
JAMES L SEITZ LLC 416 NORTH PALM ISLAND CIRCLE VERO BEACH, FL 32963	MANAGEMENT	144,000			
STWEART AND EVANS PA PO BOX 643345 VERO BEACH, FL 32964	LEGAL	113,385			
Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation					

### Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	·				
ants ints	b	Membership dues					
gra	c	<b>1b</b> Fundraising events					
iits, rar		1c					
	d e	Related organizations1d  Government grants (contributions) 1e					
ion: r sin	f	All other contributions, gifts, grants, and	6,437				}
Contributions, gifts, grants and other similar amounts	-	similar amounts not included above					
ntr nd o	g	Noncash contributions included in					
ပည	h	Ines 1a-1f \$  Total (Add lines 1a-1f)		6,437			
			Business Code				
anı	2a	STATE LICENSE PLATE PROGRAM	900,099	3,281,340	3,281,340		
neve n	ь						
ė Вк	с						
rvic	d						
3S (	e						
Program Service Revenue	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f					
	3	► \$ 3,281,340  Investment income (including divi	dends interest				-
		other similar amounts)	· · · · · · · · · · · · · · · · · · ·	803,573			803,573
	4	Income from investment of tax-exempt b	▶	0			
	5	Royalties	▶	0			
		(i) Real	(II) Personal				
	6a	Gross Rents 201,951					
	b	Less rental expenses					
	c	Rental income 201,951 or (loss)					
	d	Net rental income or (loss)		201,951			201,951
		(ı) Securities	(II) O ther				
	7a	Gross amount 3,887,047 from sales of					
		assets other than inventory					
	b	Less cost or 4,899,215 other basis and					
	c	sales expenses Gain or (loss) -1,012,168					
	d	Net gain or (loss)		-1,012,168			-1,012,168
	8a	Gross income from fundraising	. •				
		events (not including					
ne		\$ of contributions reported on line					
Ven		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
Re		\$15,000 a					
Other Revenue	b	Less direct expensesb					
퓽	С	Net income or (loss) from fundrais	ıng events ▶	0			
	9a	Gross income from gaming activities See part IV, line 19					]
		Complete Schedule G If total exceeds \$15,000					
		a					
	ь	Less direct expensesb					
	c	Net income or (loss) from gaming	activities <b>-</b>	0			
	10a	Gross sales of inventory, less					
		returns and allowances .					
	b	Less cost of goods sold <b>b</b>					
	с	Net income or (loss) from sales of	inventory	0			
		Miscellaneous Revenue	Business Code	100 110			100 110
	11a	MISCELLANEOUS REVENUE	900,099	109,118			109,118
	Ь						<del> </del>
	С	A II alla a					<del>                                     </del>
	d e	All other revenue  Total. Add lines 11a-11d					<del>                                     </del>
			\$ 109,118				1
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3 8c,		3,390,251	3,281,340	C	102,474
	j	9c, 10c, and 11e	. ►				Form <b>990</b> (2008)

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re	anizations mu equired to com	plete columns	all columns. (B), (C), and (D)	).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,902,859	2,902,859	, , , , , , , , , , , , , , , , , , , ,	
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	2,302,033		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0	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			
7	Other salaries and wages	45,229	45,229		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	25,885	16,686	9,199	
11	Fees for services (non-employees)				
а	Management	72,000		72,000	
ь	Legal	180,224		180,224	
c	Accounting	97,652		97,652	
d	Lobbying	35,752		35,752	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	67,117	67,117		
g	Other	187,464	187,464		
12	Advertising and promotion	16,459	16,459		
13	Office expenses	16,167	6,523	9,644	
14	Information technology	14,450	14,450		
15	Royalties	0			
16	Occupancy	65,124	65,124		
17	Travel	0			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	10,809	10,809		
20	Interest	164,665	164,665		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	24,569	24,569		
23	Insurance	52,032	52,032		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	SALE OF LAND EXPENSE	115,215	115,215	0	0
Ь	MISCELLANEOUS	17,407	7,640	9,767	0
c	LICENSES & PERMITS	400	400	0	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,111,479	3,697,241	414,238	0
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

				(A) Beginning of year		(B End o	
I	1	Cash—non-interest-bearing		472,938	1	Liid O	407,943
	2	Savings and temporary cash investments		3,158,173	2		2,408,421
	3	Pledges and grants receivable, net	209,634	3		3,695,432	
	4	Accounts receivable, net	3,568,506	4		3,960,391	
	5	Receivables from current and former officers, directors, trustees, key employe	es or	5,555,555	•		
		other related parties Complete Part II of Schedule L			5		
	6	Receivables from other disqualified persons (as defined under section $4958(f)$ persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L .			6		
	7	Notes and loans receivable, net		586,197	7		573,751
	8	Inventories for sale or use			8		
\$	9	Prepaid expenses and deferred charges		63,518	9		42,060
Assets	10a	Land, buildings, and equipment cost basis	6,299,012				
**	b	Less accumulated depreciation Complete Part VI of	0,200,012				
	U	Schedule D	575,233	5,944,188	10c		5,723,779
	11	Investments—publicly traded securities		15,359,846	11	1	3,148,745
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D		6,757,262	12		4,844,276
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D.			13		
	14	Intangible assets			14		
	15	Other assets See Part IV , line 11 Complete Part IX of Schedule		21,264			87,957
		D			15		
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		36,141,526		3	4,892,755
	17	Accounts payable and accrued expenses .		1,988,930	17		615,333
	18	Grants payable			18		
	19	Deferred revenue			19		
اي	20	Tax-exempt bond liabilities			20		
ğ	21	Escrow account liability Complete Part IV of Schedule D			21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		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			24		
	25	Other liabilities Complete Part X of Schedule D		10,030	25		976
	26	Total liabilities. Add lines 17 through 25		1,998,960	26		616,309
5		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27					
_9_		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets		34,142,566	27	3	4,276,446
Ba	28	Temporarily restricted net assets			28		
Б	29	Permanently restricted net assets			29		
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
s or	30	Capital stock or trust principal, or current funds			30		
ξį	31	Paid-in or capital surplus, or land, building or equipment fund			31		
Assets	32	Retained earnings, endowment, accumulated income, or other funds			32		
Net	33	Total net assets or fund balances		34,142,566	33	3	4,276,446
Z	34	Total liabilities and net assets/fund balances		36,141,526	34	3	4,892,755
			•				
Pa	rt XI	Financial Statements and Reporting				Yes	No

Dart YT	Financial	Statements	and Reporting

				i
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	<b>b</b> Were the organization's financial statements audited by an independent accountant?			No
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

As Filed Data -

DLN: 93493134049750

**Employer identification number** 

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

	OATION		RAPHIC INSTITUTE	JIN				59	-1644333	3			
Pai	rt I	Reason for Public Charity Status (to be completed by all organizations) (							•				
				ation because it is (Please									
1	Γ	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).											
2	<u>~</u>	A school de	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )										
3	$\Gamma$	A hospital	or a cooperative	e hospital service organizati	on describ	oed in <b>Sec</b>	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	e H )		
4	Γ	A medical r	research organı	zation operated in conjuncti	on with a l	nospital de	escribed ii	n <b>Section</b> :	170(b)(1)	( <b>A</b> )(iii). E	nter the		
		hospital's r	name, city, and	state									
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	rnmental	unıt desci	rıbed ın		
		Section 170(b)(1)(A)(iv). (Complete Part II)											
6	$\sqcap$	A federal, s	tate, or local go	overnment or governmental	unıt descr	ibed in <b>Se</b>	ction 170	(b)(1)(A)	(v).				
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	c	
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)								
8	Γ	A communi	ty trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	plete Pari	tII)						
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontributior	ıs, membe	rship fees	, and gro	SS	
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	3% of		
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses		
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)				
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	ee instruct	tions )		
11	Γ			and operated exclusively fo									
				orted organizations describe type of supporting organiza						Section 5	U9(a)(3)	. Cneck	
		_	ype I <b>b</b>	· · _ · · · · · · · · · · · · · · · · ·		•	nally Integ	_	'' d	Гтуре	III - Ot	her	
e	$\Gamma$		• •	rtify that the organization is	not contro	olled direc	tly or ındı	rectly by o	ne or mor	e disquali	fied pers	ons	
				agers and other than one or	more publ	ıcly suppo	orted orga	nızatıons (	described	ın section	1509(a)(	1) or	
		section 509		d	+b - IDC		- T I	T II -					
f		check this		d a written determination fro	in the IRS	tilat it is	a Type I,	Type II o	r Type III	Supportin	ig organi.		
g				as the organization accepted	d any gift	or contribi	utıon from	any of the	!			,	
		following pe											
			•	r indirectly controls, either a		_	th persons	describe	d in (ii)	<u> </u>	Yes	No	
			· -	ng body of the the supported	_	tion7				11g(		<u> </u>	
			•	erson described in (i) above						11g(		<del>                                     </del>	
				ty of a person described in (						11g(	III)		
h		Provide the	tollowing inforr	nation about the organizatio	ns the org	anization	supports						
	/i) No	mo of	(ii) EIN	(iii) Type of organization	(iv) I	c the	(v) Did v	ou notify	(vi) ī	s the	(vii) An	nount of	
	(i) Name of Supported		(II) LIN	(described on lines 1-9		ation in	1 * .*	nızatıon		ation in	supp		
1		ızatıon		above or IRC section	col (i)	listed in	ın col <b>(i</b>	i) of your	col (i) o	rganızed	''		
				(See Instructions))	your go	_	supp	oort?	ın the	US?			
					docur								
					Yes	No	Yes	No	Yes	No	-		
								-			-		
				1	l	1	1	1	I	I	I		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

### OMB No 1545-0047

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Open to Public

					Inspection
		es," to Form 990, Part IV, Line 3, or		art VI, line 46 (Political Ca	
		complete Parts I-A and B Do not comple n 501(c)(3)) organizations complete Pai		v Do not complete Part I R	
	ction 527 organizations comple	· · · · · · ·	its I-A and C belov	V Do not complete Fait FB	
		es," to Form 990, Part IV, Line 4, or	· Form 990EZ, Pa	rt VI, line 47 (Lobbying A	ctivities)
	, ,, , =	nat have filed Form 5768 (election under		•	•
	, ,, ,	nat have NOT filed Form 5768 (election i		(h)) Complete Part II-B Do n	ot complete Part II-A
	etion 501(c)(4), (5), or (6) orga	es," to Form 990, Part IV, Line 5 (Pi pizations, complete Part III	roxy rax)		
	ne of the organization	mzatono complete i art iii		Employer iden	tification number
HAR	BOR BRANCH OCEANOGRAPHIC INS NDATION INC	TITUTION			
		by all organizations exempt	under section	59-1644333	527
CHU		See the instructions for Schedule		- Joi(c) and section	
1	Provide a description of the	organization's direct and indirect politi	cal campaign act	ıvıtıes ın Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Part	To be completed for Schedule C for	by all organizations exempt details.)	under section	<b>501(c)(3).</b> (See the	instructions
1		ise tax incurred by the organization un	der section 4955		\$
2	Enter the amount of any exc	se tax incurred by organization manag	jers under section	n 4955	\$
3	If the organization incurred i	n a section 4955 tax, did it file Form 4	720 for this year	?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Part		<b>by all organizations exempt</b> ns for Schedule C for details.)	under sectior	ı 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly ex	pended by the filing organization for se	ection 527 exemp	ot function activities	\$
2	Enter the amount of the filing 527 exempt funtion activities	g organızatıon's ınternal funds contrıbu s	ted to other orgai	nizations for section	\$
3	Total of direct and indirect e 1120-POL, line 17b	xempt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization fil	e Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount political contributions received	and Employer Identification Number ( t paid and indicate if the amount was p ed and promptly and directly delivered l action committee (PAC) If additiona	aid from the filing I to a separate po	organization's own interna Hitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

	(election under sec	organizations exempt under section 501( tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is:  20% of the amount on line 1e  \$100,000 plus 15% of the excess over \$500,000  \$175,000 plus 10% of the excess over \$1,000,000  \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	<b>(e)</b> Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line d, column (e))							
f	Grassroots lobbying expenditures							

			, age
Part II-B	To be completed by organizations exempt under section 501(c)(3) that h	nave NOT file	ed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for	r details.)	
		(-)	/h\

		(;	1)	(b)
		Yes	No	A mount
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		37,500
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through			37,500
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
ь	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	
ar	$\mathbf{t}$ To be completed by all organizations exempt under section $501(c)(4)$ s	ection	501(c	)(5) or

**section 501(c)(6).** (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

#### Part IV Supplemental Information

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

Ident if ier	Return Reference	Explanation
LOBBYING	, ,	HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION INC ("HBOIF") ENGAGED METZ, HUSBAND & DAUGHTON PA TO LOBBY THE FLORIDA LEGISLATURE ON VARIOUS LEGISLATIVE INITIATIVES AND GRANTS

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION INC

	5777377 2776		59-1644333
Par	organizations Maintaining Donor A organization answered "Yes" to Form 99		unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 /	Aggregate Contributions to (during year)		
3 /	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
	Dıd the organızatıon ınform all donors and donor adv funds are the organızatıon's property, subject to the		nor advised Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?		
Part	Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	ion or pleasure) Preservation of an Preservation of ce	n historically importantly land area ertified historic structure n of a conservation easement
	on the last day of the tax year		
_			Held at the End of the Yea
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	ts	2b
С	Number of conservation easements on a certified h	istoric structure included in (a)	2c
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	ed by the organization during
	the taxable year ►		
4	Number of states where property subject to conserv	ation easement is located by	
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds	g the periodic monitoring, inspection, viola	ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	e year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
	Does each conservation easement reported on line : 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of sec	tion Yes No
	In Part XIV, describe how the organization reports on balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financial ments	I statements that describes
Part	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fil	l for public exhibition, education or researc	ch in furtherance of public service,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i	·
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> - \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA	•	•
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>►</b> \$

Cat No 52283D

Part	Organizations Maintaining Collections of Art,	His	<u>tori</u>	<u>cal Treasu</u>	res, or Othe	er Similar Ass	ets (c	ontınued)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	e foll	lowing that are	e a sıgnıfıcant ı	use of its collection	n	
а	Public exhibition	d	Γ	Loan or exch	nange programs	5		
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and explain Part XIV	hov	v the	y further the o	rganızatıon's e	xempt purpose in		
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as pa		,			milar 	Yes	┌ No
Par	<b>Trust, Escrow and Custodial Arrangements.</b> C Part IV, line 9, or reported an amount on Form 990				nızatıon ansv	vered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	ıary	for c	ontributions o	r other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table							
						A mo	unt	
C L	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f		_	
2a	Did the organization include an amount on Form 990, Part X, line	21?				ı	Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete If the organization (a)Current Year		were Prior '			rt IV, line 10. )Three Years Back (	o\Eour \	oars Back
1_		(0)	PHOI	real (C)IW	Tears back (u	Tillee feats back (	e)roui i	ears back
1a L	Beginning of year balance							
b	Contributions							
C C	Investment earnings or losses  Grants or scholarships							
d	Other expenditures for facilities							
е	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held as							
а	Board designated or quasi-endowment							
Ь	Permanent endowment -							
С	Term endowment ▶							
3a	Are there endowment funds not in the possession of the organizat	ıon t	thata	are held and a	dmınıstered foı	r the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i)		<u> </u>
	(ii) related organizations					3a(ii	)	<u> </u>
	If "Yes" to 3a(II), are the related organizations listed as required					3b		
4	Describe in Part XIV the intended uses of the organization's endo							
Par	t VI Investments—Land, Buildings, and Equipmen	t. S		<u> </u>				
	Description of investment			(i) Cost or other (sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	<b>(d)</b> Bo	ook value
	Land			5,700,475				5,700,475
	Buildings			27,375		26,657		718
	Leasehold improvements	_		21,313		20,037		/10
	Equipment	•		320,717		311,277		9,440
	Other	•		250,445		237,305		13,140
	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column	1 (B)	Line	<u>-</u>	1	237,303		
								5,723,773

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation · year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other HEDGE FUNDS	4,844,276		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶	4,844,276		
Part VIII Investments—Program Related. Se	ee Form 990. Part X. line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri			(b) Book value
OTHER ASSETS			87,957
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	X, line 25. (b) A mount		
Federal Income Taxes	(b) Amount		
OTHER LIABILITIES	976		
O THE RELADIEITIES	9/6		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	976		
· · · · · · · · · · · · · · · · · · ·	1 2/01		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ts	Г
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		<u>leturn</u>
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	٦- ا	
e o	Add lines 2a through 2d	2e 3	
3	Subtract line <b>2e</b> from line <b>1</b>	-3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	46	
с 5	Add lines <b>4a</b> and <b>4b</b>	4c 5	
	t XIV Supplemental Information	5	
	polete this part to provide the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 1a and 4. Par	t XIV	lines 1b and 2b.

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART X, PART XI, PART XII AND PART XIII	HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION, INC 'S (HBOIF) IS INCLUDED IN A CONSOLIDATED ANNUAL FINANCIAL STATEMENTS AUDIT OF HBOIF, IN ACCORDANCE WITH GAAP, PREPARED BY AN INDEPENDENT AUDITOR PURSUANT TO THE 2008 FORM 990 INSTRUCTIONS, PARTS XI-XIII OF SCHEDULE D ARE BLANK A FINANCIAL STATEMENT AUDIT HAS BEEN CONDUCTED FOR THE STATE LICENSE PLATE PROGRAM

### OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Schools**

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

**2008** 

Open to Public Inspection

HARB	Name of the organization  ARBOR BRANCH OCEANOGRAPHIC INSTITUTION  Employer identification in the company of the			
FOUN	DATION INC 59-1644333		VEC	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		YES	NO
	other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	_	.,	
	THE NONDISCRIMINATORY POLICY IS PUBLISHED IN MATERIALS THAT ARE PUBLICLY AVAILABLE ON THE WEB	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
t	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
c	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5 a	Does the organization discriminate by race in any way with respect to  Students' rights or privileges?	5a		No
t	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
c	Scholarships or other financial assistance?	5d		No
•	e Educational policies?	5e		No
f	Use of facilities?	5f		No
9	Athletic programs?	5g		No
ŀ	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	5h		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		No
Ŀ	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
	If you answered "Yes" to either 6a or b, please explain using an attached statement			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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Schedule I (Form 990)

# Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493134049750

en to Public

Department of the Treasury

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

Open to Public

Name of the organization	·		, 	· ·		Employer identi	fication number
HARBOR BRANCH OCEANOG FOUNDATION INC	RAPHIC INSTITU	TION				59-1644333	
		nts and Assistance					
<ol> <li>Does the organization mathe selection criteria use</li> <li>Describe in Part IV the o</li> </ol>	d to award the gran	its or assistance?					,
Part II Grants and Otl Form 990, Part I Part IV and Scho	her Assistance IV, line 21 for an edule I-1 if addit	to Governments a y recipient that rece lional space is	and Organizations in the street was inveded in the street was a second contract of the street was a se	<b>n the United State</b> 0. Check this box if	no one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA ATLANTIC UNIVERSTY5600 US 1 North FORT PIERCE, FL 34946	59-0917284	GOVERNMENTAL	2,674,329		FMV		SUPPORT FOR FLORIDA ATLANTIC UNIVERSITY
WYLAND FOUNDATION5 COLUMBIA DR ALISO VIEJO,CA 92656	33-0543876	501(C)(3)	49,279		FMV		SUPPORT
GUY HARVEY OCEAN FOUNDATION INC4350 OAKES RD STE 518 DAVIE,FL 33314	26-1710999	501(c)(3)	122,978		FMV		SUPPORT
MARINE RESOURCE COUNCIL OF EAST FLORIDA INC3275 DIXIE HWY NE PALM BAY,FL 32905	59-3030066	501(C)(3)	50,000		FMV		SUPPORT
2 Enter total number of seconganizations		-					4
3 Enter total number of other					· · · · · · ·		0
For Paperwork Reduction Act Not	ice, see the Instruct	ions for Form 990.		Cat No 50055P		Sc	hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organiza	ation answered "Y	Yes" on Form 990.	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.				· ··· · · · · · · · · · · · · · · · ·

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

See Additional Data Lable		
Ident if ier	Return Reference	Explanation
PROCESS FOR MONITORING GRANTS		GRANTS ARE MADE TO CHARITABLE ORGANIZATIONS IN SUPPORT OF THEIR RESPECTIVE CHARITABLE MISSIONS ACCORDINGLY, THE ORGANIZATION EXPECTS THE CHARITIES TO USE THE FUNDS FOR PROPER PURPOSES ASSOCIATED WITH THEIR RESPECTIVE MISSIONS, AND AS SUCH, DOES NOT SUBSEQUENTLY MONITOR THESE FUNDS

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As Filed Data -

DLN: 93493134049750

OMB No. 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

### **Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization
HARBOR BRANCH OCEANOGRAPHIC INSTITUTION
FOUNDATION INC

Part I Ouestions Regarding Compensation

Employer identification number
59-1644333

	Questions Regulating compensation					
					Yes	Νo
1a	Check the appropiate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III		,			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writ provision of all the expenses described above? If "No			1b		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the					
	Compensation committee		Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P	art VII	, Section A , line 1a			
а	Receive a severance payment or change of control pa	ayment	?	4a		Νo
b	Participate in, or receive payment from, a supplement	tal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must con	nplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in in Part III		•	8		N o

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation				(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JAMES L SEITZ ((	1) 144,000	_	0 0	0	0	144,000	0 0
(1	ii)						
(i	)						
(i	ii)						
(i	)						
(;	ii)						
(i	)						
(i	ii)						
(i	)						
	ii)						
(i	)						
(i	ii)						1
(i	)						
(i	ii)						
(i	)						
(i	ii)						

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
JAMES L SEITZ	PART II, LINE	HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION, INC (HBOIF) UTILIZED JAMES L SEITZ LLC TO PROVIDE MANAGEMENT SERVICES PERTAINING TO HBOIF'S TRANSITION OF ITS RESEARCH ACTIVITIES AND VESSELS TO FLORIDA ATLANTIC UNIVERSITY AND RELATED MATTERS JAMES L SEITZ LLC IS AN UNRELATED ORGANIZATION WITH RESPECT TO HBOIF COMPENSATION PAID TO JAMES L SEITZ LLC IS REFLECTED IN FORM 990, PART VII AND SCHEDULE J, PART II
BOARD MEMBER EXPENSES	PART I, LINE	HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION INC REIMBURSES MEMBERS OF THE BOARD FOR TRAVEL AND OUT-OF- POCKET EXPENSES INCURRED FOR BOARD OF DIRECTOR MEETINGS ALL EXPENSES ARE REIMBURSED UNDER AN ACCOUNTABLE PLAN, WHICH REQUIRES SUBSTANTIATION BEFORE REIMBURSEMENT IS MADE
COMPENSATION DECISIONS	· ·	THE BOARD OF DIRECTORS MUST APPROVE ALL COMPENSATION, INCLUDING FEES PAID TO THE MANAGEMENT COMPANY PROVIDING EXECUTIVE DIRECTOR SERVICES IN ADDITION, NO MEMBER OF THE BOARD OF DIRECTORS RECEIVES COMPENSATION FOR THEIR SERVICE AS A MEMBER OF THE BOARD

DLN: 93493134049750

OMB No 1545-0047

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### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization **Employer identification number** HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION INC 59-1644333 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (e) In Approved (g)Written from the (a) Name of interested person and (c)Original principal by board or (d)Balance due default? agreement? organization? purpose amount committee? From Yes No Yes Τо No Yes No Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

#### Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
	PARTNER IS HBOIF OFFICER	165,930	LEGAL FEES		No
	OWNER IS HBOIF OFFICER	72,000	MANAGEMENT FEES		No

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## **SCHEDULE O** (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Name of the organization HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION INC Employer identification number

59-1644333

ldentifier	Return Reference	Explanation
License Plate Program	Form 990, PART III, LINE 4a	Harbor Branch Oceanographic Institution Foundation, Inc. (HBIOF) administers the state of Florida's License Plate Program. The purpose of the license plate program is to support oceanographic research and education programs that involve the study and preservation of our oceans. This program supports research projects that collect, analyze and archive scientific data regarding our oceans, including wild dolphin and whale populations in Florida's waters and responsible aquaculture processes. Additionally, the program sponsors projects that provide care and assistance to stranded wild dolphins and whales, distribute information to the scientific community, federal, state and local governmental agencies, educational institutions and the public for the purpose of protecting and preserving our oceans, identify wild dolphins and whales through a photo-identification program, and advance the research technology associated with tracking and monitoring of wild dolphins and other ocean mammals. The Protect Wild Dolphin license plate funds are set aside for competitive proposals that address the intent and guidelines established by the Florida State Legislature

ldentifier	Return Reference	Explanation			
FINANCIAL STATEMENTS AUDIT	FORM 990, PART IV, LINE 12 AND PART XI LINE 2B	HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION, INC 'S (HBOIF) IS INCLUDED IN A CONSOLIDATED ANNUAL FINANCIAL STATEMENTS AUDIT OF HBOIF, IN ACCORDANCE WITH GAAP, PREPARED BY AN INDEPENDENT AUDITOR PURSUANT TO THE 2008 FORM 990 INSTRUCTIONS, HBOIF HAS ANSWERED THE QUESTIONS "NO " HOWEVER, A FINANCIAL STATEMENT AUDIT HAS BEEN CONDUCTED FOR THE STATE LICENSE PLATE PROGRAM AND OTHER REGULATORY PURPOSES			

ldentifier	Return Reference	Explanation				
UNRELATED BUSINESS INCOME	FORM 990, PART V, LINE 3	HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION, INC (HBOIF) DID NOT GENERATE ANY UNRELATED BUSINESS TAXABLE INCOME FOR THE PERIOD JULY 1, 2008 TO JUNE 30, 2009 HBOIF IS FILING A FORM 990-T IN THE CURRENT YEAR TO PRESERVE ITS NET OPERATING LOSS CARRY FORWARD AND OTHER TAX ATTRIBUTES				

ldentifier	Return Reference	Explanation
DELEGATION OF MANAGEMENT DUTIES	FORM 990, PART VI, SECTION A, LINE 3	HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION INC (HBOIF) DELEGATES THE RESPONSIBILITIES OF EXECUTIVE DIRECTOR OF THE ORGANIZATION TO JAMES L SEITZ LLC, AN UNRELATED ORGANIZATION JAMES L SEITZ PREVIOUSLY PERFORMED THE RESPONSIBILITIES OF EXECUTIVE DIRECTOR FOR THE ORGANIZATION

ldentifier Reference		Explanation				
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION A, LINE 10	HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION, INC 'S INDEPENDENT ACCOUNTANT PREPARED THE CURRENT YEAR TAX RETURN AND THE RETURN WAS REVIEWED BY FINANCE PERSONNEL AND THE VICE CHAIRMAN OF THE BOARD PRIOR TO FINALIZATION A COPY OF THE FINALIZED FORM 990 WAS SENT TO THE MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING				

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12	HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION, INC REQUIRES ALL BOARD MEMBERS TO CONFIRM THEY ARE IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY EACH YEAR THROUGH AN AFFIRMATION OF COMPLIANCE WITH THE POLICY THROUGH EMAIL OR SOME OTHER ACCEPTABLE COMMUNICATION MEDIUM

ldentifier	Return Reference	Explanation
DOCUMENT RETENTION AND DESTRUCTION	FORM 990, PART VI, SECTION B, LINE 14	HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION, INC MAINTAINS A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY ALL EMPLOYEES AND BOARD MEMBERS MUST ABIDE BY

ldentifier	Return Reference	Explanation
COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15	HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION, INC. PAYS COMPENSATION TO A MANAGEMENT COMPANY THAT PROVIDES EXECUTIVE DIRECTOR SERVICES TO THE ORGANIZATION. THIS COMPENSATION IS APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS.

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION, INC (HBOIF) MAKES ITS FORM 990 AND 990-T AVAILABLE FOR INSPECTION UPON REQUEST HBOIF DOES NOT MAKE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC

DLN: 93493134049750

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OMB No 1545-0047

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### **Related Organizations and Unrelated Partnerships**

Department of the Treasury

(Form 990)

**SCHEDULE R** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Internal Revenue Service **Employer identification number** Name of the organization HARBOR BRANCH OCEANOGRAPHIC INSTITUTION FOUNDATION INC 59-1644333 **Identification of Disregarded Entities** Part I (A) Name, address, and EIN of disregarded entity (B) (D) (C) Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity MARSHALL ISLANDS MARICULTURE FARM INC. 5600 US 1 NORTH ORA INC 218,905 **AQUACULTURE** МН 5,700 FORT PIERCE, FL 34946 65-0657787 GREENHOUSE GOODS LLC 5600 US 1 NORTH ORA INC **AQUACULTURE** FL 0 FORT PIERCE, FL 34946 59-3786136 **Identification of Related Tax-Exempt Organizations** (A)
Name, address, and EIN of related organization (B) (D) Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section or foreign country) (if section 501(c)(3)) entity

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary a	ctivity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Predominant income(related, investment, unrelated)	( <b>F)</b> Share of total income	( <b>G</b> ) Share of end-of- year assets	(H Disproj alloca	prtionate	Code V—UBI a on Box 20 of k		(J) Genera mana partn	al or ging
								Yes	No			Yes	No
									-				
												+	
	<u> </u>			l			<u> </u>	l					
Part IV Identification of Re	elated Or	ganizations	Taxable as	a Corporation	or Trust								
(A)		(B)		(C)	(D)	(E)	(F) Share of total income		(	G)	(H	1)	
Name, address, and EÌN of related orga	anızatıon	Primary activity	, Le	gal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	e	end-d	ore of of-year sets	Perce owne	ntage ership	
HARBOR BRANCH HOLDINGS INC 5600 US 1 NORTH FT PIERCE, FL34946 65-1124204		HOLDING COMPA	NY	FL	NA	C CORP		0		0	100 %	o	
OCEANS REEFS AND AQUARIUMS INC 5600 US 1 NORTH FORT PIERCE, FL34946 65-0657787		AQUACULTURE		FL	HBH INC	C CORP	190,16	55		5,909,897	100 %	o	

Part V	Transactions with Related Organizations
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	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	<b>1</b> g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	1	No
n	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10		No
p	Reimbursement paid by other organization for expenses	<b>1</b> p		No
q	O ther transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No

	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	HARBOR BRANCH HOLDINGS INC	a(ı)	9,213
(2)	HARBOR BRANCH HOLDINGS INC	a(ıv)	180,000
(3)	HARBOR BRANCH HOLDINGS INC	d	3,515,805
(4)			
(5)			
(6)			

#### Part VI Unrelated Organizations Taxable as a Partnership

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

	T	ı	(5)		· -			1	1	
<b>(A)</b> Name, address, and EIN of entity	(B) Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
	1	1				ı		1		