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Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

_		e 2012 calendar year, or tax year beginning	and	dending			
B	heck if	C Name of organization			D Employe	r identification number	
	Addre	ess change Admiral's Cove Cares Charitab					
X	Name	change Foundation, Inc.	59-:	3786373			
	7	Number and street (or P.O. box, if mail is not delivered to street additional return	E Telephor	Telephone number			
	Term	inated 200 Admiral's Cove Blvd.			561	-744-1700	
		City or town, state or country, and ZIP + 4			F Group Ex	kemption	
	Applica	ation pending Jupiter, FL 33477			Number	•	
G /	Accour	nting Method: X Cash Accrual Other (specify)	•		H Check	X if the organization is not	
		e: ▶www.admiralscove.net			required	to attach Schedule B	
		empt status (check only one) — X 501(c)(3) 501(c) () ◀(inse	ert no.) 4947(a)(1) or 527	(Form 99	90, 990-EZ, or 990-PF).	
	Check				ross receipt	s are normally not more than	
		O. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-po	_	_	-	=	
	-	n, be sure to file a complete return.	, , .	,	,	•	
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$20	00,000 or more, or r	f total assets (Part	11,		
		, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-E		,	_	\$ 44,435.	
	art I	Revenue, Expenses, and Changes in Net Assets or	r Fund Balanc	es (see the instru	ctions for P		
		Check if the organization used Schedule O to respond to any question in this				X	
	1	Contributions, gifts, grants, and similar amounts received			1	3,745.	
_	2	Program service revenue including government fees and contracts			2	•	
SI 7	3	Membership dues and assessments			3		
7	4	Investment income	See Sch	edule O	4	90:	
9	5a	Gross amount from sale of assets other than inventory	5a				
., 3	b	Less: cost or other basis and sales expenses	5b				
م	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from li	ine 5a)		5c		
£ ~	6	Gaming and fundraising events		RECEIVED			
	a	Gross income from gaming (attach Schedule G if greater than				INLUMIYED	
릵		\$15,000)	6a				
SCARWRED	Ь	Gross income from fundraising events (not including \$\$	600. of contribu	utions	§	MAY 1 3 2013	
¥		from fundraising events reported on line 1) (attach Schedule G if the sum of st	uch , ,			*	
$\widetilde{\mathbf{x}}$		gross income and contributions exceeds \$15,000)	6b	40,6	00.	ÖGDEN, UT	
	С	Less: direct expenses from gaming and fundraising events	6c		'	•	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b	and subtract line 60	c)	6d	40,600.	
	7a	Gross sales of inventory, less returns and allowances	7a				
	b	Less: cost of goods sold	7b				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
	8	Other revenue (describe in Schedule O)			8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			<u>▶</u> 9	44,435.	
	10	Grants and similar amounts paid (list in Schedule 0)			10		
	11	Benefits paid to or for members			11		
šes	12	Salaries, other compensation, and employee benefits			12		
Expenses	13	Professional fees and other payments to independent contractors			13	1,300.	
Εχρ	14	Occupancy, rent, utilities, and maintenance			14		
_	15	Printing, publications, postage, and shipping	and and	- d 1 ^	15	2 212	
	16	Other expenses (describe in Schedule O)	see scn	edule O	16		
_	17	Total expenses Add lines 10 through 16			▶ 17	4,512.	
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	39,923.	
SSE	19	Net assets or fund balances at beginning of year (from line 27, column (A))			,,	59,641.	
Net Assets	000	(must agree with end-of-year figure reported on prior year's return)			19	_	
ž	20	Other changes in net assets or fund balances (explain in Schedule 0)			<u>20</u> ≥ 21		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			<u></u>	Form 990-EZ (2012)	
ᆫᄆ	¬ rui	Paperwork Reduction Act Notice, see the separate instructions.				(2012)	

Admiral's Cove Cares Charitable

232172 01-11-13

Form 990-EZ (2012) Foundation, Inc. 59-3786373 Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 59,641. 22 Cash, savings, and investments 22 99,564. 23 Land and buildings 23 Other assets (describe in Schedule O) 24 24 59,641 99,564. Total assets 25 25 0. Total liabilities (describe in Schedule 0) 0. 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 59,641. 27 99.564. Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses Check if the organization used Schedule O to respond to any question in this Part III X (Required for section 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? See Schedule O organizations and section 4947(a)(1) trusts; optional Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise for others.) manner, describe the services provided, the number of persons benefited, and other relevant information for each program title See Schedule O 0. 0.) If this amount includes foreign grants, check here (Grants \$ 288 29 (Grants \$) If this amount includes foreign grants, check here 29a 30) If this amount includes foreign grants, check here (Grants \$ 308 31 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a) 0. ▶ 32 Part IV | List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (b) Average hours (d) Health benefits, contributions to employee benefit (e) Estimated (C) Reportable mpensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position plans, and deferred compensation (if not paid, enter -0-) Chris Speed President 1.00 0. 0. 0. Dale Abrahams Vice President 1.00 0 0 0. Paul Goldner 0. 0 . 0. Treasurer 1.00 Gail Fink Secretary 1.00 0 0 0. James Baugh Board Member 1.00 0. 0 . 0. Beth Beson Board Member 0. 1.00 0. 0. Susan Holm 0. Board Member 1.00 0 0. Marion Gerardi 0. Board Member 0. 1.00 0. John Mercandante Board Member 1.00 0. 0. 0.

Form **990-EZ** (2012)

Admiral's Cove Cares Charitable

Foundation, Inc.

instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 X activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X 34 documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b N/A was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax X 35c requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 complete applicable parts of Schedule N 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X 38a in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: **0** • ; section 4912 ► **0** • ; section 4955 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? 40b X If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers 0. or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 406 transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed **None** Telephone no. $\triangleright 561-744-1700$ 42a The organization's books are in care of ▶ George Marose Located at ▶ 200 Admiral's Cove Blvd., Jupiter, FL **▶** 33477 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 0. and enter the amount of tax-exempt interest received or accrued during the tax year No Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d ın Schedule O X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Form 990-EZ (2012)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

59-3786373

Page 3

m 990-EZ (2	2012)	'Ounda	tion, I	nc.				50_3	37863	73	Page 4
	· - / <u>F</u>	Junua	<u>,clon, l</u>				·	J 3 - 3	<u>, 1003</u>	<u>/ 3</u> Y€	
Did the or	ganization en	gage, direct	ly or indirectly, i	n political campaign activi	ties on behalf of or	ın oppositi	on to candidates for	public offi	ce?		
	omplete Sche	- • .		,						46	X
			organizatio	ons only					•		
			_	ust answer questions 4	7-49b and 52, an	d comple	ete the tables for lir	nes 50 an	nd 51		
				dule O to respond to ar					_		
									· · · · · · · · · · · · · · · · · · ·	Υe	s No
old the or	ganization en	aage in lobb	oving activities o	r have a section 501(h) ele	ection in effect duri	na the tax v	vear? If "Yes." comple	ete Sch. C.	Part II	47	
	=			170(b)(1)(A)(II)? If "Yes,"		-	,			48	X
				pt non-charitable related						9a	X
	-	-	n a section 527	•	g					9b	
		-		st compensated employe	es (other than office	ers. directo	rs, trustees and kev	emplovees			ed more
				ion. If there is none, enter	-	,	,,	,,	,		
			le of each emplo		(b) Average	hours	(C) Reportable	(d) Heal	th benefits,	(e) Es	timated
	1-7		than \$100,000	,	per week de		compensation (Form	contrib	utions to ee benefit		of other
			N	ONE	position	on	W-2/1099-MISC)	plans, ar	nd deferred ensation	compe	nsation
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			ald over \$100,00	st compensated independ	ent contractors wh	o each rec		0 000 of c	ompensati	on from	the
	on. If there is			ONE	one contractors with	0 00011100	orrea more than \$10.	3,000 01 0	omponoati	0.11.0111	
_				paid more than \$100,000		(b) Type	of service		(c) Co	mpensa	tion
				·					•		
								į			
ntal num	her of other u		contractors eac	h receiving over \$100,000			<u> </u>	1_			
				ll section 501(c)(3) organ		a)(1) none	xemnt				
	-		pleted Schedule		124110113 AIIU 4347 (6	4)(1)110116)	λοπ ρ ι		▶ [¥	Yes	N.
naities of	perjury, I declar	e that I have e	ixamined this return	A n, including accompanying sch n of which prepare has any kr	edules and statements	s, and to the	best of my knowledge ar	d belief, it i	s true, corre	ct, and co	mplete
on of prep	parer (other than	Oπicer) is base	ed on all informatio	n or which preparer has any kr	owiedge			121	1/10	2	
	Signature of o	ficer	161	- Mu				Date	"/C	<u> </u>	
	Dani	Go14-	m	aguror				•			
	Paul Type or print r	Goldn name and title	er, rre	asurer							
	Print/Type p			Preparer's signature	<u> </u>	Date	Check	lf l	PTIN		
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irer	CPA			Mill	Con 1	4-17			P001		
arer	CPA Firm's name	▶ Mit	chell L	. Stump, CP.	A, PA	9-17			-064	2041	
arer	CPA Firm's name	Mitess ► 26	chell L Prince	wood Lane	•	1*				2041	
arer	CPA Firm's name	Mitess ► 26	chell L Prince		•	1*	Fırm's E		5-064 51-77	2041 6-04	
oarer Only	CPA Firm's name Firm's addre	► Mit ess ► 26 Pa	chell L Prince lm Beac	wood Lane	•	1*	Fırm's E		5-064 51-77	2041	
eparer se Only	CPA Firm's name Firm's addre	► Mit ess ► 26 Pa	chell L Prince lm Beac	wood Lane h Gardens,	•	1*	Fırm's E		5-064 51-77 ▶ X	2041 6-04	52

SCHEDULE A

Internal Revenue Service

(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.

2012

Open to Public

Name of the organization **Employer identification number** Admiral's Cove Cares Charitable 59-3786373 Foundation. Inc. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) 3 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, 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.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 Type III - Non-functionally integrated a Type I 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 organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (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(iii) Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (iii) Type of organization (i) Name of supported (vii) Amount of monetary (ii) EIN in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the U.S.? support above or IRC section governing document? (i) of your support? (see instructions)) Yes No Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf		J	j	j		
3	The value of services or facilities	-					
	furnished by a governmental unit to			1			
	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,				ĺ	ľ	•
	column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	_ 					
8	Gross income from interest,			1	1	į į	
	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 carned 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. (see instructi	ons) .			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
20.	organization, check this box and stop	here		<u> </u>			
	ction C. Computation of Publi						
	Public support percentage for 2012 (li		•	column (f))		14	%
	Public support percentage from 2011				44 00 4/00/	15	%
тба	33 1/3% support test - 2012. If the o	•		,	14 IS 33 1/3% OF F	nore, check this bo	x and
	stop here. The organization qualifies a 33 1/3% support test - 2011. If the organization qualifies a	. , , , ,	•		Llina 15 ia 22 1/20	/ or more about th	₽ ∟
D	• •	•		•	111110 15 15 33 1737	a of more, check ti	IIS DOX
17-	and stop here. The organization qualing 10% -facts-and-circumstances test	•	• •		a 13 16a ar 16h	and line 14 is 100/	or more
17 a	and if the organization meets the "fac	_					
	•			•	· ·	it iv now the organ	IIZALION
.	meets the "facts-and-circumstances" 10% -facts-and-circumstances test	•	•		-	17a and line 15 in	10% or
D	more, and if the organization meets th	-	•			•	
	organization meets the "facts-and-circ				•		`
12	-		•	•	•		
10	Private foundation. If the organization	i did flot check a	DOX OIT HITE TO, TO	a, 100, 17a, 01_17	D, CHECK HIS DUX	and see monucion	<u> </u>

Schedule A (Form 990 or 990-EZ) 2012 Foundation, Inc.

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 b	elow, please comp	olete Part II.)				
	tion A. Public Support						
Caler	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")	112,825.	31,500.	103,210.	11,950.	3,745.	<u> 263,230.</u>
	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		248,433.		397,946.	40,600.	686,979.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	112,825.	279,933.	103,210.	409,896.	44,345.	950,209.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	,					0.
	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						0.
С	Add lines 7a and 7b		·		w		0.
	Public support (Subtract line 7c from line 6) tion B. Total Support	*		.v3 /		`-	950,209.
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	112,825.	279,933.	103,210.	409,896.	44,345.	950,209.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	746.	551.	340.	303.	90.	2,030.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	746.	551.	340.	303.	90.	2,030.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			79.			79.
	Total support. (Add lines 9, 10c, 11, and 12)	113,571.	280,484.	103,629.	410,199.	44,435.	952,318.
	First five years. If the Form 990 is for check this box and stop here		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ration,
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (line 8, column (f) d	ivided by line 13, c	olumn (f))	•	15	99.78 %
	Public support percentage from 2011					16	99.76 %
	tion D. Computation of Inve						
	Investment income percentage for 20			ne 13, column (f))		17	.21 %
	Investment income percentage from					18	.24 %
	33 1/3% support tests - 2012. If the			on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box a 33 1/3% support tests - 2011. If the	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation .	. ▶ 🗓
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						▶ □

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

2012

Open To Public Inspection

Name of the organization Admiral	's Cove Cares Char	ita	ble			Employer ide	ntification number
Foundat	ion, Inc.			···		<u>59-3786</u>	<u> 373 </u>
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	'es" to	Form 990, Part IV, II	ne 17	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply.	,		
a Mail solicitations	· · · · · · · · · · · · · · · · · · ·			overnment grants			
b Internet and email solicitations	s f Solicitat	tion of	gover	nment grants			
c Phone solicitations	g 🔲 Special	fundra	aising	events			
d In-person solicitations							
2 a Did the organization have a written of							
key employees listed in Form 990, P						L Yes	
b If "Yes," list the ten highest paid ind		uant to	agre	ements under which	the f	undraiser is to	be
compensated at least \$5,000 by the	organization.						•
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	-						
							,,,,,
· · · · · · · · · · · · · · · · · · ·		_			_		
						. <u></u>	
				-			
Total		1					
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from re	egistration
			_				_
	· · · · · · · · · · · · · · · · · · ·						
	· · · · · · · · · · · · · · · · · · ·						

Admiral's Cove Cares Charitable

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Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 Foundation, Inc.

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Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events 2013 (add col. (a) through Multiple Eve col. (c)) (event type) (event type) (total number) Gross receipts 40,600. 40,600. 2 Less: Contributions <40,600.> <40,600.> 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) <40.600 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo col (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Admiral's Cove Cares Charitable Schedule G (Form 990 or 990-FZ) 2012 Foundation. Inc.

Sch	edule G (Form 990 or 990-EZ) 2012 Foundation, Inc.	59-3	786373	Page 3						
	Does the organization operate gaming activities with nonmembers?		Yes	□ 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?		Yes	☐ No						
13	Indicate the percentage of gaming activity operated in.									
а	The organization's facility		13a	_%						
b	An outside facility		13b	_%						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	rds:								
	Name									
	Address ►									
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No						
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount								
	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									
	☐ Director/officer ☐ Employee ☐ Independent contractor									
17	Mandatory distributions:									
	Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?		Yes	No No						
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the								
	organization's own exempt activities during the tax year > \$									
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column 10b, 15b, 15b, 15b, 15b, 15b, 15b, 15b, 15		• • •							
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional inf	orniation	(see instruc	cuoris).						
										
-										

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Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Admiral's Cove Cares Charitable Foundation, Inc.

Employer identification number 59-3786373

Form 990-EZ, Part I, Line 4, Other Investment Income:	
Description of Property:	Amount:
Interest Income	90.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Business Registration Fee	61.
Office Supplies	112.
Other	39.
Marketing	3,000.
Total to Form 990-EZ, line 16	3,212.
Form 990-EZ, Part III, Primary Exempt Purpose - To provide a civic, cultural, education, social and health related non-proinstitutions within Palm Beach County	ofit
Form 990-EZ, Part III, Line 28, Program Service Accomplishmen	
In 2013, Admirals Cove Cares Charitable Foundation will	
hold their biennial Charity Weekend where volunteers turn	
out to help in an array of activities including a tag	
sale, card tournament, golf and tennis tournament, etc. Fund	ds from
this event are distributed among a large number of benefiting	g
organizations and charities. Advanced payments have been re-	ceived in
2012. No funds have been distributed in 2012.	<u></u>

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Admiral's Cove Cares Charitable Foundation. Inc.

Employer identification number 59-3786373

The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.
The organization, did not, during the year, pay any premiums, directly,
or indirectly, on a personal benefit contract.
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Form 990-EZ, Part V, Line 34, Other Information
Name Change
On February 17, 2006, the name of the Corporation was changed from The
Club At Admiral's Cove Charity Foundation, Inc. to: Admiral's Cove
Cares Charitable Foundation, Inc. Due to the fact that the IRS has not
previously been informed of this change, it is being documented with
the filing of this tax return.

AMENDMENT TO THE ARTICLES OF INCORPORATION OF THE CLUB AT ADMIRAL'S COVE CHARITY FOUNDATION, INC.

WHEREAS, there are no members of THE CLUB AT ADMIRAL'S COVE CHARITY FOUNDATION, INC., a Florida not-for-profit corporation (the "Charity"); and

WHEREAS, the Directors of the Charity did unanimously approve at a meeting of the directors held on February 17, 2006, subject only to approval thereof by the Secretary of State, State of Florida, to amend Article I: NAME OF THE CORPORATION.

NOW, THEREFORE, it is provided that the Articles of Incorporation shall be amended effective upon filing with the Secretary of State or as otherwise provided:

"ARTICLE I NAME OF THE COROPRATION

Effective as of the date of this filing, the name of the Corporation shall be ADMIRAL'S COVE CARES CHARITABLE FOUNDATION, INC. (hereinafter referred to as the "Charity"). Its principal office is located at 200 Admiral's Cove Blvd., Jupiter, Florida 33477, or at such other place as may be designated, from time to time, by the Board of Directors."

IN WITNESS WHEREOF, the undersigned Executive Director has set his hand and seal this 17 day of February, 2006.

THE CLUB AT ADMIRAL'S COVE CHARITY FOUNDATION, INC., a Florida not-for-profit corporation

John Herring, Executive Director

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