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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)

ccept black lung

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Ā	For the	2012 cale	ndar year, or tax year	beginning	JANUARY 1, 201	2 , 2012,	and endir	9 DECE	MBER 31	, 20 12	
В		applicable	C Name of organization T			<u>-                                    </u>	TY			er identification nu	mber
	Address	• •	Doing Business As						1	58-2385869	
	Name ch		Number and street (or P	O box if mail is	not delivered to stre	et address)	Room/su	ııte	E Telepho	ne number	
	Initial ret	-	355 ALHAMBRA CIRC	CLF.			SIII	TE 1100	3	05-448-7089 X14	1
	Terminated City, town or post office, state, and ZIP code									20 110 7000 1111	
	Amende	d return	CORAL GABLES FL	33134					<b>G</b> Gross re	eceipts \$ 49	7.160.01
		ion pending			RICHARD SNOV	V PRESIDENT	L & CEO	H(a) Is this	s a group return	for affiliates? Yes	No
		•	355 ALHAMBRA CIRC	CLE. SUITE 11				1		ncluded? Yes	☐ No
$\overline{}$	Tax-exe	mpt status	<b>√</b> 501(c)(3)	501(c) (	) ◀ (insert no )		527			a list (see instruction	
J	Website		w.seakeepers.org	, , ,				H(c) Grou	up exemptio	n number ▶	
ĸ	Form of		✓ Corporation ☐ Trust	Association	Other ▶	L Ye	ar of forma	tion 1991	M State	of legal domicile	FL
Р	art I	Summ	nary						<u> </u>		
	1	Briefly de	escribe the organizati	on's mission	or most signific	ant activities	Seake	eners is a n	opprofit o	rganization whos	
			s to inspire the leader:		=		36,000111				
ž			ess and vachting com			4323341.0034.3434	90330L R 3 - 80		MUNY, RY331.	x411.43294_532(4114:	KMUG
Ē	Ì	3117.34.50.03	KAK MICH IN ANION IN SO								
Governance	2	Check th	is box ▶ 🗌 if the org	anızatıon dıs	continued its op	erations or d	isposed	of more tha	ın 25% of	ıts net assets.	
Ğ	3	Number	of voting members of	f the governii	ng body (Part VI	, line 1a) .     .			. 3		8
S	4	Number	of independent voting	g members o	of the governing	body (Part Vi	l, line 1b)		. 4		<u>8</u>
ŧ	5	Total nur	mber of individuals er	nployed in ca	alendar year 201	2 (Part V, line	e 2a) .		. 5		5
Activities &	6	Total nur	mber of volunteers (e:	stimate if nec	cessary)				. 6		3
⋖	7a	Total unr	elated business reve	nue from Par	t VIII, column (C	), line 12 .			. 7a		
	b	Net unre	lated business taxabl	e income fro	m Form 990-T,	ine 34			. 7b		
- •								Prior \	rear .	Current Ye	ar
	8	Contribu	tions and grants (Par	t VIII, line 1h)					786.428.95	49	7.160.01
Ĕ	9	Program	service revenue (Par	t VIII, line 2g	RECE	IVED			0		0
Revenue	10	Investme	ent income (Part VIII, d	column (A), រ៉ឺ្	nes 3, 4, and 70	)	တ္တု .				0
Œ	11	Other rev	venue (Part VIII, colur enue-add lines 8 thro	nn (A), lınes	5,-6d, 8ç, <sub>4</sub> 9c, 10	с, а <b>л</b> ф 11 е)	ŏ. [				
	12	Total reve	enue-add lines 8 thro	ough 11 (mus	stequal/Part VIII,	Column (A), I	<u>ng</u> (12)		786.428.95	49	7.160.01
	13	Grants a	nd sımılar amounts p	aid (Part IX,	column (A), lines	1-3)	- I		64.562.00		0
	14	Benefits	aid to or for members (Part IX, column(դ), յլեթ Քի Nլ UT						0		0
S	15	Salaries,	other compensation, e	employee ber	efits (Part IX, col	umn (A), lines	5 <del>-</del> 10)		309.691.34	26	0.902.73
Expenses	16a	Profession	onal fundraising fees	(Part IX, colu	mn (A), line 11e	)	[		. 0		0
×pe	b	Total fun	draising expenses (P	art IX, colum	n (D), line 25) 🕨	135.	733.12				
لن	17		penses (Part IX, colui			le)	[		589,994.07	25	5.977.87
	18	Total exp	oenses. Add lines 13-	-17 (must eq	ual Part IX, colu	mn (A), line 2:	5) . [		964.247.41	51	6.880.60
	19	Revenue	less expenses. Subt	ract line 18 f	rom line 12 .	<u></u>		(1	77.818.46)	(19	9.720.59)
0.0							1	Beginning of C	Current Year	End of Yea	ir
seets	20		sets (Part X, line 16)						<u>167.614.88</u>	15	2.209.65
Net Assets or	21		pilities (Part X, line 26)						67.756.12	7	2.071.48
			ts or fund balances.	Subtract line	21 from line 20	<u> </u>			99.858.76		0.138.17
	art II		ture Block		<del> </del>						
Ur	nder pena	Ities of perju	iry, I declare that I have ex- lete Declaration of prepare	amined this retu	m, including accomp	anying schedule	es and state	ements, and to	the best of	my knowledge and	belief, it is
	ie, correc	nt, and comp	lete Declaration of prepare					r nas any kno	wiedge		
Δ:		_	11/52						5/19	5/13	
Sig	_		nature of officer ICHARD SNOW,	DDECTO	ENT AND C	EO.		L	Date '	•	
П	ere	1 <b>b</b> —		PRESID	ENI AND C	EO					
_		<del></del>	e or print name and title  'pe preparer's name	ID-	eparer's signature		15	ate		PTIN	
	aid	- }	pe preparer a fiame		opulor a algulature		٦١	aio	Check	<b>□</b>	
	epare				· <u>-</u> -			<del></del>	self-em	hiokea	
U	se On								m's EIN ▶	<del></del>	
<u> </u>	w the II		address ▶ s this return with the	nrenarer sho	wn ahove? (eoo	inetrictions\		<u></u>	none no	<u> </u>	No
_	<u> </u>		iction Act Notice, see	<del></del>	<del>-</del>	in ISH GCHOHS)			· · ·	Yes	90 (2012)
FU	rapen	いいへ ひせびし	ivavii agi mulice, see i	are separate i	mau uçuvilə.		∪at i	No 11282Y		Form 9	<b></b> (2012)

	While vessels donated to SeaKeepers to manage. Accordingly, the charterin oceans and offering research platform	a program eases this bure	len and facilitates SeaKe	eepers' mission to prese	rve the world's				
<b>b</b>	(Code: ) (Expenses \$	305 Including g			o )				
	Scientific.Vessel of Opportunity Progr								
	Unites science and the broader vachting community by forming partnerships between research scientists and participating members.  The program provides scientists with the necessary platform on which to conduct cutting-edge research by placing them on member yessels. Likewise, members have the exceptional chance to meet								
	with scientists of interest and involve								
	All types of projects, from deep-sea e	xoloration to water quality	.monitor.ng., are.conside	ered.					
<b>C</b>	(Code: ) (Expenses \$				306.240.90 )				
	Fundraising eyents held throughout the year serve to consolidate our membership base, attract corporate sponsorships to the environmental cause, and create publicity for our mission that permeates the yachting industry.								
	For this purpose, our events were hel Fort Lauderdale Yacht Shows, and the proprietary to the Seakeepers name s contributors to the mission to present	e America's Cup in Newpo since 1998, as it is the ven	for the industry, such a rt. Rhode Island, The Ba ue for the SeaKeaper Av	s Art Basel, the Miami. P I de la Mer, held in Mona ard, presented to distin	alm Beach, and co. has been quished				
d	Other program services (Describe in (Expenses \$ includ	n Schedule O.)	) (Revenue \$						
	Total program service expenses		) (Nevenue φ	<u>'</u>	<del></del>				
€		130.411.03			Form <b>990</b> (201)				

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	ļ
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	<b>Section 501(c)(3) organizations.</b> 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		<b>√</b>
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		<b>✓</b>
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		<i>√</i>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8		✓
ŭ	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		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	-		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11a		<b>√</b>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11b		<b>√</b>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11c		<b>√</b>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		<b>✓</b>
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		<b>▼</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>▼</b>
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 and XII is optional.	12b		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		7
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<del></del>		
	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		<u> </u>
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		<u> </u>
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		•	1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		<b>▼</b>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b>▼</b>

Form 99	<u></u>			Page <b>4</b>
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No V
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	<b>√</b>	
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
c	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		1
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		<b>√</b>
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, highest 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? If "Yes," complete Schedule L, Part III	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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  Schedule L, Part IV	28a		1
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	28b 28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34_		✓ .
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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? <i>If "Yes," complete Schedule R, Part VI</i>			1
38 	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	37	1	
		_	000	10010

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
_			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	!		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	۱.		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		f
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<u> </u>	1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	١.		1
h	If "Yes," enter the name of the foreign country:	4a		<b>-</b>
p	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ĺ		
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>/</b> _
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or qifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	0.0		-
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ĺ		,
	and services provided to the payor?	7a	✓	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_
	required to file Form 8282?	7c		<b>✓</b> _
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	-	7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>/</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		7
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	✓	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	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		<b>-</b>
9 a	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12	]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1		<b>i</b> ,
11	Section 501(c)(12) organizations. Enter:	ļ		·
a b	Gross income from members or shareholders	-		
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	<b>Note.</b> 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			[
ь	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
		For	ո 990	(2012)

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	truct	ions.
Section	on A. Governing Body and Management			
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		· V
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?	5 6	<b>√ √</b>	<b>√</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		_	
a b	The governing body?	8a 8b	<b>√</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	 
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	No.
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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>\</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			إ
12a	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a		<b>✓</b> _
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c		
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		<b>7</b>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10-		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a 16b		<b>✓</b> _
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed FLORIDA.  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.	n 501(	c)(3)s	only)
19 20	Own website Another's website Upon request Other (explain in Schedule O)  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.  State the name, physical address, and telephone number of the person who possesses the books and records			oolicy,
	organization: ► Company headquarters, 355 Alhambra Circle, Suite 1100, 305-448-7089	J. 1.10	•	

	000	(2012)	
-orm	990	(2012)	

Part VII	Compensation of Officers, Di	irectors, 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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization noi	r any related	d orga	aniz	atio	n c	ompe	nsa	ted any currer	t officer, director	, or trustee.
					<b>C)</b>					
(A)	(B)	(40.0	ot ch		rtion	than o	200	(D)	(E)	(F)
Name and Title	Average	box, t	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any	v sinesi una a director, tractec,					<u> </u>	compensation from	compensation from related	amount of other
	hours for	or d	Inst	Officer	Key	휲	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	ĕ	Key employee	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	악	mal		oloy	® S		, , , , , , , , , , , , , , , , , , , ,		and related
	line)	ste	trust		Ж	Pen				organizations
		w l	ee			Highest compensated employee				
							-			
(1) MICHAEL T. MOORE										
BOARD CHAIRMAN	1	<b>✓</b>	_				<u> </u>			
(2) JAY WADE	<b></b>					Ì				
BOARD VICE CHAIRMAN	11	✓		_			_			
(3) JAMES GILBERT		/								
BOARD DIRECTOR	.5	_	<u> </u>	_			-			
(4) MARK GROSVENOR		1								
BOARD DIRECTOR	.5	<b>-</b>		-						
(5) FRANK WLASEK	1	1				ĺ	ļ			
BOARD DIRECTOR	.5	_	-	-			_			
(6) DOUGLAS HOUGHTON	5	1								
BOARD DIRECTOR	<del></del>	F T	-	<u> </u>						
(7) JULIAN CHANG BOARD DIRECTOR	5	<b>✓</b>								
(8) DEAN C. KLEVAN	<del></del>	<u> </u>	$\vdash$			l			-	
Former President & CEO	40					<b> </b> ✓	İ	92.785.00		
(9) RICHARD SNOW							_	52.765.00		
President & CEO	40			✓				_21.250.00		
(10)								21.230.00		
		'	\	1	Ì '	1			1	
(11)										
					L.					
(12)										
(13)										
			<u> </u>	<u> </u>	<u> </u>	<u> </u>				
(14)	ļ			ŀ						
			L						<u></u>	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					•	C)								
	(A)	(B)	(do n	ot ch	Pos reck		than c	ne	(D)	(E)			(F)	
	Name and title	Average					is both		Reportable	Reportab			mated	
		hours per week (list any	office	ranc	dad	rect	or/trust	from related					ount of ther	
		hours for	유료	Inst	₹	3	필품	Former	the	organizatio	ons		ensatio	n
		related	dred	itut	Officer	Key employee	ploy	∄	organization	(W-2/1099-M	1ISC)		m the	
		organizations below dotted	tor	ions		[ 등	8 6	`	(W-2/1099-MISC)		ŀ		nization related	
		line)	Individual trustee or director	Ť.		yee	mpe 3dm				l		ization	3
			ee l	Institutional trustee			Highest compensated employee		•					
				6			e e		]					
(15)														
						ĺ					f			
(16)														
(17)														
			<u> </u>											
(18)														
(19)													_	
									}					
(20)														
														_
(21)														
(22)		<u></u>												
(23)		<u> </u>												
(24)		<u> </u>												
(25)							:							
			<u> </u>		L									_
1b	Sub-total								114.035.00				_	_
С	Total from continuation sheets to Part	-						<b>&gt;</b>	0					
d	Total (add lines 1b and 1c)							<u> </u>	114.035.00					
2	Total number of individuals (including but		to th	ose	list	ed	above	e) w	ho received m	ore than \$1	00,000	) of		
	reportable compensation from the organ	zation ► 0									_			
_													Yes	No
3	Did the organization list any former of							•		•				
	employee on line 1a? If "Yes," complete											3	✓	
4	For any individual listed on line 1a, is the													
	organization and related organizations	-							•	edule J fo	r such	'		
	ındıvıdual											4		✓_
5	Did any person listed on line 1a receive of											J		
	for services rendered to the organization	? If "Yes," c	ompi	ete	Scr	nedu	ile J 1	or s	such person	<u> </u>		_ 5		<u> </u>
	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	nsatio	on to	or th	ne c	alend	lar y	ear ending wit	h or within	the org	ganizatio	on's ta	ax
	year.												_	
	(A) Name and business add	Irace							(B) Description of s	onucos		(C)	ation	
	Haire and busiless add							1	Description of s			Compens		
								ऻ		<del></del>				
								$\vdash$						_
			-					1						_
								$\vdash$	<del> </del>					_
	Total number of independent continues	vo (include	20 E	.+	·	ه ؛ محريا		<u> </u>	ooo listad al-					
2	Total number of independent contractor received more than \$100,000 of compensations.							o th	iose iisted ab	ove) wno				
	received more man \$100,000 or compen-	sauon nom	1160	ıyal	ıızd	แบท			0					

Part	VIII	Statement of Revenue	ucetion in this Dart	A7011		_
1		Check if Schedule O contains a response to any q	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats ts	1a	Federated campaigns 1a				
irar	b	Membership dues 1b 169,348	3.50			
s, G Am	С	Fundraising events 1c 301.041	1.22			
Gift	d	Related organizations 1d		ļ		
JS,	е	Government grants (contributions) 1e	_0			
rtio er S	f	All other contributions, gifts, grants,				
ri bi		and similar amounts not included above 11 26.770	).29			
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1f \$				
<u>a</u> <u>c</u>	h	Total. Add lines 1a-1f	497.160.01	ļ		
aur.	20	Business Co.		-		
}eve	2a b			ļ	<del> </del>	
ce j	C		<del></del>			
er.	d					
E	e			<del></del>		
Program Service Revenue	f	All other program service revenue .				
Pro	g	Total. Add lines 2a–2f	<b>&gt;</b>			
	3	Investment income (including dividends, interest	st,			
			<u> </u>			
	4	Income from investment of tax-exempt bond proceeds	<b>&gt;</b> o			
	5	Royalties	<u> </u>	ļ		
	6-		<u>'</u>			
	6a b	Gross rents Less rental expenses				
	C	Rental income or (loss)				
	d		<b>—</b>			
	7a	Gross amount from sales of (i) Securities (ii) Other	·	<del> </del>		
		assets other than inventory				
	b	Less cost or other basis				
		and sales expenses .				
	С	Gain or (loss)				
	d	Net gain or (loss)	<b>&gt;</b>			
nue	8a	Gross income from fundraising		-		
Ş		events (not including \$				
Other Reve		of contributions reported on line 1c).				
Je		See Part IV, line 18 a				
ਠੋ	i	Less: direct expenses b				
	C	Net income or (loss) from fundraising events .  Gross income from gaming activities.	<b>&gt;</b>	<del>  -</del> -	<u> </u>	
	94	See Part IV, line 19 a				
	ь	Less: direct expenses b				
			<u> </u>	-	- ~ -	-
		Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory .	<b>•</b>			
		Miscellaneous Revenue Business Co	de			
	11a				<del> </del>	
	b				<del> </del>	<u> </u>
	C	All other revenue	<del>-  </del>		<del> </del>	
	de	All other revenue	_	<del> </del>	<del>                                     </del>	<del> </del>
	12	Total revenue. See instructions.	407.400		<del> </del>	
			497.160.01	L		i

	90 (2012)				Page <b>10</b>
	IX Statement of Functional Expenses			_	
Section	on 501(c)(3) and 501(c)(4) organizations must com			ns must complete colu	ımn (A).
	Check if Schedule O contains a respons				<u> </u>
	ot include amounts reported on lines 6b, 7b, o, 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 United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	214.942.20			
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 8	Other salaries and wages	5.785.00		5785.00	
_	section 401(k) and 403(b) employer contributions)				<u> </u>
9	Other employee benefits	19.737.23			
10 11	Payroll taxes	20.438.30			<del></del>
ii a	Management				
b	Legal	2.050.47		-	
c	Accounting	2.056.47	<del>_</del>	<del> </del>	
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1.908.25			
13	Office expenses	11.846.70			
14	Information technology	15.575.34	<del></del>		
15 16	Royalties				
16 17	Occupancy	29.386.67			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1.676.59	<del></del>		
19	Conferences, conventions, and meetings .		<u> </u>	<del></del>	
20	Interest	152.73			
21	Payments to affiliates				<del></del> ·
22	Depreciation, depletion, and amortization .	1520.76			
23	Insurance	2.041.64	<del> </del>		
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	Outside contract services	50.925.00			
b	Special events expenses	135.733.12		<del>                                     </del>	135,733,12
С	Miscellaneous	3.154.60			
d		2.101.00			
е	All other eveness				
25	Total functional expenses. Add lines 1 through 24e	516.880.60			135.733.12
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   if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year 1 Cash-non-interest-bearing . . . . 1 35.445.62 35.545.81 2 Savings and temporary cash investments . . . 2 3 Pledges and grants receivable, net . . . 3 4 Accounts receivable, net . . 12.759.23 Loans and other receivables from current and former officers, directors, 5 trustees. key employees, and highest compensated employees. Complete Part II of Schedule L . . . . . . . . . . . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . . Notes and loans receivable, net 7 Inventories for sales use Fixed Assets 8 8 14.244.77 12.724.01 Prepaid expenses and deferred charges 9 9 3.165.26 1.939.83 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b Less accumulated depreciation . . . . 10c Investments—publicly traded securities . . . . 11 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets . . . . . . 14 Other assets. See Part IV, line 11 Boat 15 15 102.000.00 102.000.00 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 167.614.88 152.209.65 17 Accounts payable and accrued expenses . . . 17 67.756.12 72.071.48 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities . . . . . . . . . . . . 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 26 Total liabilities. Add lines 17 through 25 26 67.756.12 72.071.48 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗸 and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 27 99.858.76 80.138.17 28 Temporarily restricted net assets . 28 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Net Assets Capital stock or trust principal, or current funds . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 99.858.76 80.138.17 Total liabilities and net assets/fund balances . . 34 152.209.65

Form	QQO	(201	21

Page 12

Part	XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			60.01
2	Total expenses (must equal Part IX, column (A), line 25)	2			80.60
3	Revenue less expenses. Subtract line 2 from line 1	3			20.59)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			358. <u>76</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		-	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		80.	38.17
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u> </u>	<u> </u>	
			<del></del>	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		-	ŀ	'
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in	ו י		
_					ا ر ا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	pilea oi			
	Separate basis Consolidated basis Both consolidated and separate basis			-	, '
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit		2b	<u> </u>	_
	separate basis, consolidated basis, or both:	eu on a	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	vereigh	,		'
·	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the selection o			Į	
	If the organization changed either its oversight process or selection process during the tax year, ex				<del>                                     </del>
	Schedule O.	(piaiii ii	'		j
За	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		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	erao the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
				n <b>99</b> 0	(2012)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	_		EAKEEPERS SOC							58-23	85869		
	rt I			rity Status (All orga						instructio	ns.		
The 1 2		A church, con	vention of churc	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac	churche	s describ				i).			
3 4		A hospital or a A medical resi	a cooperative ho	spital service organiza on operated in conjun	ation des	cribed in	section fall descri	170(b)(1) bed in <b>se</b>	(A)(iii). ection 17	0(b)(1)(A)(	(iii). Ente	r the	
5		An organization <b>170(b</b>	on operated for b)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or uni	iversity o	wned or	operated	by a go	vernment	al unit d	escrit	oed in
6 7		An organizatio	on that normally	nment or government receives a substantia ( <b>(A)(vi).</b> (Complete Pal	al part of	escribed ii its suppo	n <b>sectior</b> ort from a	<b>170(b)(</b> 1 a governi	I)(A)(v). mental ur	nit or from	the ge	neral <sub>l</sub>	public
8		A community	trust described i	n <b>section 170(b)(1)(A</b>	)(vi). (Cor	mplete Pa	art II.)						
9	√ √ 1 3	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt functent income and unreafter June 30, 1975. So	an 331/3% tions—sul lated bus	6 of its si bject to 6 siness ta	upport fre certain ex xable inc	xceptions come (les	s, and (2) ss sectio	no more	than 3	31/3%	of its
10 11		An organization organization organization of control of control organization organi	on organized are one or more publick the box that one by Type his box, I certify andation manage	I operated exclusively and operated exclusive of operated exclusive of organization ers and other than on	ely for that nizations supporting I-Functions is not co	ne benefi describe ng organia anally inte	t of, to point of the contract	perform ion 509(a d comple d [] indirectl	the funct a)(1) or so te lines 1 Type III-I y by one	tions of, dection 509 1ethroug Non-function	9(a)(2) S ih 11h. onally in disqualifi	ee <b>se</b> itegrat	ection ted ersons
		or section 509						_					
f	(	organization, o	check this box .	a written determination							e III sur 	portir	ng
ç	f	following pers	ons?	he organization acce									
	(	i) A person v	who directly or i	ndirectly controls, eit	her alone	or toget				d ın (ıı) an	d	Yes	No
			-	ody of the supported	-						11g(i)	Ь	1
				on described in (i) abo							11g(iı)	<del></del>	<b>✓</b>
ŀ				a person described in on about the support							11g(iii	<u> </u>	✓
	Name	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the c	organization sted in your document?	(v) Did y the organ col (i)	rou notify nization in of your port?	organizat (i) organi	Is the tion in col zed in the S?	 ( <b>vi</b> i) Amoui su	nt of mo	onetary
				, "	Yes	No	Yes	No	Yes	No			
(A)													
(B)					_			-		_			<del></del>
(C)			-										
(D)			-				_						_
(E)													
				· · · · ·									

Part	II Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support				,	ų- <u>-</u>	<del></del>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	-				<del> </del>	<u> </u>	<del> </del> -
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		<u> </u>	<u> </u>	<u> </u>		
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.						
	on B. Total Support	<u> </u>			·		
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(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 activities, etc		•			12	
13	First five years. If the Form 990 is for the	-			_		
	organization, check this box and stop he			<u> </u>	<u> </u>		. <u> <b>&gt;</b> </u>
	on C. Computation of Public Suppor			<del></del>		<del>r</del>	
14	Public support percentage for 2012 (line		•			14	<u>%</u>
15	Public support percentage from 2011 Sci 331/3% support test—2012. If the organization					15	%
16a	box and <b>stop here.</b> The organization qua					73% Of Hiore, C	
b	331/3% support test—2011. If the organic check this box and stop here. The organic	nization did no	ot check a box	k on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	012. If the orga	anization did na and-circumsta	ot check a box inces" test, ch	c on line 13, 16 eck this box ai	nd stop here.	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part IV how the organization m supported organization	tion meets the	e "facts-and-c	rcumstances"	test, check the	nis box and st	i, and line top here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	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.)

				,		·· <i>y</i>	
_	on A. Public Support	<del></del>					
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	1.440.833	537.128	399.578	786.429		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1.440.833	537.128	399.578	786.429		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	362.379	259.992	140.700	_40.850		
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		į				
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)				_		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			, or fifth tax ye		
Secti	on C. Computation of Public Suppor				<u> </u>		
15	Public support percentage for 2012 (line			3, column (fl)	<del> </del>	15	%
16	Public support percentage from 2011 Scl					16	
	on D. Computation of Investment In			<del></del>	<u> </u>		
17	Investment income percentage for 2012 (			v line 13. colur	nn (f))	17	%
18	Investment income percentage from 201			•		18	%
19a	331/3% support tests—2012. If the organ 17 is not more than 331/3%, check this box	zation did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/3	%, and line
b	331/3% support tests—2011. If the organization 18 is not more than 331/3%, check this	zation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than	331/3%, and
20	Private foundation. If the organization di					•	_

Schedule A (1	Form 990 or 990-EZ) 2012	Page <b>4</b>
Part IV	<b>Supplemental Information.</b> 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).	
		· <b>-</b>

## SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Name of the organization

Employer identification number

	and organization					Zp.oye, identilik	,000,000
THE II	TERNATIONAL SEAKEEPERS SO	CIETY	<del></del>			58-	2385869
Par	Fundraising Activities.				vered "Yes" to F	form 990, Part IV, I	ine 17.
	Form 990-EZ filers are r					N 1 -11 11 1 1	
1	Indicate whether the organization	in raisea tunas			_		
а	✓ Mail solicitations		e L		on of non-govern		
b	Internet and email solicitatio	ns	f [	Solicitati	on of government	t grants	
С	Phone solicitations		g G	Special 1	fundraising events	3	
d	☐ In-person solicitations				J		
2a	Did the organization have a writ	ten or oral agre	ement with	any individ	dual (including off	icare directore true	taas
	or key employees listed in Form						
					•	_	
b	If "Yes," list the ten highest paid			iuraisers) pi	ursuant to agreen	nents under which tr	ie fundraiser is to be
	compensated at least \$5,000 by	rine organizatio	)II.				
			(iii) Did fur	ndraiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
	or entity (fundraiser)		contri	butions?	nom activity	col (i)	organization
	<del></del>	<del> </del>	Yes	No	<del>                                       </del>		<del> </del>
4			<del></del>	+	-		
1			Ì				
							<del></del>
2			1				
	<u> </u>	<u> </u>		<u> </u>			
3			Ì		Ì		Ì
							_
4							
5			1				<del> </del>
_							
6	<del></del>	<del>  -</del>	+		<del>                                     </del>		
0							
		<del></del>	+	+	<del> </del>		
7				1			
		<u> </u>					
8							
			1				
9						-	
10							
			1				
		<u> </u>					
Total				_			
3	List all states in which the orga	nization is room	stored or le	oncod to o	olicit contribution	o or had been notifi	ad it is avament from
3		ilization is regi	stered or lit	sensed to s	CONTRIBUTION	s or has been noun	ed it is exempt from
	registration or licensing.						
<b>Florid</b>	a			·			
			· · · · · · · · · · · · · · · · · · ·	·	·		
			·	·			

Pa	rt II	Fundraising Events. Corr than \$15,000 of fundraisin gross receipts greater that	g event contributions			
			(a) Event #1  Bal de la Mer (event type)	(b) Event #2  Founders Dinner (event type)	(c) Other events  (5) (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	85.678.22	70.900.00	144,463.00	301,041.22
<u></u>	2 3	Less. Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs			4.806.10	4.806.10
t Exp	7	Food and beverages	35.761.06	7.670.00	30.562.11	73.993.17
Direc	8	Entertainment	1.276.64	4.000.00	2,200.00	7476.64
	9	Other direct expenses .	23.604.531	1809.59	24,043.09	49.457.21
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Comb <b>Gaming.</b> Complete if the than \$15,000 on Form 99	ine line 3, column (d), a c organization answei	nd line 10		135.733.12 ) 165.308.10 reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>æ</u>	1	Gross revenue		<del>-</del>		
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	☐ Yes %	□ Yes %	□ Yes %	
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	_	. ,		( )
10	a Is b If '  Da W	ere any of the organization's g	ganization operates gai perate gaming activities	ming activities: in each of these states	?	? .    Yes    No

Schedu	ile G (Form 990 or 990-EZ) 2012		Р	age <b>3</b>
11	Does the organization operate gaming activities with nonmembers?	□ Y	es 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	□ Y	es 🗌	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►		. <b></b>	
	Address ▶	••		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Y	es 🗌	No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	_	_	
С	If "Yes," enter name and address of the third party:			
	Name ▶		·	
	Address ▶			
16	Gaming manager information:			
	Name ►			•
	Gaming manager compensation ▶ \$			
	Description of services provided ▶	<b></b>	<b></b>	
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□ Y	es 🗍	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also copart to provide any additional information (see instructions).	line 2 mplet	b, e this	
			·	
			·	
<b></b>				
			<b>-</b>	
		<b></b>	<del>-</del>	

#### SCHEDULE J (Form 990)

Department of the Treasury

THE INTERNATIONAL SEAKEEPERS SOCIETY

Internal Revenue Service
Name of the organization

**Compensation Information** 

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

58-238-586

**Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990. Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items, ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations ☑ Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . . . . . 4b Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation			(-) - (-)	
		2.7			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(III) Bonus & incentive compensation	(III) Otner reportable compensation	compensation	Shents		reported as deferred in prior Form 990
				-				
	8	87000	9	5825	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
1 Former President and CEO	€							
	Ξ							
2	€	7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						
	Ξ							
6	Ξ						1	
	Ξ							
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15	<b>E</b>							
	8					1		
16	Ξ							

Schedule J (Form 990) 2012

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Schedule J (Form 990) 2012

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

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Inspection

20**12** Open to Public

Department of the Treasury Internal Revenue Service

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-F7

Name of the organization Employer identification number THE INTERNATIONAL SEAKEEPERS SOCIETY 58-2385869 Part VI Question 4 - Certified Extract of Resolution Passed by the Board of Directors of the International SeaKeepers Society The Following Resolution were passed by the Executive Committee of the Board of Directors of The International SeaKeepers Society on the 24th day of October 2012 and have been duly recorded in the Minute Book of the International SeaKeepers Society Resolved That: 1. The persons of the International SeaKeepers Society ("Authorized Signatories") are hereby authorized on behalf of the Company to operate the SeaKeepers Accounts in the following manner or in the manner indicated. Authorized Signatories in their respective offices and signing limits are in Class A, Class B, and Class C. Class A Authorized Signatories include: 1. Richard E Snow, President and CEO 2. Michael Moore, Chairman Class B Authorized Signatories include: 1. Richard E Snow, President and CEO 2. Michael Moore, Chairman Class C Authorized Signatories include: 1. Michael Moore, Chairman and Board Member 2. Jay Wade, Vice-Chairman and Board Member 3. Brian Cobb, Board Member 4. Don Tomlin, Chairman Emeritus and Board Member 5. Richard E. Snow, President and CEO Class A Authorized Signatories may sign individually in their respective offices to approve payment on any instrument on behalf of SeaKeepers and from SeaKeepers' account up to: \$5,000. Two Class B Authorized Signatories are required to jointly approve payment on any instrument on behalf of or from SeaKeepers accounts for amounts in excess of \$5,000. Two Class C Authorized Signatories are required to jointly approve payment on any instrument on behalf of or from SeaKeepers accounts for amounts in excess of: \$10,000. 2. SeaKeepers bank account primary branch for its Bank of America accounts will be established at the Coral Gables, Bank of America, located at: 2308 Ponce De Leon Blvd., Coral Gables, FL 33134. Part IV Question 5 - It was discovered that a former employee made inappropriate and personal use of the organizations funds An installment plan was developed, and the former employee is making monthly payments to return these funds. Part IV Question 19 - The organization did not make its governing documents, conflict of interest policy, or financial statements

available to the public