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Form **990**

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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

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

For the 2011 calendar year, or tax year beginning 06/01 2011, and ending 05/31 20 12 R C Name of organization Surf For Life D Employer identification number Check if applicable Doing Business As Address change 26-2527261 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return PO Box 591837 415-664-2050 City or town, state or country, and ZIP + 4 Terminated Amended return San Francisco, CA 94159-1837 G Gross receipts \$ 219,427 F Name and address of principal officer Application pending Alex Fang H(a) Is this a group return for affiliates? Yes Vo PO Box 591837, San Francisco, CA 94159-1837 H(b) Are all affiliates included? Yes No. **√** 501(c)(3)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) 501(c) (Tax-exempt status Website: ▶ www.surfforlife.org H(c) Group exemption number ▶ Form of organization Corporation Trust Association ☐ Other ▶ L Year of formation 2008 M State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities: Surf For Life sponsors educational and community driven development projects in coastal communities. The mission is to assemble teams of 'voluntourists' to travel to various Activities & Governance project sites where they serve as hands-on workers and goodwill advocates. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 2 Number of independent voting members of the governing body (Part VI, line 1b) 4 2 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 1 6 Total number of volunteers (estimate if necessary) 6 65 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990 T-line 34 7b 0 Pnor Year Current Year ഗ 8 Contributions and grants (Part VIII, line 1h) . 97,395 219,417 0 047 .AUG 1 0 2012 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4 and 7d) 0 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 0 0 Total revenue - add lines 8 through 11 (must equal Pan VIII) 12 97,395 219,427 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 25,775 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 2,368 Total fundraising expenses (Part IX, column (D), line 25) ▶ J. 8 15 5 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 80,509 151,860 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 80.509 180,003 19 Revenue less expenses Subtract line 18 from line 12 16,886 39,424 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 71,455 31.521 21 Total liabilities (Part X, line 26) . 0 495 22 Net assets or fund balances. Subtract line 21 from line 20 31,521 70,960 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Alex Fang Executive Director Type or print name and title Print/Type preparer's name Paid Check 7 if **Annette Cook** self-employed -P20472055 Preparer Firm's name ► Nonprofit Suite Firm's EIN ▶ **Use Only** 20-4728559 Firm's address ▶ 510 3rd Street Suite 200, Oakland, CA 94607 Phone no 510-350-2000 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes
☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

9-17

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Form **990** (2011)

Part		Page 2
Part		
1	Check if Schedule O contains a response to any question in this Part III	
ı	Briefly describe the organization's mission:	
	Our mission is to channel the interest and energy of individuals into teams that travel to various project sites where they serve a hands-on volun-tourists and goodwill advocates.	<u>s</u>
	natios-off voidi-tourists and goodwill advocates.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	1
	services?	NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ad by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$118,086 including grants of \$0) (Revenue \$0)	
	During the year, Surf for Life organized and conducted trips comprised of volunteers to El Cuco, El Salvador. During those trips,	
	volunteers worked with the local community to build a high school and completed the first story of the high school. The volunteers	
	worked with local people and contractors to develop the infrastructure, foundation, and the development of classrooms and sch building.	<u>ool</u>
	building.	
	(Code)	
4b	(Code:) (Expenses \$ 23,395 including grants of \$ 0) (Revenue \$ 0) During the year, Surf for Life organized and conducted trips comprised of volunteers to Pureto Viejo, Costa Rica. During those	
	trips, 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 classrooms in the school, refinish	 nina
	and improving the playground, building out additional community meeting rooms in the community center and refinishing the	
	common area of the community center.	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ n including grants of \$ n) (Revenue \$ n)	
	(Expenses \$ n including grants of \$ n) (Revenue \$ n)	

141,481

Total program service expenses ▶

Part I	V Checklist of Required Schedules			<u> </u>
			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	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		ļ	
b	complete Schedule D, Part VI	11a		✓
C	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		✓
d	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		✓
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
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, Parts II and IV	15		1
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? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	19 20a	+	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		+

rait	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
00	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a	_	1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	- -	,	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		/
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		✓
33	complete Schedule N, Part II	32		✓
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
	IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
			~ aac	(2011

Form 99				Page 5
Part				_
	Check if Schedule O contains a response to any question in this Part V			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	5	Yes	No
c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1 2b		i com
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, 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		1
c p	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		V
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			•
7	gifts were not tax deductible?	6b		S. Sak
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
d e	If "Yes," indicate the number of Forms 8282 filed during the year			
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7e 7f	_	
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter.			Ğ,
a b	Gross income from members or shareholders	_	10	
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	de de sur m	la.da
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ions.
Secti	ion A. Governing Body and Management	<u> </u>		
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
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? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	√	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the Internal Reven	9	ode	<u>/</u>
0000	teri D. F. Gildes (This occurr & requests information about policies not required by the internal Neven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	the process, a may, access, and organization to remove time, controlled			.
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
а	The organization's CEO, Executive Director, or top management official	15a	 	1
b	Other officers or key employees of the organization	15b		1
16a	on an arrangement			
b	with a taxable entity during the year?	16a		1
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	i 501(c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f intei	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Alex Fang. (415)664-2050	of the	;	

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Form	990	1201	- 1-1

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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no	r any relate	d org	anız		_	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week	box, office	unles er and	Pos neck is pe d a d	rson irect	than on the than the the than the the the than the	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Alex Fang										
Executive Director	20	✓		✓			L.	0	0	0
Jonathan Sofer										
Treasurer, Secretary	20	✓		✓			L	0	0	
										 '''

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week	box, u	ot ch unles er and	s pe	ition more rson irecto	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation related		(F Estim amou oth	ated int of
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-Mi		comper from organi and re organia	the zation elated
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	0.1.1.4.1		<u> </u>					Ĺ					
1b c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	•		•				> >	0		0		0
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th					e) w	<u> </u>			of	<u> </u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete								ployee, or high			3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000)? [f "Ye	s,"					
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m an	y ur	nrelated organi				√
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												n's tax
	(A) Name and business add	Iress							(B) Description of s	services	((C) Compens	ation
								\vdash					
								+					
2	Total number of independent contractor received more than \$100,000 of compensations.							o tl	hose listed ab		+ - (- v = (+	,	

Part	VIII	Statement of Revenue					
•••	ξ. 			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>ν</u> ν	1a	Federated campaigns 1a	T				
ts, Grants Amounts	ь	Membership dues 1b	- 0				
عَ ق	C	Fundraising events 1c	- 0			, , , , , , , , ,	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Gifts, ilar An		Related organizations 1d	1	,	3	,	
≘ i≅	d		- 0				14.4
Sin	e	Government grants (contributions) 1e	- 0				
utic 10	f	All other contributions, gifts, grants, and similar amounts not included above 1f		· · · · · · · · · · · · · · · · · · ·	, · ·		
Contributions, Giff and Other Similar			219,417				1
ont	9	Noncash contributions included in lines 1a-1f. \$	0				
	<u>h</u>	Total. Add lines 1a-1f	Business Code	219,417			
nue			Business Code			· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *
eve	2a						
E.	b						<u> </u>
ξ	C						
Se	d						
an	е						
Program Service Revenue	f	All other program service revenue.	L				
<u>~</u>	g	Total. Add lines 2a-2f		0		1	
	3	Investment income (including divid					
		and other similar amounts)		10	10	0	0
	4	Income from investment of tax-exempt b	ond proceeds	0	0	0	0
	5	Royalties		0	0	0	0
		(i) Real	(ii) Personal				وروا والمسترات والمرات
	6a	Gross rents	0		ANT ANTONIO		
	b	Less: rental expenses	0				
	C	Rental income or (loss)	0	5);=		1	·
	d	Net rental income or (loss)	▶	0	0	<u> </u>	0
	7a	Gross amount from sales of (i) Securities	(ii) Other	Tarrent Silver		- TERES 3.3.3.3	
		assets other than inventory	0			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	b	Less: cost or other basis		ر میں ا	₹ , •• • • • • • • • • • • • • • • • • •		
		and sales expenses .	0	107 300		The state of the s	The second second
	C	Gain or (loss)	0	17. 3. 2. 5. 5. 5. 5. 5. 5.	The state of the s		
	d	Net gain or (loss)	>	0	0	C	0
	1	, ,		7	20-		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
enue	8a	Gross income from fundraising		The second second		The source of all	
ē		events (not including \$ 0		1344			
ě		of contributions reported on line 1c).				<u> </u>	
<u>-</u>	ĺ	Con Doct IV June 10	a o			الرائع والمحصورة والمراث	1 (8,7)
Other Re	Ь	Less: direct expenses I	b 0	1 1 1 1	The state of the s		
O	c	Net income or (loss) from fundraising	events . ►	C		(0
	9a				12.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
		See Part IV, line 19	a c		55.	1 1000	
	Ь	Less: direct expenses	ь				14 14 14 14 14 14 14 14 14 14 14 14 14 1
	C	Net income or (loss) from gaming ac		C			0
	10a				1 - TAN 1812 1	·	
			a c	No. of the last of	The same of the same of	1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	Ь	Less. cost of goods sold I	b 0	4		1	
	C	Net income or (loss) from sales of in		1) 0		0
		Miscellaneous Revenue	Business Code	(J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1. J 1. J 2. J.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11a			1		1	
	b			1			
	C						
	d	All other revenue					0
	e	Total. Add lines 11a-11d	•			25425	
	12	Total revenue. See instructions		219,427			0
	<u> </u>						Form 990 (2011

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	0						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0	_					
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	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	0	0	0				
7	Other salaries and wages	23,090	19,626	1,155	2,309				
8	Pension plan accruals and contributions (include	23,030	19,020	1,133	2,309				
	section 401(k) and 403(b) employer contributions)	0	0	0	0				
9	Other employee benefits	889	756	44	89				
10	Payroll taxes	1,796	1,526	90	180				
11	Fees for services (non-employees):								
а	Management	o	0	ol	0				
b	Legal	7,500	0	7,500	0				
С	Accounting	7,353	0	7,353	0				
d	Lobbying	0	0	0	0				
е	Professional fundraising services. See Part IV, line 17	2,368	4 (15.4) - 5 - 15 - 15 - 15 - 15 - 15 - 15 - 15	55.75	2,368				
f	Investment management fees	2,300	O	0	·········				
g g	Other	650	650	0	0				
12	Advertising and promotion				0				
13		11,689	0	0	11,689				
	Office expenses	2,752	2,334	123	295				
14	Information technology	763	649	38					
15	Royalties	0	0	.0	0				
16	Occupancy	678	578	33	67				
17	Travel	23,952	23,353	2	597				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0	0	0	0				
19	Conferences, conventions, and meetings	0	0	0	0				
20	Interest	0	0	0	0				
21	Payments to affiliates	0	0	0	0				
22	Depreciation, depletion, and amortization .	0	0	0	0				
23	Insurance	2,565	2,180	128	257				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
а	Program Supplies	90,311	89,390	2	919				
b	Banking and Filing Fees	3,647	439	1,894	1,314				
C			-						
d	All alban and a second				·				
e	All other expenses	0	0	0	0				
25	Total functional expenses. Add lines 1 through 24e	180,003	141,481	18,362	20,160				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)								

Р	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	31,521	1	71,455
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			†
"		employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
Assets	_	· · · · · · · · · · · · · · · · · · ·		6	0
155	7 8	Notes and loans receivable, net	0	7	<u>0</u>
	9	Inventories for sale or use	0	8	
	10a	Prepaid expenses and deferred charges	0	9	0
	100	other basis. Complete Part VI of Schedule D			ľ
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	31,521	_	71,455
_	17	Accounts payable and accrued expenses		17	495
	18	Grants payable	0		0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D .	0	21	0
es	22	Payables to current and former officers, directors, trustees, key	₹er		
Liabilities		employees, highest compensated employees, and disqualified persons.			
jab		Complete Part II of Schedule L			0
_	23	Secured mortgages and notes payable to unrelated third parties .	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0		
	00	of Schedule D	··········	25	
_	26	Total liabilities. Add lines 17 through 25	0	26	495
ces		lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	31,521	27	70,960
Bal	28	Temporarily restricted net assets		28	0
ā	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	- ··· · -	30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ë	32	Retained earnings, endowment, accumulated income, or other funds .		32	
S	33	Total net assets or fund balances	31,521	33	70,960
	34	Total liabilities and net assets/fund balances	31,521	34	71,455 Form 990 (2011)

Form 99	90 (2011)			Pa	ge 12		
Par	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u></u>	<u>. </u>	V		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		21	9,427		
2	Total expenses (must equal Part IX, column (A), line 25)	2		18	0,003		
3	Revenue less expenses. Subtract line 2 from line 1	3		3	9,424		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4				31,521		
5	Other changes in net assets or fund balances (explain in Schedule O)				15		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,						
	column (B))	6		7	0,960		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>					
	A			Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in					
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?		2b		√		
С	16 //3 4 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	If the organization changed either its oversight process or selection process during the tax year, e. Schedule O		2c				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years used on a separate basis, consolidated basis, or both	ar were					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a	1	,		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the	-		 		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b				
			For	m 990	(2011)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

Open to Public

20**1**1

OMB No 1545-0047

Internal Revenue Service Inspection Name of the organization **Employer identification number Surf For Life** 26-2527261 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e 🗆 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (III) below, the governing body of the supported organization? . 11g(i) (ii) A family member of a person described in (i) above? . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(in) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes Yes No No (A) (B) (C) (D)

(E)

Total

Part	(Complete only if you checked the	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	(-) 0007	43.0000	1 1 2 2 2 2 2	1 (0.0010	1 () 0044	T (a =
1	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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.						
	ion B. Total Support		,			-	
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			ļ			
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 activities, etc					12	
13	First five years. If the Form 990 is for th		n's first, secor	nd, third, fourtl	h, or fifth tax y	ear as a secti	on 501(c)(3)
01	organization, check this box and stop her			<u> </u>	· · · · ·	<u> </u>	🕨 [
	ion C. Computation of Public Suppor			44 1 (0)		T a a T	
14 15	Public support percentage for 2011 (line 6 Public support percentage from 2010 Sch					14	%
16a	331/3% support test—2011. If the organiz		•	 on line 13 an		15	check this
	box and stop here. The organization qual						►
b	331/3% support test—2010. If the organicheck this box and stop here. The organic	ization did n	ot check a bo	x on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meet Part IV how the organization meets the "fa organization	ets the "facts acts-and-circ	-and-circumsta umstances" te	ances" test, ch	eck this box a zation qualifies	nd stop here.	d line 14 ıs Explaın ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part IV how the organization me supported organization	ion meets the eets the "fact	e "facts-and-c ts-and-circums	ircumstances"	' test, check t The organization	his box and s on qualifies as	a, and line stop here. a publicly
18	Private foundation. If the organization did instructions	d not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, chec	ck this box and	d see

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.)

Section	on A. Public Support	under the tec	no notou por	m, piodoc co	mpioto i urti	·· <i>y</i>	
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(-,	(4) 44	(-,	
	received. (Do not include any "unusual grants.")	o	24,702	49,908	97,395	212,432	384,437
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	0	24,702	49,908	97,395	212,432	384,437
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	•	O	0	0	0	15,000	15,000
8 8	Add lines 7a and 7b	0	0	<u> </u>	0	15,000	15,000
Socti	on B. Total Support						369,437
	dar year (or fiscal year beginning in)	(-) 2007	(h) 2000	(a) 0000	(4) 0010	(-) 0011	
9	Amounts from line 6	(a) 2007 0	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	24,702	49,908	97,395	212,432	384,437
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	, o	0	0	0	
С	Add lines 10a and 10b	0	0	0	0	10	10
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	0.	24,702		97,395	212,442	384,447
14	First five years. If the Form 990 is for the organization, check this box and stop her	ne organization	's first, secon	d, third, fourth	, or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Suppor			·		-	
15	Public support percentage for 2011 (line 8			3, column (f))		15	%
16	Public support percentage from 2010 Sch					16	%
Secti	on D. Computation of Investment Inc	come Percei	ntage			<u> </u>	
17	Investment income percentage for 2011 (line 10c, colum	ın (f) dıvıded b	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests-2011. If the organi						
b	17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . > 33½% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and						
	line 18 is not more than 33½%, check this i						
20	Private foundation. If the organization di	a not check a l	oox on line 14,	. 19a, or 19b, c	neck this box	and see instruc	ctions 🕨 🗍

IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	instructions).	
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	······································	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Surf For Life	26-2527261				
Form 990, Part VI, Section B, Line 11b - The board members review the IRS Form 990 upon its completion and filing each year. A completed copy of the return is given to each member of the Board of Directors before its finalization.					
Form 990, Part VI, Section B, Line 12c - Periodic and annual reviews are conducted to ensure that the organization operates in a consistent manner with charitable purposes and complies with the Conflict of Interest policy.					
Form 990, Part VI, Section C, Line 19 - To ensure public transparency of the activities of the organizat of interest policy, and financial statements are available to the public during the tax year upon reques					
Form 990, Part XI, Line 5 - Prior year bookkeeping error					
····					