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Return of Organization Exempt From Income Tax

2012

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

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

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning , 2012, and ending

B Check if applicable		C Name of organization National Marine Institute Inc Doing Business As			D Employer Identification Number 65-0648011	
<input type="checkbox"/> Address change		Number and street (or P O box if mail is not delivered to street addr) 3907 N. Federal Highway			Room/suite 193	E Telephone number (954) 788-8840
<input type="checkbox"/> Name change		City, town or country Pompano Beach			State ZIP code + 4 FL 33064	G Gross receipts \$ 311,470.
<input type="checkbox"/> Initial return		F Name and address of principal officer Frank Kamerling 3135 E. Atlantic Blvd Pompano Beach FL 33062			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Terminated					H(b) Are all affiliates included? If 'No,' attach a list (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Amended return						
<input type="checkbox"/> Application pending						
I Tax-exempt status	X 501(c)(3)	501(c) () ► (insert no)	4947(a)(1) or	527	J Website: ► N/A	
K Form of organization	X Corporation	Trust	Association	Other ►	L Year of Formation 1998	M State of legal domicile FL

Part I Summary

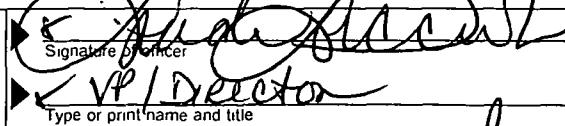
Activities & Governance	1 Briefly describe the organization's mission or most significant activities	Environmental education grades 7-11	

Revenue	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
Expenses	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	1
Net Assets or Fund Balances	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	327,892.	108,554.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	327,892.	108,554.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	92,286.	12,665.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 10,581.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	73,802.	38,692.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	166,088.	51,357.
	19 Revenue less expenses Subtract line 18 from line 12	161,804.	57,197.
		IRS Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	373,335.	235,366.
	21 Total liabilities (Part X, line 26)	984,908.	789,742.
	22 Net assets or fund balances Subtract line 21 from line 20	-611,573.	-554,376.

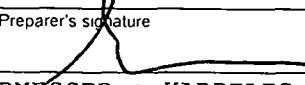
Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign
Here

► 
Signature of preparer
► 
Type or print name and title

11/02/2013
Date

Paid Preparer Use Only	Print/Type preparer's name Mark S. Feldmesser CPA	Preparer's signature 	Date 10/24/13	Check <input type="checkbox"/> if self-employed	PTIN P00147977
	Firm's name ► FRIEDMAN, FELDMESSER & KARPELES, CPA, LLC			Firm's EIN ► 02-0540220	
	Firm's address ► 641 UNIVERSITY BLVD 210 JUPITER	FL 33458		Phone no (561) 622-9990	

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 05/09/13

Form 990 (2012)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's missionEnvironmental education grades 7-112 Did the organization undertake any significant program services during the year which were not listed on the prior

Form 990 or 990-EZ?

If 'Yes,' describe these new services on Schedule O

 Yes No3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If 'Yes,' describe these changes on Schedule O

 Yes No4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
others, the total expenses, and revenue, if any, for each program service reported4a (Code _____) (Expenses \$ 50,624. including grants of \$ 0.) (Revenue \$ 311,470.)Our prime mission is to teach environmental science, conservation, marine life, boating safety, seamanship, and vessel repair & maintenance to minors.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____)

) (Revenue \$ _____)

4e Total program service expenses ► 50,624.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A

2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?

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

4 **Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If '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 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

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

11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a 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

c 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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X

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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV

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

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

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)

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

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

20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3	X	
4	X	
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20	X	
20b		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
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	X
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	X
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, and 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	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
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	X
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	X
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	X
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):	28a	X
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28c	X
c 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	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	30	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	32	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	33	X
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	34	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	35a	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	36	X
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	37	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	38	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable **1 a** 0
 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable **1 b** 0
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? **1 c** X

2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2 a** 1
 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2 b** X

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? **3 a** X
 b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O **3 b**

4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **4 a** X
 b If 'Yes,' enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts **4 b**

5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5 a** X
 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5 b** X
 c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? **5 c**

6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? **6 a** X
 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **6 b**

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **7 a** X
 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? **7 b**

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **7 c** X
 d If 'Yes,' indicate the number of Forms 8282 filed during the year **7 d**

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7 e** X
 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7 f** X
 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7 g**

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? **7 h** X

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** X

9 Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 4966? **9 a** X
 b Did the organization make a distribution to a donor, donor advisor, or related person? **9 b** X

10 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12 **10 a**
 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10 b**

11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders **11 a**
 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **11 b**

12 a **Section 4947(a)(1) non - exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? **12 a**

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year **12 b**

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? **13 a**

Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13 b**

c Enter the amount of reserves on hand **13 c**

14 a Did the organization receive any payments for indoor tanning services during the tax year? **14 a** X

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **14 b**

Part VI

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1 a 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

1 b Enter the number of voting members included in line 1a, above, who are independent

2 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?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents
since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7 a 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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members,
stockholders, or other persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by
the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director or 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

	Yes	No
1 a	3	
1 b	0	
2	X	
3		X
4		X
5		X
6		X
7 a		X
7 b		X
8 a	X	
8 b	X	
9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10 a Did the organization have local chapters, branches, or affiliates?

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?

11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in
Schedule O how this is done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers of key employees of the organization

If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)

16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a
taxable entity during the year?

b 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 taken steps to safeguard the
organization's exempt status with respect to such arrangements?

	Yes	No
10 a		X
10 b		
11 a		X
12 a	X	
12 b	X	
12 c		X
13		X
14		X
15 a		X
15 b		X
16 a		X
16 b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► Florida

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► Taxpayer _____ 3155 E Atlantic Blvd Pompano Beach _____ FL 33062 _____ (954) 788-8840
BAA TEEA0106 08/08/12 Form 990 (2012)

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

Check if Schedule O contains a response to any question in this Part VII

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

1 a 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated	Former		
(1) Frank Kamerling	15.00				X				0.	0.
Pres/dir										0.
(2) Linda Picciolo	40.00				X	X			11,400.	0.
VP/Dir										0.
(3) Carole Kamerling	40.00				X	X			0.	0.
Secy/Dir										0.
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (list any hours for related orga niza tions below dotted line)	(C) Position (do not check more than one box, unless one person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Officer or director	Individual trustee	Key employee	Highest compensated employee			
(15)								
(16)								
(17)								
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								

1 b Sub-total	►	11,400.	0.	0.
c Total from continuation sheets to Part VII, Section A	►			
d Total (add lines 1b and 1c)	►	11,400.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Yes	No
3	X
4	X
5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a			
	b Membership dues	1 b			
	c Fundraising events	1 c			
	d Related organizations	1 d			
	e Government grants (contributions)	1 e			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f			
	g Noncash contributions included in lns 1a-1f	\$			
	h Total. Add lines 1a-1f				
PROGRAM SERVICE REVENUE		Business Code			
	2 a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real	(ii) Personal		
	b Less rental expenses		311,470.		
	c Rental income or (loss)		202,916.		
	d Net rental income or (loss)		108,554.	108,554.	0.
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)					
See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions		108,554.	108,554.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,400.	11,400.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,265.	1,265.	0.	0.
11 Fees for services (non-employees)				
a Management				
b Legal	4,000.	0.	4,000.	0.
c Accounting	1,900.	705.	1,195.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion	2,339.	0.	0.	2,339.
13 Office expenses	1,697.	0.	1,697.	0.
14 Information technology				
15 Royalties				
16 Occupancy	3,200.	1,600.	800.	800.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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)	2,883.	1,441.	669.	773.
a <u>Auto expenses</u>	9,866.	5,029.	439.	4,398.
b <u>Bank Service charges</u>	70.	0.	70.	0.
c <u>Contract labor</u>	690.	690.	0.	0.
d <u>Dues & subscriptions</u>	896.	197.	647.	52.
e All other expenses	11,151.	5,504.	3,428.	2,219.
25 Total functional expenses. Add lines 1 through 24e	51,357.	27,831.	12,945.	10,581.
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 SheetCheck if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year	
ASSETS	1 Cash – non-interest-bearing	2,395.	1 7,770.	
	2 Savings and temporary cash investments	2	2	
	3 Pledges and grants receivable, net	3	3	
	4 Accounts receivable, net	4	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	5	
	6 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	6	6	
	7 Notes and loans receivable, net	2,581.	7 11,529.	
	8 Inventories for sale or use	8	8	
	9 Prepaid expenses and deferred charges	9	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	10a	
	b Less accumulated depreciation	10b	10c	
	11 Investments – publicly traded securities	11	11	
	12 Investments – other securities See Part IV, line 11	12	12	
	13 Investments – program-related See Part IV, line 11	13	13	
	14 Intangible assets	14	14	
	15 Other assets See Part IV, line 11	368,359.	15 216,067.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	373,335.	16 235,366.		
LIABILITIES	17 Accounts payable and accrued expenses	3,841.	17 9,570.	
	18 Grants payable	18	18	
	19 Deferred revenue	335,538.	19 229,652.	
	20 Tax-exempt bond liabilities	20	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	553,113.	22 550,520.	
	23 Secured mortgages and notes payable to unrelated third parties	23	23	
	24 Unsecured notes and loans payable to unrelated third parties	92,416.	24 0.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25	25	
	26 Total liabilities. Add lines 17 through 25	984,908.	26 789,742.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-611,573.	27 -554,376.	
	28 Temporarily restricted net assets	28	28	
	29 Permanently restricted net assets	29	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	30	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	32	
	33 Total net assets or fund balances	-611,573.	33 -554,376.	
	34 Total liabilities and net assets/fund balances	373,335.	34 235,366.	

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Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck 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	108,554.
2 Total expenses (must equal Part IX, column (A), line 25)	2	51,357.
3 Revenue less expenses. Subtract line 2 from line 1	3	57,197.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-611,573.
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	-554,376.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

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Form 990 (2012)

SCHEDULE A
 (Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service
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.

2012Open to Public
Inspection

Name of the organization

National Marine Institute Inc

Employer identification number

65-0648011

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)

1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 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)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
 9 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 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
 a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) 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?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA 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.)

Section A. Public Support

Calendar 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 include any 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar 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, 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 (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants')	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						0.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	0.	0.	0.	0.	0.	0.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	746,100.	1,204,977.				1,951,077.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	746,100.	1,204,977.				1,951,077.
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add ins 9, 10c, 11, and 12)	746,100.	1,204,977.	0.	0.	0.	1,951,077.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	0.00 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	0.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	100.00 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	100.00 %

19a 33-1/3% support tests – 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► **b 33-1/3% support tests – 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► **20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

— BAA —

Schedule A (Form 990 or 990-EZ) 2012

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

Supplemental Financial Statements**2012**

Name of the organization

Employer identification number

National Marine Institute Inc

65-0648011

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year		
		Held at the End of the Tax Year
a Total number of conservation easements	2 a	
b Total acreage restricted by conservation easements	2 b	
c Number of conservation easements on a certified historic structure included in (a)	2 c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►		
4 Number of states where property subject to conservation easement is located ►		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ►	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►		
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$		
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ►	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition d Loan or exchange programs
 b Scholarly research e Other _____
 c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV: Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table

	Amount
1 c	
1 d	
1 e	
1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V: Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI: Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

BAA

Schedule D (Form 990) 2012

Part VII Investments – Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►		

Part VIII Investments – Program Related. See Form 990, Part X, line 13.

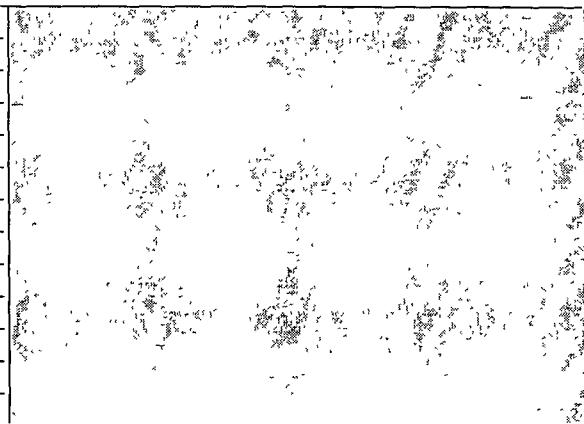
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) NET LEASED ASSETS	166,067.
(2) NET ASSETS NOT LEASED	50,000.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ►	216,067.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ►	



2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

- 1 Total revenue, gains, and other support per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12
 - a Net unrealized gains on investments
 - b Donated services and use of facilities
 - c Recoveries of prior year grants
 - d Other (Describe in Part XIII.)
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1
 - a Investment expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIII.)
- 5 Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 1)*

	1	
2 a		
2 b		
2 c		
2 d		
	2 e	
	3	
4 a		
4 b		
	4 c	
	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

- 1 Total expenses and losses per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part IX, line 25
 - a Donated services and use of facilities
 - b Prior year adjustments
 - c Other losses
 - d Other (Describe in Part XIII)
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
 - a Investment expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIII)
- 5 Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*

2 a	1
2 b	
2 c	
2 d	
4 a	2 e
4 b	3
	4 c
	5

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

BAA

Schedule D (Form 990) 2012

Part XIII **Supplemental Information (continued)**

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

National Marine Institute Inc

Employer identification number

65-0648011

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction		(d) Corrected?
			Yes	No	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

► \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						Yes	No	Yes	No	Yes	No
(1) Frank Kamerling	President	Boat financing	X	270,000.	440,795.	X	X			X	
(2) Frank Kamerling	President	Boat financing	X	73,482.	109,726.	X	X			X	
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total					► \$ 550,521.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Frank Kamerling	Director	0. N/A			X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public
Inspection

Name of the organization

National Marine Institute Inc

Employer identification number

65-0648011

Pt VI, Line 11b All members of the governing body are given the chance to
Pt VI, Line 11b review the 990 prior to filing. If they are present at
Pt VI, Line 11b the meeting they review it. All members do not receive
Pt VI, Line 11b a copy
Pt VI, Line 19 The Form 990 is a matter of public record in that it
Pt VI, Line 19 is filed with the Florida Dept of Agriculture with the
Pt VI, Line 19 annual filing.
Pt VI, Line 2 Frank Kamerling, director, receives sales commissions
Pt VI, Line 2 from time to time and also is a lender to the Organization
Pt XI Misc adjustment.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Licenses & Permits	1,246.	1,351.	-180.	75.
Postage and Delivery	426.	81.	237.	108.
Repairs	1,525.	90.	1,390.	45.
Telephone	4,800.	2,410.	1,185.	1,205.
Utilities	3,154.	1,572.	796.	786.

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Accrual Basis

National Marine Institute

Balance Sheet

As of December 31, 2012

	Dec 31, 12	Dec 31, 11
ASSETS		
Current Assets		
Checking/Savings		
Wachovia Checking	7,769 98	2,395 56
Total Checking/Savings	<u>7,769 98</u>	<u>2,395 56</u>
Accounts Receivable		
Accounts Receivable	11,529 00	2,580 00
Total Accounts Receivable	<u>11,529 00</u>	<u>2,580 00</u>
Total Current Assets	<u>19,298 98</u>	<u>4,975 56</u>
Fixed Assets		
Accumulated depreciation	-3,752,476 00	-3,600,184 00
Boats leased	3,898,051 36	3,898,051 36
Equipment	3,822 57	3,822 57
Trailer	16,668 61	16,668 61
Total Fixed Assets	<u>166,066 54</u>	<u>318,358 54</u>
Other Assets		
Unsold boats	50,000 00	50,000 00
Total Other Assets	<u>50,000 00</u>	<u>50,000 00</u>
TOTAL ASSETS	<u>235,365.52</u>	<u>373,334.10</u>
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
Payroll Liabilities	0 00	737 43
Sales Tax Payable	9,569 60	3,102 27
Total Other Current Liabilities	<u>9,569 60</u>	<u>3,839 70</u>
Total Current Liabilities	<u>9,569 60</u>	<u>3,839 70</u>
Long Term Liabilities		
Deferred revenue	229,651 81	335,537 81
Due to AFC	-109,725 62	97,819 07
Loan from Design Interior	440,794 65	455,294 65
Loan from WSK	0 00	92,415 94
Total Long Term Liabilities	<u>780,172 08</u>	<u>981,067 47</u>
Total Liabilities	<u>789,741 68</u>	<u>984,907 17</u>
Equity		
Retained Earnings	-611,573 07	-773,379 63
Net Income	57,196 91	161,806 56
Total Equity	<u>-554,376 16</u>	<u>-611,573 07</u>
TOTAL LIABILITIES & EQUITY	<u>235,365.52</u>	<u>373,334.10</u>

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10/24/13

Accrual Basis

National Marine Institute
Profit & Loss
January through December 2012

	Jan - Dec 12	Jan - Dec 11
Ordinary Income/Expense		
Income		
Gross Rental Income	311,469 11	552,851 00
Miscellaneous Income	0 91	0 97
Total Income	<u>311,470 02</u>	<u>552,851 97</u>
Gross Profit	<u>311,470 02</u>	<u>552,851 97</u>
Expense		
Advertising		
Classified	0 00	845 00
Display Ad	2,339 00	3,375 00
Total Advertising	<u>2,339 00</u>	<u>4,220 00</u>
Automobile Expense	9,865 84	13,020 03
Bank Service Charges	70 96	277 39
Contract Labor	690 00	2,175 00
Depreciation Expense	152,292 00	224,959 00
Dues and Subscriptions	896 13	1,003 88
Insurance		
Auto Insurance	2,726 78	446 82
Health Insurance	156 42	7,730 07
Vessel Insurance	0 00	3,432 95
Total Insurance	<u>2,883 20</u>	<u>11,609 84</u>
Interest Expense	0 00	9,275 00
Licenses and Permits	1,246 15	2,241 94
Marine Education Program		
Field Trip Expense	0 00	1,328 74
Total Marine Education Program	<u>0 00</u>	<u>1,328 74</u>
Miscellaneous	0 00	0 00
Office Supplies	1,696 63	1,605 83
Payroll Expenses		
Officer Salary	11,400 00	60,800 00
Payroll taxes	77 20	0 00
Payroll Expenses - Other	1,187 41	31,485 95
Total Payroll Expenses	<u>12,664 61</u>	<u>92,285 95</u>
Postage and Delivery	425 72	406 88
Professional Fees		
Accounting	1,900 00	900 00
Legal Fees	4,000 00	0 00
Total Professional Fees	<u>5,900 00</u>	<u>900 00</u>
Program Rental Expense		
Bargain Sale Cash	0 00	50,000 00
Boat Repairs	30,034 84	68,893 42
Boat Storage	18,401 08	17,693 96
Boat Trailer	0 00	1,000 00
Boat Transport	2,188 50	385 00
Commissions and Referrals	0 00	100,447 50
Program Rental Expense - Other	0 00	-238,420 00
Total Program Rental Expense	<u>50,624 42</u>	<u>80,120 00</u>
Rent		
Repairs		
Building Repairs	1,151 50	1,669 50
Computer Repairs	373 02	0 00
Total Repairs	<u>1,524 52</u>	<u>1,669 50</u>
Telephone	<u>4,799 78</u>	<u>7,955 78</u>

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Accrual Basis

**National Marine Institute
Profit & Loss
January through December 2012**

	<u>Jan - Dec 12</u>	<u>Jan - Dec 11</u>
Utilities		
Electric	2,673 77	1,319 02
Water	480 38	391 75
Total Utilities	<u>3,154 15</u>	<u>1,710 77</u>
Total Expense	<u>254,273 11</u>	<u>391,045 41</u>
Net Ordinary Income	<u>57,196 91</u>	<u>161,806 56</u>
Net Income	<u>57,196.91</u>	<u>161,806.56</u>

National Marine Institute
Profit & Loss by Class
January through December 2012

	Boat Program	Fundraising	General Management	School Program	Unclassified	TOTAL
Ordinary Income/Expense						
Income						
Gross Rental Income	205,583.11	0.00	0.00	0.00	105,886.00	311,469.11
Miscellaneous Income	0.00	0.00	0.91	0.00	0.00	0.91
Total Income	205,583.11	0.00	0.91	0.00	105,886.00	311,470.02
Gross Profit	205,583.11	0.00	0.91	0.00	105,886.00	311,470.02
Expense						
Advertising	0.00	2,339.00	0.00	0.00	0.00	2,339.00
Display Ad						
Total Advertising	0.00	2,339.00	0.00	0.00	0.00	2,339.00
Automobile Expense	1,899.10	4,397.98	438.78	3,129.97	0.00	9,865.84
Bank Service Charges	0.00	0.00	70.96	0.00	0.00	70.96
Contract Labor	0.00	0.00	0.00	0.00	0.00	690.00
Depreciation Expense	0.00	0.00	0.00	0.00	152,292.00	152,292.00
Dues and Subscriptions	145.50	52.00	646.63	52.00	0.00	896.13
Insurance						
Auto Insurance	760.10	649.10	668.80	648.78	0.00	2,728.78
Health Insurance	0.00	124.33	0.00	32.09	0.00	156.42
Total Insurance	760.10	773.43	668.80	680.87	0.00	2,883.20
Licenses and Permits	1,357.26	75.00	1,180.11	0.00	0.00	1,246.15
Office Supplies	0.00	0.00	1,696.63	0.00	0.00	1,696.63
Officer Salary	0.00	11,400.00	0.00	0.00	0.00	11,400.00
Payroll Taxes	0.00	0.00	77.20	0.00	0.00	77.20
Payroll Expenses - Other	0.00	1,187.41	0.00	0.00	0.00	1,187.41
Total Payroll Expenses	0.00	12,587.41	77.20	0.00	0.00	12,684.61
Postage and Delivery	41.00	107.72	237.00	40.00	0.00	425.72
Professional Fees						
Accounting	295.00	235.00	1,195.00	235.00	0.00	1,900.00
Legal Fees	0.00	0.00	4,000.00	0.00	0.00	4,000.00
Total Professional Fees	295.00	235.00	5,195.00	235.00	0.00	5,900.00
Program Rental Expense						
Boat Repairs	29,734.84	0.00	300.00	0.00	0.00	30,034.84
Boat Storage	18,401.08	0.00	0.00	0.00	0.00	18,401.08
Boat Transport	2,188.50	0.00	0.00	0.00	0.00	2,188.50
Total Program Rental Expense	50,324.42	0.00	300.00	0.00	0.00	50,624.42
Rent						
Repairs	45.00	45.00	1,016.50	45.00	0.00	1,151.50
Building Repairs	0.00	0.00	373.02	0.00	0.00	373.02
Computer Repairs						
Total Repairs	45.00	45.00	1,389.52	45.00	0.00	1,524.52
Telephone	1,204.99	1,204.99	1,184.81	1,204.99	0.00	4,799.88

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Accrual Basis

**National Marine Institute
Profit & Loss by Class
January through December 2012**

	Boat Program	Fundraising	General Management	School Program	Unclassified	TOTAL
Utilities						
Electric	667.22	666.83	672.65	667.07	0.00	2,673.77
Water	118.49	119.43	123.97	118.49	0.00	480.38
Total Utilities	785.71	786.26	796.62	785.56	0.00	3,154.15
Total Expense	57,592.08	23,403.79	13,321.85	7,663.39	152,292.00	254,273.11
Net Ordinary Income	147,991.03	-23,403.79	-13,320.94	-7,663.39	-46,406.00	57,196.91
Net Income	147,991.03	-23,403.79	-13,320.94	-7,663.39	-46,406.00	57,196.91