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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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and lotal assets less than \$500,000 at the end of the year may use this form

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

2010

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For t	he 2010 ca	lendar year, or tax year beginning 6/01 , 2010, and ending 5/31			2011
B	Check	if applicable	C	DE	Employer ide	ntification number
	Addres		SURF FOR LIFE		26-252	7261
<u> </u>	i		P.O. BOX 591837	E	Telephone nu	mber
⊨	Initial		SAN FRANCISCO, CA 94159-1837		(415)	664-2050
⊨	Termin			1-		
-	1	ded return ation pending			Group Exe Number	mption >
Ğ		unting Met	hod X Cash Accrual Other (specify) ► H Che	ck►	X If the o	organization is not
1	Webs	site: 🕨 S	URFFORLIFE.ORG requ	ired to	o attach S	chedule B (Form
J	Tax-e	xempt status	(ck only one) — X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	990-E	Z, or 990	-PF)
K			the organization is not a section 509(a)(3) supporting organization and its gross receipts			
	\$50,0	000 A Forr	n 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be req	uired	(see ınstru	actions) But if the
			poses to file a return, be sure to file a complete return.			
L	Add asse	lines 5b, 6d ts (Part II.	c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	r if tot	lal ►\$	97,395.
	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (See the II			
_		_	the organization used Schedule O to respond to any question in this Part I			
	1		ons, gifts, grants, and similar amounts received		1	96,812.
	2		service revenue including government fees and contracts		2	
3	3	Membersh	nip dues and assessments		3	583.
.) -	4	Investmer	·		4	
	5 a	Gross am	ount from sale of assets other than inventory 5a			
>	1		t or other basis and sales expenses 5b		1	
			s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
•	1		nd fundraising events		, «-	
Ŗ	1		ome from gaming (attach Schedule & if greater than \$15,000)		1 2 2	
Ž	1		ome from fundraising events (not including \$ of contributions		7.34	
REVENU	~	from fund	raising events reported anythe 17 Strach Schedule G if the sum		ر کی	
Ē		of such gr	raising events reported buttine 1) (strach Schedule G if the sum ross income and south buttons exceeds \$15,000) 6b			
	c	: Less dire	ct expenses from gaming and fundial by g events 6c		┧`╽	
	ا ا	Net incom	nct expenses from gaming and fundralsing events ne or (loss) from gaming and fundralsing events (add lines 6a and abtract line 6c) es of inventory, less teturns and lilowages 7a		E	
		6b and su	ubtract (ine 6c)		6d	
	1				⊣ ′ ∣	
	b	Less cos	t of goods sold 76		_{ -	
	c	: Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c	
	8	Other reve	enue (describe in Schedule O)		8	
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			<u>97,395.</u>
	10		d similar amounts paid (list in Schedule O)		10	
_	11	•	paid to or for members		11	
X	12		other compensation, and employee benefits		12	
EXPENSE	13		nal fees and other payments to independent contractors		13	6,099.
N 5	14		ry, rent, utilities, and maintenance		14	400.
E S	15		publications, postage, and shipping		15	331.
	16		enses (describe in Schedule O) SEE SCHEDULE O	_	16	73,679.
_	17		enses. Add lines 10 through 16			80,509.
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	16,886.
N S	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-	of-yea	r _	14 635
N S E S T E		figure rep	19	14,635.		
Š	il		inges in net assets or fund balances (explain in Schedule O)	_	20	21 521
	21		s or fund balances at end of year Combine lines 18 through 20			31,521. Form 990-EZ (2010)
ВA	A FO	r Maderwoi	rk Reduction Act Notice, see the separate instructions.			FUHII 330-E4 (4010)

	990-EZ (2010) SURF FOR LIFE			26	-252	27261 Page 2
Par	Balance Sheets. (see the in	structions for Part II.)	restron in this Dort II			
	Check if the organization used Sci	nedule O to respond to any qu	Jestion in this Part ii	(A) Beginning of ye	ear	(B) End of year
22	Cash, savings, and investments		ļ	14,635		31,521.
23	Land and buildings				23	
)		24	
	Total assets		,	14,635		31,521.
	Total liabilities (describe in Schedule C		line 21)	0 14,635		0.
	Net assets or fund balances (line 27 of t'III Statement of Program Se				1 2/	31,521. Expenses
<u> </u>	Check if the organization used S				(Rea	uired for section
What Desc desc prog	s the organization's primary exempt purpose? SF ribe what was achieved in carrying out tribe the services provided, the number cam title				501 (d organ 4947	c)(3) and 501(c)(4) nizations and section (a)(1) trusts, optional thers)
	SEE_SCHEDULE_Q					
	70				28 a	20 504
29	(Grants \$) If t	nis amount includes foreign gi	rants, check here		20 a	32,594.
2.5					1	
			-]	
	(Grants \$) If t	his amount includes foreign gi	rants, check here	>	29 a	
30						
	(Grants \$) If t	his amount includes foreign gi	rants check here		30 a	
31	Other program services (describe in Sc		ranto, oneot here			
		his amount includes foreign gi	rants, check here	▶ □	31 a	
	Total program service expenses (add			•	32	32,59 <u>4</u> .
Par	t IV				i (see t	he instructions for Part IV)
	Check if the organization used S	(b) Title and average hours	(c) Compensation ((If (d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0-	employee benefit pla deferred compens	ns and	and other allowances
1OL	IATHAN SOFER	to position TREASURER	· · · · · · · · · · · · · · · · · · ·) .	0.	0.
	2 INDIANOLA AVENUE	10				
	UMBUS, OH 43202					
	X FANG	EXECUTIVE DIREC	(0.	0.	0.
	12TH AVENUE FRANCISCO, CA 94118	۰ ا				
SAI	FRANCISCO, CA 94116			 		
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B						Form 000 F7 (0010)
BAA		TEEA0812L 0	J2/18/11			Form 990-EZ (2010)

A3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Form 990-	EZ (2010) SURF FOR LIFE			26-252726	51	Р	age 4
						Yes	No
	y related organization a controlled entity				45 کنځ	<u> </u>	X
a Did tr	ne organization receive any payment fror ction 512(b)(13)? If 'Yes,' Form 990 and	n or engage in any tran Schedule R may need t	saction with a controll o be completed instea	ed entity within the meaning d of Form 990-EZ (see inst)	45 a		X
46 Did ti	ne organization engage, directly or indire dates for public office? If 'Yes,' complete	ctly, in political campaid	gn activities on behalf	of or in opposition to	1	15 P	或逐步
	Section 501(c)(3) organizations				46	tion	X
1 41 (0,1)	501(c)(3) organizations and sec	tion 4947(a)(1) nor	nexempt charitable	e trusts must answer qu	estion	S	
	47-49b and 52, and complete the	ne tables for lines 5	0 and 51.				
	Check if the organization used Schedul	e O to respond to any o	question in this Part V	<u></u>			\Box
47 D. J.		2 16 187	Cabadala O Dawill		47	Yes	No
	ne organization engage in lobbying activi e organization a school as described in se			adula F	47		X
	ne organization make any transfers to an	, , , ,		suule L	49a		$\frac{\Lambda}{X}$
	s,' was the related organization a section	•	Ŭ		49b		
50 Comp	plete this table for the organization's five byees) who each received more than \$10	highest compensated e	mployees (other than	officers, directors, trustees a	nd key		
		(b) Title and average	(c) Compensation	(d) Contributions to employee	(e) Exp	ense	
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	benefit plans and deferred compensation	account other allo	t and	i
NONE							
		1		1			
				 			
f Total	number of other employees paid over \$1	00,000		<u> </u>			
	plete this table for the organization's five		ndenendent contractor	s who each received more th	an \$100	000	of
comp	ensation from the organization If there i	s none, enter 'None '					
MONTE	(a) Name and address of each independent conti	actor paid more than \$100,000		(b) Type of service	(c) Compe	ensation	<u> </u>
NONE _							
							
							
						,	
	number of other independent contractors	•		·			
52 Did the	ne organization complete Schedule A? No lable trusts must attach a completed Sch	ote All section 501(c)(3 edule A) organizations and 49	947(a)(1) nonexempt ► [X Yes	Г	No
Under penaltie	es of perjury, I declare that I have examined this return	, including accompanying sched	lules and statements, and to t	he best of my knowledge and belief, it		L	
true, correct, a	and complete Declaration of preparer (other than office	er) is based on all information o	which preparer has any know	wleage			
Sign	Signature of officer		····-	Date		-	
Here	ALEX FANG	<u></u>		EXECUTIVE DIRECTO	R		
	Type or print name and title		- India	Charle V 4 PTIN			
	Print/Type preparer's name	Preparer's signature	a CPA 1/17	I Check LACIII I			
Paid Preparer	MARC DICKSON Firm's name DICKSON & ASSOC		2 CFM ////	self-employed N/A			
Use Only	Firm's address > 2390 15TH AVENU			Firm's EIN ► N/A			
		CA 94116		Phone no (415)	664-2	050	_
	S discuss this return with the preparer sh	nown above? See instru	ctions		Yes		No
BAA				Fo	rm 990 -	EZ (2	2010)

SCHEDULE'A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

		FOR LIFE							26-2	<u>527261</u>	<u>l</u>		
Par	<u>t I</u>	Reason for Publ	ic Charity Status	(All organizations	must o	comple	te this	part.)	See ı	nstruct	ions.		
The o	orga	nization is not a priva	te foundation becaus	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box)					
1		A church, convention	of churches or assoc	ciation of churches desc	cribed in	section	170(b)	(1)(A)(i)	•				
2		A school described in	n section 170(b)(1)(A)	(ii). (Attach Schedule I	E)								
3		A hospital or a coope	erative hospital servic	e organization describe	ed in sec	ction 170)(b)(1)(A	λ)(iii).					
4		A medical research of	organization operated	in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Er	nter the ho	spital's	š
		name, city, and state											
5		An organization oper 170(b)(1)(A)(iv). (Co.	ated for the benefit o mplete Part II)	f a college or university	owned	or oper	ated by	a gover	nmenta	l unit de	scribed in	section	n
6 7	Н		normally receives a s	overnmental unit descri substantial part of its su					t or fron	n the ger	neral public	desci	rıbed
8	\Box			'(te Part I	1.)							
9	X	•) more than 33-1/3% of			a contrib	outions	mamha	rchin fo	es and ar	ee rac	ainte
•	۳	from activities related	to its exempt function industrial telephores industrial telephores	ons – subject to certair s taxable income (less	n except	ions, an	d (2) no	more t	han 33-	1/3% of	its support	from	aross
10		An organization orga	nized and operated e	xclusively to test for pu	ıblıc safe	ety See	section	509(a)	(4).				
11		more publicly suppor	ted organizations des	exclusively for the benef scribed in section 509(a sion and complete lines	(1) or s	section 5	09(a)(2	ctions o	of, or ca section s	rry out tł 5 09(a)(3)	he purpose). Check th	s of or ne box	ne or that
		a ☐ Type I	b Type II	c Type III				ed		d 🗌	Type III -	- Othe	.r
е		By checking this box	, I certify that the org	anization is not controll than one or more pub	led dired licly sup	tly or in ported o	directly organiza	by one tions de	or more escribed	disquali in section	ified perso on 509(a)(ns I) or	
f			ceived a written dete	rmination from the IRS	that is a	a Type I	Type II	or Type	e III sup	porting	organizatio	n,	
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	ution fro	m any	of the fo	llowing	persons	,7		
												Yes	No
		(i) A person who obelow, the gove	directly or indirectly co erning body of the sup	ontrols, either alone or oported organization?	togethe	r with pe	rsons d	escribe	d in (ii) i	and (III)	11 g (i)		<u></u>
		(ii) A family memb	er of a person descril	bed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)	L	
h		Provide the following	information about th	e supported organization	on(s)								
		(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	Is the zation in in listed in overning ment?	the organ	ou notify ization in n (i) of ipport?	organiz colun	s the ation in nn (i) ed in the 5 ?	(vii) Amou	nt of sup	port
					Yes	No	Yes	No	Yes	No			
(A)													
·. y													
(B)						<u> </u>						_	
(C)													
(D)													
(E)													
Total													

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

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

Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						·	
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support					 		
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts 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 from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10		,					
12	Gross receipts from related activ	vities, etc (see ins	structions)			12		
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	⁽⁾ ▶ □	
Sec	tion C. Computation of Pu							
14	Public support percentage for 20			ne 11, column (f)).	14	<u> </u>	
15	Public support percentage from					_ 15	<u>%</u>	
16	16a 33-1/3% support test — 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
ı	b 33-1/3% support test — 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	17a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	-meets the 'facts id-circumstances'	and-circumstance test The organia	es' test, check this zation qualifies as	s box and stop ne s a publicly suppo	re. Explain in Part rted organization	IV now the ►	
	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17a				
BAA	\				Sc	:hedule A (Form 99	U OF 990-EZ) 2010	

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

(Complete only if you checked the box on line 9 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)

(c) 2008 (d) 2009 (e) 2010 (f) Total 24, 702. 49, 908. 97, 395. 172,005. 0. 0. 0. 24, 702. 49, 908. 97, 395. 172,005. 0. 0. 0. 0. 0. 0. 0. 0. 172,005. 0. 0. 0. 172,005. 172,005. 172,005.		Calendar year (or fiscal yr beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total		Calendar year (or fiscal yr beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total			Section A. Public Support	Section A. Public Support		tion A. Public Support						
24,702. 49,908. 97,395. 172,005. 0. 0. 24,702. 49,908. 97,395. 172,005. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Calendar year (or fiscal yr beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total	1 Citie grants contributions	Calendar year (or fiscal yr beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total		Calendar year (or fiscal yr beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total	Calendar year (or fiscal yr henginging in) > (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total	Calendar year (or fiscal or heginging in) > (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total	Calendar year (or fiscal yr beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total	- 1		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
0. 0. 0. 0. 24,702. 49,908. 97,395. 172,005. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		and membership fees		1 Gifts grants contributions		(a) 2000 (b) 2007 (c) 2003 (c) 2010 (d) 2007	(a) 2000 (b) 2000 (c) 2000 (c) 2000 (d) 2000 (d) 2000 (e) 2010 (e) 2010	1 Gifts, grants, contributions	'	Gifts, grants, contributions						
0. 0. 0. 24,702. 49,908. 97,395. 172,005. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	1 Gifts grants contributions	and membership rees	1 Gifts, grants, contributions	and mambarchin fear.	1 Gifts, grants, contributions	1 Gifts grants contributions	1 Gifts, grants, contributions			received. (Do not include			04 700	40.000	07 205	170 005
0. 24,702. 49,908. 97,395. 172,005. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	1 Gifts grants contributions	received. (Do not include	1 Gifts, grants, contributions	and membership fees received. (Do not include	1 Gifts, grants, contributions	1 Gifts grants contributions	1 Gifts, grants, contributions	received. (Do not include	2				24,702.	49,908.	97,395.	172,005.
0. 24,702. 49,908. 97,395. 172,005. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants') 24,702. 49,908. 97,395. 172,005.		1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants') 24,702. 49,908. 97,395. 172,005.	and membership fees received. (Do not include any 'unusual grants') 24,702. 49,908. 97,395. 172,005.	1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants') 24,702. 49,908. 97,395. 172,005.	1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants') 24,702. 49,908. 97,395. 172,005.	1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants') 24,702. 49,908. 97,395. 172,005.		2	sions, merchandise sold or						
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Scriedule A	(Form 990 or 990-E	2) 2010 SURF	FOR LIFE			Z6-Z5Z/Z61	Page 4
Part IV	Supplemental li Part II, line 17a (See instruction	nformation. Co or 17b; and Pa is).	omplete this pa art III, line 12.	art to provide the Also complete	ne explanations in this part for any	required by Part I additional inform	I, line 10; lation.
	~						
							

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

2010

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public

Employer identification number

SURF FOR LIFE 26-2527261 **FUNDRAISING** THE ORGANIZATION PROMOTES ITS ACTIVITIES ON ITS WEBSITE AND WORKS WITH VARIOUS COMMUNITY GROUPS TO EDUCATE AND PROMOTE VOLUNTEER TOURISM. AS PART OF ITS EFFORTS TO EDUCATE AND PROMOTE THE ORGANIZATIONS MISSION, SURF FOR LIFE WAS ONE OF THE SPONSORS OF AN INDEPENDENT DOCUMENTARY FILM. THE FILM INCLUDES THE ORGANIZATION'S WORK IN SOUTH AMERICA TO IMPROVE THE CONDITIONS OF LOCAL COMMUNITIES. THE ORGANIZATION CONTRIBUTED \$38,000 TO THE PRODUCTION OF THE FILM. OFFICERS COMPENSATION AND BENEFITS THE FOUNDERS OF SURF FOR LIFE, ALEX FANG, THE EXECUTIVE DIRECTOR AND JONATHAN SOFAR, THE TREASURER DO NOT RECEIVE ANY COMPENSATION OR BENEFITS. WHEN THEY JOIN THE VOLUNTEERS IN TRAVEL TO SOUTH AMERICA THEY TRAVEL WITH THE VOLUNTEERS AND DO NOT RECEIVE ANY SPECIAL ACCOMMODATIONS OR BENEFITS. FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE OUR MISSION IS TO CHANNEL THE INTEREST AND ENERGY OF INDIVIDUALS INTO TEAMS THAT TRAVEL TO VARIOUS PROJECT SITES WHERE THEY SERVE AS HANDS ON VOLUN-TOURIST AND GOODWILL ADVOCATES. FORM 990-EZ. PART III. LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS DURING THE YEAR SURF FOR LIFE ORGANIZED AND CONDUCTED THREE TRIPS COMPRISED OF VOLUNTEERS TO PURETO VIEJO, COSTA RICA. DURING THOSE TRIPS, 23 VOLUNTEERS WERE ABLE TO WORK WITH THE LOCAL COMMUNITY OF PURETO VIEJO TO IMPROVE THE GRADE SCHOOL AND COMMUNITY CENTER. THE VOLUNTEERS WORKED WITH LOCAL CRAFTSMEN AND COMPLETED PROJECTS INCLUDING: REMODELING THE CLASS ROOMS IN THE SCHOOL, REFINISHING AND IMPROVING THE PLAYGROUND, BUILDING OUT ADDITIONAL COMMUNITY MEETING ROOMS IN THE COMMUNITY CENTER AND REFINISHING THE COMMON AREA OF THE COMMUNITY CENTER.

Schedule O (Form 990 or 990-E2) 2010	Page :
Name of the organization SURF FOR LIFE	Employer identification number 26-2527261
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL	BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIREC	CTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

2010	SCHEDULE O - SUPPLEMENTAL	INFORMATION	PAG
	SURF FOR LIFE		26-252
FORM 990-EZ, PAR OTHER EXPENSES ADVERTISING AND AIRFARE CONFERENCES, CO CONTRACTORS AND GRANT WRITTING INFORMATION TECLICENSES & PERM LODGING MATERIALS MERCHANT CARD FOFFICE EXPENSES OTHER PROGRAM EPROGRAM FOOD RESEARCH MATERITELEPHONE & INTERNSACTION FEETRAVEL	PROMOTION NVENTIONS, AND MEETINGS LABORS HNOLOGY ITS EES XPENSES ALS ERNET	TOTAL	\$ 39,454 7,649 5,802 2,500 1,523 2,630 1,838 2,787 6,648 203 36 683 573 \$ 73,679

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

	41 4				
	e filing for an Automatic 3-Month Extension, cor				► [X]
	e filing for an Additional (Not Automatic) 3-Mont plete Part II unless you have already been grante			·	
•	iling (e-file). You can electronically file Form 8868		, ,		for a
request an e Associated \	required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www.irs.gov/efile and click in the form of the	t automatic Part I or P ust be sent) 3-month extension of time. You can ele art II with the exception of Form 8870, Ir to the IRS in paper format (see instruct	ectronically file Fori nformation Return f	n 8868 to or Transfers
Part I A	utomatic 3-Month Extension of Time.	Only subn	nit original (no copies needed).		
A corporatio	in required to file Form 990-T and requesting an	automatic 6	-month extension - check this box and	complete Part I on	y >
All other cor income tax i	rporations (including 1120-C filers), partnerships, returns	REMICS, a	nd trusts must use Form 7004 to reques	t an extension of ti	me to file
	Name of exempt organization			Employer identification	number
Type or print					
•	SURF FOR LIFE			26-2527261	
File by the due date for	Number, street, and room or suite number. If a P O box, see in	structions			
filing your return See instructions	P.O. BOX 591837 City, town or post office, state, and ZIP code. For a foreign add.	roce con inetri	etions		
mos actions		1622, 266 111201	CHOIS		
	SAN FRANCISCO, CA 94159-1837		·		
Enter the Re	eturn code for the return that this application is fo	or (file a sep	parate application for each return)		03
Application Is For		Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)		07
Form 990-Bl		02	Form 1041-A		08
Form 990-E2	Z	03	Form 4720		09
Form 990-PI	F	04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephon If the org If this is check the external	is are in the care of MARC DICKSON The No (415) 664-2050 Iganization does not have an office or place of but for a Group Return, enter the organization's four lis box If it is for part of the group, checonsion is for	siness in th digit Group k this box	Exemption Number (GEN) If If and attach a list with the names a		
vuntil _ The ex X 2 If the t	est an automatic 3-month (6 months for a corpora $1/15$, 20 12 _ , to file the exempt orgotension is for the organization's return for calendar year 20 or tax year beginning _ $6/01$, 20 _ 10 _ ax year entered in line 1 is for less than 12 montange in accounting period	anization r	eturn for the organization named above $\frac{5/31}{2} = \frac{5}{2}, 20 = \frac{11}{2}$	al return	
	application is for Form 990-BL, 990-PF, 990-T, 47 undable credits. See instructions	720, or 6069), enter the tentative tax, less any	3a \$	0.
payme	application is for Form 990-PF, 990-T, 4720, or 6 ints made Include any prior year overpayment al	lowed as a	credit	3b \$	0.
c Balanc EFTPS	ce due. Subtract line 3b from line 3a Include you (Electronic Federal Tax Payment System) See	r payment v inst <u>ructions</u>	with this form, if required, by using	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)

2010	FEDERAL SU	PPORTING DETAIL		PAGE 1
	SUF	RF FOR LIFE		 26-2527261
STMT. OF FUNCTIONAL EX	(PENSES (990)			
OFFICE EXPENSES SUPPLIES OTHER			TOTAL	\$ 24. 491. 12. 527.