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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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_	monauon	about Form	330 and no	IIISUUÇUOIIS I	3 at www.ii 3.	govnoniaso.

Open to Public

A	For the	2014 cale	endar year, or tax year beginning October 1 , 2014, and ending	Septem	ber 30	, 20 15	
В	Check if a	applicable	C Name of organization Gulf and Caribbean Fisheries Institute Inc		D Employ	yer identification n	umber
	Address of	change	Doing business as			59-2592122	
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/sur	te	E Telepho	one number	
	Initial retu	Jrn -	P O Box 21655			843-830-6480	
	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amended	d return	Charleston, SC 29413		G Gross r	eceipts \$	472,074
	Application	on pending		H(a) Is this a gro	up return for	subordinates? Yes	
				H(b) Are all s	ubordinate	es included? 🗌 Yes	i 🗌 No
<u> </u>	Tax-exem	npt status	☐ 501(c)(3)	If "No	," attach	a list (see instruction	ons)
J	Website.		org	H(c) Group e	exemption	number ►	
K	Form of or		✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formati	on 1985	M State	of legal domicile	sc
Р	art I	Summ	ary				
	1 1	Briefly de	escribe the organization's mission or most significant activities: Dissem	ination of tec	hnical ı	nformation and	training
e	1	for manag	gement of living marine resources in the Gulf of Mexico and Caribbean region	n			
Governance	1 -						
ē	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed o	f more than	25% of	its net assets	
é	3 1	Number (of voting members of the governing body (Part VI, line 1a)		3		21
Activities &	4 1	Number (of independent voting members of the governing body (Part VI, line 1b)		4		17
	5	Total nur	mber of individuals employed in calendar year 2014 (Part V, line 2a)		5		6
	6	Total nur	mber of volunteers (estimate if necessary)		6		17
	7a `	Total unr	elated business revenue from Part VIII, column (C), line 12		7a		0
	b	Net unrel	lated business taxable income from Form 990-T, line 34	<u> </u>	7b		0
Revenue				Prior Yea	ir	Current Y	ear
	8 (Contribut	tions and grants (Part VIII, line 1h)		395,110		422,285
			service revenue (Part VIII, line 2g)		72,960		49,670
ě	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		100		119
ш	11 (Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0
			enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		468,170		472,074
	1		nd similar amounts paid (Part IX, column (A), lines 1-3)		122,631		113,972
			paid to or for members (Part IX, column (A), line 4)		0		0
es	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		96,916		123,104
Sus	16a		onal fundraising fees (Part IX, column (A), line 11e)	F	0		0
Expenses	b '			Great Cont		330×50 6 75	
ш	1 1/ '		penses (Part IX, column (A), lines 11a To 1245		208,029	1	245,209
			penses Add lines 13–17 (must equal Part IX, column (A), line 25)	 	427,594		482,285
		Revenue	less expenses Subtract line 186 bm// 12- 7 2016	eginning of Curi	40,594	End of Ye	-10,211
Sor	20 21 22	T 1.1				· · · · · · · · · · · · · · · · · · ·	
Sset	20		ets (Part X, line 16) OGDEN, UT		222,542	1	209,872
det /	21		to an fixed bodon and Subtract line 21 from line 20		30,369		28,237
	art II		ture Block		<u>192,173</u>		181,635
			ry, I declare that I have examined this return, including accompanying schedules and staten	nente and to the	a hest of i	my knowledge, and	haliaf it is
tru	ider penait ie, correct,	ties of perju , and compl	ry, I declare that Thave examined this feturi, including accompanying schedules and states lete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowle	dge	my knowledge and	Delles, it is
			ml - 91.1 "			=4,201	//
Sig	an i	Sign	ature of officer	Date			<u> </u>
	ere	ر ا	Melvin Goodwin Treasurer				
		Type	e or print name and title				
		<u> </u>	pe preparer's name Preparer's signature Dat	te	Check	T If PTIN	
	aid				self-em		
	eparer		iame b	Firm	s EIN ▶		
Us	se Only	y	address •	Phon			
Ma	v the IR	S discuss	s this return with the preparer shown above? (see instructions) .	•	•	. Yes	s □ No
				11282Y		Form 9	90 (2014)
. 0			· · · · · · · · · · · · · · · · · · ·				

•				
Form 99 Part		Statement of Browner Comics Assemblishments		Page
Part	_	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1		describe the organization's mission:	<u> </u>	<u> </u>
	-	mination of scientific research and technical assistance to support management of living marine resources in t	he Gulf o	f
	Mexico	o and Carıbbean region		
2		e organization undertake any significant program services during the year which were not listed on the form 990 or 990-EZ?	☐ Yes	☑No
3	Did th	s," describe these new services on Schedule O. ne organization cease conducting, or make significant changes in how it conducts, any program es?	□ v	
	-	s," describe these changes on Schedule O.	☐ Yes	<u> </u>
4	Descri expen	the the organization's program service accomplishments for each of its three largest program services, uses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatal expenses, and revenue, if any, for each program service reported.		
4a	(Code	.) (Expenses \$ 114,884 including grants of \$ 8,505) (Revenue \$	65,19	0)
		icted annual week-long symposium of fisheries research in the Gulf and Caribbean region for approximately 30		es
				•••••
				· ···
4b	(Code) (Expenses \$ 313,918 including grants of \$ 105,922) (Revenue \$	349,59	6)
		ustered small grants fund and training projects to support marine resources management and conservation pro		
	and Ca	aribbean region		
				•••••
4c	(Code	e.) (Expenses \$ 10,412 including grants of \$ 0) (Revenue \$ nistered funds to provide training and information exchange related to management of invasiver lionfish in the contraction is a second of the contraction of the contraction is a second of the contraction of the contrac	38,15 Gulf and	4)
	Caribb	pean region		

4d	Other program services (Describe in Schedule O.)			
	/Expande \$ ar required grants of \$	2 non) (Revenue \$	10.015	

orm 99	0 (2014)			Page
Part l	V 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,"		Yes	No
•	complete Schedule A	1	1	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	 	Ť	-
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		<u> </u>
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	Ŭ		- -
_	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	**************************************
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	11b		√
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>·</u>
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	11d	./	_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			✓
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	√	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	· · · ·		 _
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a?	┝┷┪		·

20 a 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?

19

20a

20b

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	1	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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	35b 36		✓
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,			,
38	Part VI	37	1	✓

Form **990** (2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	T U	
10	Enter the gumber reperted in Day 2 of Form 1006 Enter 0, if not applicable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 3.0.	4		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-	1	İ
•	reportable gaming (gambling) winnings to prize winners?	1c	ŀ.	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	╁	
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		 	┼
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	 	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	-	† `
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶		7 7	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	3 \		
	(FBAR).	* ·		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	L	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<u> </u>	
	and services provided to the payor?	7a	ļ	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		ļ
С	required to file Form 8282?			ľ
	If "Yes," indicate the number of Forms 8282 filed during the year	7c		<u> </u>
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		/
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		 -
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	3	 	,
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		 ,	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	, `	٧	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter:	, ,	, , ,	<i>'</i>
а	Gross income from members or shareholders		s 3.	
b	Gross income from other sources (Do not net amounts due or paid to other sources	}		,
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	·	,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O	\	٥	
þ	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		, ,	
	<u> </u>			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>√</u> _
_ b _	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	see in	struct	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		. 🗸
Secti	on A. Governing Body and Management			
		(Pateur	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 1a 21			
	If there are material differences in voting rights among members of the governing body, or	2		
	if the governing body delegated broad authority to an executive committee or similar		\$	
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . [1b] 17			
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?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct			1
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	1	
7a	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?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		,	
	stockholders, or persons other than the governing body?		/	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	4	133	
	the year by the following:		34	
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	✓	<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		V
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	90.5	18.73	(A) (A)
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	/
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			ĺ
	describe in Schedule O how this was done	12c		<u></u>
13	Did the organization have a written whistleblower policy?	13		✓_
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by	144		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	201		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
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 take steps to safeguard the	100	252	
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ South Carolina			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	ı 501(c)(3)s	only)
	available for public inspection. Indicate how you made 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 made its governing documents, conflict of interesting the conflict of interes	erest į	policy	, and
	financial statements available to the public during the tax year.		•	
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	cords	•	
	Melvin Goodwin, POB 21655, Charleston, SC 29413, 843-830-6480			

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Form	aan	1201	4
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Part VII	Compensation of	Officers, Direct	tors, Trustees	, Key Employees,	Highest Co	mpensated Emplo	yees, and
	Independent Cont	tractors					

Check if Schedule O contains a response or note to a	any line in this Part VII	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organizat	ion nor any relate	d org	anız			ompe	nsa	ted any curren	t officer, director	r, or trustee
				(C	2)					
(A)	(B)	l , , , .		Pos				(D)	(E)	(F)
Name and Title	Average					than one is both		Reportable	Reportable	Estimated
	hours per	office	er and			or/trust		compensation	compensation from	amount of
	week (list any hours for	유	suţ	₽	Ke	en E	Former	from the	related organizations	other compensation
	related	dire	1	Officer	y en	p hes	me	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ctor	, in		Key employee	8 8	-	(W-2/1099-MISC)		organization and related
	line)	trus	3		yee	퓇				organizations
		Individual trustee or director	Institutional trustee			Highest compensated employee				
		-	P.			eg.				
(1) Robert Glazer	8									
Executive Director		1		1			l	11,522	o	
(2) Alejandro Acosta	8			_						
Director		✓			ŀ			8,500	o	
(3) Melvin Goodwin	8		Г							
Treasurer		1	l	✓				8,242	o	(
(4) Emma Doyle	40									
Director		✓				1		58,500	0	
(5) Georgina Bustamante	0									
Director		✓						13,500	0	
(6) LeRoy Creswell	15						}			
Executive Secretary				✓				810	0	
(7) Nancy Brown-Peterson	0]			1					
Chair		✓	ļ	L		<u> </u>	<u>.</u>	0	0	(
(8) Henri Valles	0]					ł		1	
Vice Chair		✓	_			<u> </u>		0	0	
(9) Fadılah Ali	0	ļ					1			
Director		✓	<u> </u>	<u> </u>		<u> </u>	<u> </u>	0	. 0	
(10) Alfonso Aguilar-Perera	<u> </u>				ŀ					
Director			_		_	ļ	<u> </u>	0	0	
(11) Dalila Aldana Aranda	0						1			
Director		<u> </u>	<u> </u>		_		ļ	0	0	
(12) Claude Bouchon	0		ļ							
Director		/	<u> </u>	<u> </u>	ļ.,		╄	0	0	
(13) Peter Chaibongsai			1			l				
Director	0	/	<u> </u>	_	<u> </u>	ļ	_	0	0	
(14) Yvonne Sadovy	0	↓ .							}	
Director		_ ✓			Ц.			0	0	Form 990 (2014

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, aı	nd F	lighes	st C	ompensated E	mployees (con	inued)
						C)					
	(A)	(B)				ition			(D)	(E)	(F)
	Name and title	Average					e than o		Reportable	Reportable	Estimated
		hours per					or/trust		compensation	compensation from	
		week (list any hours for	익호	ज्ञ	Q	7	육포	F	from the	related organizations	other compensation
		related	Individual trustee or director	St E	Officer	Key employee	nple Ple	Former	organization	(W-2/1099-MISC)	
		organizations	cto	ğ	~	遺	yee c	1	(W-2/1099-MISC)		organization
		below dotted line)	ן ֓֡֝֞֝֟֟ <u>֚֟</u>	al t) Ye	ğ				and related organizations
		'	tee	Institutional trustee		"	ens				J. gameanone
				%		Ì	Highest compensated employee				
(15) CI	parlotte Dromard	0				-		\vdash			-
Directo	or		1						0) (
(16) Fr	anck Gourdin	0									
Directo			✓						0) (
	II Michaels	0									
Directo			1						o		
	mes Morris	0									
Directe		1	1								
	ark Peterson	0									
Directe			1						0		
	anna Pitt	0									
Directe		T	1						0		
	artha Prada	0									
Directe			1					ł	0	(
	artın Russell	0					i —				
Directo			1					Ì	0) (
	ic Castro	0									
			1						0		
(24)									T		
2			1								
(25)											
1b	Sub-total							>	101,074		
С	Total from continuation sheets to Part	VII, Sectio	n A					▶	0	()
d	Total (add lines 1b and 1c)							▶	101,074	(0
2	Total number of individuals (including but	t not limited	to th	ose	list	ted :	above	e) w	ho received m	ore than \$100,0	00 of
	reportable compensation from the organi	zation ► o									
											Yes No
3	Did the organization list any former of							emp	oloyee, or high	est compensat	ed 📜 🔆
	employee on line 1a? If "Yes," complete 3	Schedule J	for su	ıch	ındı	ıvıdı	ual				3 ✓
4	For any individual listed on line 1a, is the										
	organization and related organizations	greater the	an \$1	150,	000)? /:	f "Ye	s, "	complete Sch	edule J for su	ch Right Park
	individual		•	٠	•			•			4 🗸
5	Did any person listed on line 1a receive of									ation or individ	'
	for services rendered to the organization	if "Yes," c	ompi	ete	Scr	nedu	ile J f	or s	such person	<u> </u>	_ 5 🗸
Section	on B. Independent Contractors										
1	Complete this table for your five highest										
	compensation from the organization. Rep	ort compe	nsatio	on to	or th	ne c	alend	ar y	ear ending wit	h or within the o	organization's tax
	year							1			
	(A) Name and business add	rocc							(B) Description of s	enuces	(C) Compensation
	Name and business add								Description of s	ervices	Compensation
							_	<u> </u>			
		.									
								<u> </u>			
			- I						and the state of the		
2	Total number of independent contractor							tn		ove) wno	
	received more than \$100,000 of compens	sation from	uie 0	ıyar	ııza	uOΠ			0		The state of the s

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	90 (201	<u>:</u>						Page \$
Part	VIII	Statement of Reve Check if Schedule O		enonee or note t	o any line in thu	e Part VIII		
1	,	Crieck ii Gorieddie C	Contains a re	ssponse of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	. 1	3 0		,		4
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	. 11] ;	, ^ ^ *	2	
ts,	С	Fundraising events	10				, , ,	
Gifts, ilar An	d	Related organizations	_		45.33 (3) 4 -) (! à, \
Sir.	e f	Government grants (con All other contributions, gi		379,514			. 5 \$ 7 '	4 *
ber	'	and similar amounts not inc		f 42,346			\$ 2 · · · · · · · · · · · · · · · · · ·	
Contributions, and Other Sim	g	Noncash contributions includ		1,0,0,0		to the state of the state of	\$ > 8 : 2 : 1 :	
Cor	h	Total. Add lines 1a-1			422,286	\$ 1/2 m 3 m 3 m 4 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5	4 / 4	· · · · · · · · · · · · · · · · · · ·
ue				Business Code		7,8 % · · · · · · · · · · · · · · · · · ·		. 4 2 4
ven	2a	publication sales		511130	1,040	1,040	0	
e Re	b	meeting registration		541900	48,630	48,630	0	c
ric	C							
n Se	d			•				
Program Service Revenue	f	All other program sen	vice revenue .	-				
Pro	g	Total. Add lines 2a-2		. •	49,670	1454	1	7. 2. 8. 7
	3	Investment income		idends, interest,				
		and other similar amo	•	.	119	119	0	
	4	Income from investmen	t of tax-exempt	bond proceeds ▶	0	0	0	<u>c</u>
	5	Royalties	(ı) Real	(ii) Personal	0	0	0	, o
	6a	Gross rents .	(1) 1.04.	(.,, . 6.66.1.4.				, , , , , , , , , , , , , , , , , , ,
	b	Less rental expenses					- 3324	
	c	Rental income or (loss)						200
	d	Net rental income or (. <u>.</u> >	0	0	0	o
	7a	Gross amount from sales of	(i) Securities	(ii) Other		\$ 1 3 4 CO	2 / 2 / 2 / 4 / 5 2 / 3 / 4 / 5	
		assets other than inventory				****	1	* *
	b	Less cost or other basis and sales expenses						0 % 2.4
	С	Gain or (loss) .			*** · ·			a do res
	d	Net gain or (loss)		.	0	0	0	
		, , , , , , , , , , , , , , , , , , ,				1. 4 %	* 1	* ,
Jue	8a	Gross income from fu	ındraısıng		10 16 10 10			, , , ,
švel		events (not including \$						
Ä		of contributions reporte See Part IV, line 18	ed on line 1c)		1 3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
Other Reve	ь	Less: direct expenses	· · · · · · · · · · · · · · · · · · ·	a b				
0		Net income or (loss) f		·	0		0	
		Gross income from ga			- 2 1		« 3 ·	~
		See Part IV, line 19 .		а		* :	, , , ,	
	b	Less: direct expenses		b	· 3 * 1 3 * 1	* * * * * * * * * * * * * * * * * * * *	* *	
	100	Net income or (loss) f Gross sales of in			0	0	0	0
	IUa	returns and allowance		a		Palaka.		* * *
	ь	Less cost of goods s		в — — — — — — — — — — — — — — — — — — —				** * *
	C	Net income or (loss) f		_	0	0	0	0
		Miscellaneous R		Business Code		\$ 6 x 25 0	***************************************	
	11a							
	b	***************************************						
	C	All other records				 		
	d e	All other revenue . Total. Add lines 11a-	 .11d	L	0	· · - · · · · · · · · · · · · · · · · ·	/· }	
	12	Total revenue. See If			472.074		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).

Section	on 501(c)(3) and 501(c)(4) organizations must con			ns must complete co	
<u></u>	Check if Schedule O contains a respon	se or note to any III	ne in unis Par IX .	(0)	
8b, 9b	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	6,050	0		
3	Grants and other assistance to foreign			政権が必要を行い	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	107,922	0		
4	Benefits paid to or for members	0	0	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TEXTS A
5	Compensation of current officers, directors,			dr. 31 3 4 4	·
J	trustees, and key employees	115,557	113,057	2,500	(
6	Compensation not included above, to disqualified	113,337	113,037	2,300	•
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .				
_	·	0	0	0	
7	Other salaries and wages	0	0	0	(
8	Pension plan accruals and contributions (include	1			
	section 401(k) and 403(b) employer contributions)	0	0	0	(
9	Other employee benefits	0	0	0	(
10	Payroll taxes	7,546	7,355	191	
11	Fees for services (non-employees)				
а	Management	0	0	o	
b	Legal	0	0	0	(
c	Accounting	0	, 0	0	
d	Lobbying	0	0	0	
e	Professional fundraising services See Part IV, line 17		*XILL GILL	A Company of the Comp	
	Investment management fees	0	0	0	
1	Other (If line 11g amount exceeds 10% of line 25, column	<u>_</u>	<u> </u>		
g	(A) amount, list line 11g expenses on Schedule O)	50.007	50.007		
		53,327	53,327	0	
12	Advertising and promotion .	0	0	0	
13	Office expenses	3,627	.0	3,627	
14	Information technology	10,583	8,913	1,670	
15	Royalties	0	0	0	
16	Occupancy	1,504		1,504	(
17	Travel	59,331	59,331	0	(
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	(
19	Conferences, conventions, and meetings .	100,729	100,729	0	
20	Interest	0	0	0	
21	Payments to affiliates	0	0	0	(
22	Depreciation, depletion, and amortization	-1,091	0	-1,091	(
23	Insurance	4,760	0		
24	Other expenses Itemize expenses not covered	TO STEEL STATE OF THE STATE OF	112699	, , , ,	, , , ,
24	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.)			(<i>→</i> *** **
	• •	5 - 4 -	5.507		<u></u>
a	bank charges	5,747	5,597	150	
b	awards & entertainment	2,151	2,151	0	(
С	penalties	4,161	0	 	
d	field supplies	381	381	·	(
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	482,285	464,813	17,472	
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 Infollowing SOP 98-2 (ASC 958-720)				
	10110WITING 301 301-2 (ASC 330-120)	<u> </u>	<u> </u>	L	Form 990 (2014

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing . . . 126,752 106,276 2 2 Savings and temporary cash investments 29,192 27,692 3 Pledges and grants receivable, net . . 0 0 4 Accounts receivable, net 0 8.270 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 7 Notes and loans receivable, net 0 7 0 8 Inventories for sale or use 0 8 0 Prepaid expenses and deferred charges . . . 23,385 25,000 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 13,766 10b Less: accumulated depreciation 10c 12,984 1,361 782 0 11 0 11 Investments—publicly traded securities . . . 12 0 Investments - other securities. See Part IV, line 11 . 12 0 13 Investments - program-related See Part IV, line 11 . . . ol 13 0 14 ol 0 14 Intangible assets 15 41,852 41,852 Other assets See Part IV, line 11 15 16 222,542 16 Total assets. Add lines 1 through 15 (must equal line 34) 209,872 17 17 Accounts payable and accrued expenses 7,895 11,553 18 0 18 18,330 19 19 14,400 20 0 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 0 Secured mortgages and notes payable to unrelated third parties . 23 ol 23 0 Unsecured notes and loans payable to unrelated third parties 0 24 0 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 4,144 2,284 26 28,237 30,369 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 162,981 27 Unrestricted net assets 153,943 28 Temporarily restricted net assets . 0 Permanently restricted net assets. 29 29,192 29 27,692 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 192,173 33 222.542 Total liabilities and net assets/fund balances . . . 209,872 34 Form 990 (2014)

Form 9	990 (2014)			Р	age 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u>.</u> .	. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	72,074
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>	4	82,285
3	Revenue less expenses. Subtract line 2 from line 1	3			10,212
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	92,173
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-326
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1/	81,635
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		å **;	1	4
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in 🎉		1.5
	Schedule O.			2 2	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	3	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled -	or 👼	4 34	₩ 21
	reviewed on a separate basis, consolidated basis, or both:			4 4	
	Separate basis Consolidated basis Both consolidated and separate basis		1.18	4	(B) -11
b	Were the organization's financial statements audited by an independent accountant?		. 2		1
-	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a 🖫	₹ 7 -3	- i
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	Transfer to the state of the st	versia	ht 🕍	07 10832EAL	12-28
-	of the audit, review, or compilation of its financial statements and selection of an independent account			,	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain			18° C
	Schedule O.	•	ın 🧏		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın 🏻	- 42	2002
Ju	the Single Audit Act and OMB Circular A-133?		38	<u>. </u>	1
b	the same of the sa	ergo th		+	
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		31	۱ ر	İ

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2014

Open to Public Inspection

Name	Name of the organization Employer identification number						n number	
	and Caribbean Fisheries Institute						92122	
Pai							ons.	
	organization is not a private found							
1	A church, convention of church			bea in se	ection 17	U(D)(T)(A)(I).		
2	☐ A school described in section ☐ A hospital or a cooperative ho			n coction	170(b)(-	()/A)/;;;)		
3 4	A medical research organizati						(iii) Enter the	
4	hospital's name, city, and stat	•	origa. 10 110 11 111 111 11 11 10 11	mu. dooo		,,,,,,,,	(iii) Lintor the	
5	☐ An organization operated for	organization operated for the benefit of a college or university owned or operated by a governmental unit described in ion 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 described in section 170(b)(1	y receives a substantial part of its support from a governmental unit or from the general public 1)(A)(vi). (Complete Part II)						
8	A community trust described							
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	d to its exempt ent income and after June 30, 19	functions—subject to unrelated business 75 See section 509(a	certain taxable ii a)(2). (Cor	exceptio ncome (I nplete Pa	ns, and (2) no more ess section 511 ta art III.)	e than 331/3% of its	
10	An organization organized and	d operated exclus	sively to test for public	c safety. S	See sect	ion 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g							
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.							
b	☐ Type II . A supporting organic control or management of the	ing organization supervised or controlled in connection with its supported organization(s), by having ment of the supporting organization vested in the same persons that control or manage the supported by must complete Part IV, Sections A and C						
С	☐ Type III functionally integrates supported organization(s	ated. A supportir	ng organization opera				y integrated with,	
d	☐ Type III non-functionally in that is not functionally integring requirement (see instruction	ated. The organi	zation generally must	satisfy a	distributi	on requirement and		
е		zation received a	written determination	from the	IRS that	it is a Type I, Type	II, Type III	
f	Enter the number of supported							
g	5 1 11 (11) (11) (1)	-	oorted organization(s).					
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	listed in you	(iv) Is the organization (v) Amount (listed in your governing document? support instruc		(vi) Amount of other support (see instructions)	
		i	(see instructions))	Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota					T WAR			

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.)

Secti	on A. Public Support				_		
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	389,787	292,312	352,468	395,110	422,285	1,851,962
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	_0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	389,787	292,312	352,468	395,110	422,285	1,851,962
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)						0
6	Public support. Subtract line 5 from line 4					18 8 2 2 2 4	1,851,962
Secti	on B. Total Support	1. 4.4	13.				1,001,000
$\overline{}$	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	389,787	292,312	352,468	395,110	422,285	1,851,962
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	523	80	1915	100	119	2,737
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	o	0	0	0	0	_0
11	Total support. Add lines 7 through 10	M. S. C. C. C.	1.74 × 2.43		* \$ \$1 m 1	3	1,854,699
12	Gross receipts from related activities, etc					12	268,138
13	First five years. If the Form 990 is for to organization, check this box and stop he	ere			ı, or fifth tax yı <u> </u>	ear as a sectio	n 501(c)(3) . ▶ □
	on C. Computation of Public Suppo					1 2 2 1	
14	Public support percentage for 2014 (line			(f))		14	99 9 %
15 16a	Public support percentage from 2013 Sc 331/3% support test – 2014. If the organ box and stop here. The organization qua	zation did not	check the box		d line 14 is 331	15 /3% or more, cl	99.8 % heck this
b	331/3% support test—2013. If the orga check this box and stop here. The organ	nization did no nization qualifie	ot check a box es as a publicly	x on line 13 or supported org	janization		or more, . ► □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts- facts-and-circi	and-circumsta	inces" test, che st. The organiz	eck this box ar	nd stop here. E as a publicly si	xplain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" tances" test T	test, check th	ns box and st	publicly
18	Private foundation. If the organization d				a, or 17b, chec	k this box and	see . ▶ □

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

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

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	ļ		ļ	•		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	İ					
	furnished in any activity that is related to the organization's tax-exempt purpose]	ļ	l		
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						
_	•			ļ		-	
5	The value of services or facilities		{			[
	furnished by a governmental unit to the organization without charge		ļ				
^	_		 				
6	Total. Add lines 1 through 5	<u> </u>					
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	C-Act Section 6000	20 14 CANONICA OF 200	260 MG2 4500 KKT8.60° k	CANDO CONSTALLO	5 * St. 134 1/ St.	
8	Public support (Subtract line 7c from	A PROPERTY	***	44444	Water T		
0 1:	line 6)	A SE A ASSA		18 Sec 18. 19	horas and a	[5][3][3][4][4][4][4][4][4][4][4][4][4][4][4][4]	
	on B. Total Support	(-) 0040	(a) 0044	(-) 0010	(-1) 0040	(-) 0014	10 T.1.1
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	•			1			
	payments received on securities loans, rents,				'		
	royalties and income from similar sources .						
b	Unrelated business taxable income (less	,					
	section 511 taxes) from businesses		i				
	acquired after June 30, 1975		 				
_	Add lines 10a and 10b			·			
11	Net income from unrelated business		1			Ì	
	activities not included in line 10b, whether	1	1	Ì			
	or not the business is regularly carried on						
12	Other income. Do not include gain or			1			
	loss from the sale of capital assets		{	ł	}	1	
	(Explain in Part VI.)			ļ	ļ		<u></u>
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12)	L	n'e firet sees	d third fourth	or fifth toy	por on a contra	501/0/2)
14	First five years. If the Form 990 is for the	-			i, or min tax ye	ear as a section	1 50 1(0)(3)
C1:	organization, check this box and stop he				• •		
	on C. Computation of Public Suppo			(6)		145	
15	Public support percentage for 2014 (line					15	<u>%</u>
16	Public support percentage from 2013 Sc			· · · · ·		101	%
	on D. Computation of Investment In			v line 12 coli	ma (fl)	17	
17	Investment income percentage for 2014						<u>%</u>
18	Investment income percentage from 201:	S Schedule A,	ran III, line 17			18	% 4 and line
19a	331/3% support tests—2014. If the organ 17 is not more than 331/3%, check this box						
_							
b	331/3% support tests—2013. If the organization 18 to not more than 331 n/4 shock this	zation did not d	meck a box on	ime 14 or ime	isa, and line 10	upported erect	oration A
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	ia not check a	box on line 14	, 19a, or 19b, 0	THECK THIS DOX	and see instruc	tions 🕨 📋

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Section A.	All Supporting	Organizations
--	------------	----------------	----------------------

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	NV.	<u> </u>
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	2344 77 (2)	**************************************
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	် <u>း</u> င် 3င	<u> </u>	***
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	ŽŽ	E
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	€		1. (). (). (). (). (). ().
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	933	12.7
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	8 .52	 _
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990)	8	1	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		3 7,
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	. 3.	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с	1.27	· ``.
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		* * * * * * * * * * * * * * * * * * * *

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Part IV	Supporting	Organizations	(continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

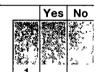
Section B. Type I Supporting Organizations

- Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization

	Yes	No
2		

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).



Section D. All Type III Supporting Organizations

- Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		100 A

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- a The organization satisfied the Activities Test. Complete line 2 below
- **b** The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

		,
	Yes	No
2a	**	
	13 X	
2b		
30		
3a		
3b		7.
222		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the prop			nstructions. All
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	William Toler with	-
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-ır	ntegrated Type III supporting	g organization (see
instructions).			

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organ	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		***	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI) See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2014 from Section C, line 6		•	
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	`	,	
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:		. ,, ,, ,, ,, ,, ,, ,,	
	For the Walter's a Miller to Age	* 28 2 2 2 2 3		y 15 5
b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1124 1152		,· { } · · · ,
		7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
<u>.</u>	The secretary of the secretary of the second	1232 4 14:523	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	X
<u> — </u>	From 2013		* , , , , , .	, , , , , , , , , , , , , , , , , , , ,
_	Total of lines 3a through e		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
g	Applied to underdistributions of prior years			> 4 1 2 3
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)	\$ 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3 , 3 , ·	
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
<u> </u>	Applied to underdistributions of prior years			. * *
b	Applied to 2014 distributable amount		ŧ.	
C	Remainder Subtract lines 4a and 4b from 4		· • • • • • • • • • • • • • • • • • • •	,
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			3 '
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015 Add lines 3j and 4c.			
8	Breakdown of line 7:	14 3 C 2 C		(» ,
a	Diedrown of the fi			* 1
<u>a</u>				
c		, · · · · ·		, ,
d	Excess from 2013	* * * * * * * * * * * * * * * * * * * *		
<u>e</u>	Excess from 2014	-, , >)	* * *	, , ,
			Cabadula	A (Form 000 or 000 E7) 2014

Page ation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and	m 990 or 990-EZ) 20	Part VI
omplete this part for any additional information. (See instructions.)	Part III line 12	rait vi
in part of any additional morniagon, (eee moradono)	Turcin, mio 12	
,		
•••••		

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name o	or the organization	,	Employer identification number
Gulf ar	nd Caribbean Fisheries Institute		59-2592122
Par			nds 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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year	r advisors in writing that the accets h	old in doner advised
5			_
	funds are the organization's property, subject to the	_	
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes ☐ No
Par	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).	
	Preservation of land for public use (e.g., recrea	ition or education) Preservation o	f a historically important land area
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	•	Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
_	Total acreage restricted by conservation easemen		. 2b
b	Number of conservation easements on a certified		. 20
C	Number of conservation easements included in		
d			I I
	_		
3	Number of conservation easements modified, tran	sierred, released, extinguished, or terr	minated by the organization during the
	tax year ►	mustice accompant to leasted	
4	Number of states where property subject to conse		anation handling of
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation	easements during the year
			
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation ease	ements during the year
	▶ \$		
8	Does each conservation easement reported on line		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		nancial statements that describes the
	organization's accounting for conservation easem		
Part	III Organizations Maintaining Collection	is of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other simila	r assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements tha	it describes these items
b	If the organization elected, as permitted under \$		
	works of art, historical treasures, or other similar		
	public service, provide the following amounts rela-		,
	•		• •
	(i) Revenue included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X	t historical transition as attack assisting	▶ \$
2	If the organization received or held works of an	., historical treasures, or other similal	according midificial gain, provide the
	following amounts required to be reported under S		IGITIS.
а			. \$
b	Assets included in Form 990, Part X .		> \$

Schedule I	D (Form	990) 2014

Pa	_	_	2

Part	III Organizations Maintaining	Colle	ections of	Art, His	torical 1	reasures	, or O	ther Similar	Assets (co	ontinued)
3	Using the organization's acquisition, collection items (check all that apply).		sion, and of	ther reco	rds, chec	k any of th	ne follo	wing that are a	significan	it use of its
а	☐ Public exhibition			d	☐ Loan	or exchan	ge prog	rams		
b	☐ Scholarly research									
С	☐ Preservation for future generations	s								
4	Provide a description of the organiza XIII.		collections	and expla	ain how t	hey further	the ore	ganization's ex	empt purp	ose in Part
5	During the year, did the organization	solicit	or receive	donation	s of art,	historical t	reasure	s, or other sim	nilar	
	assets to be sold to raise funds rather	r than t	to be mainta	ained as i	part of the	e organızat	ion's co	ollection? .	. 🗆 Y	es 🗌 No
Part	IV Escrow and Custodial Arra	angen	nents.			-				
	Complete if the organization 990, Part X, line 21.	n answ	ered "Yes	" to For	n 990, P	art IV, line	9, or	reported an a	mount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?									es 🗌 No
b	If "Yes," explain the arrangement in P	art XIII	and compl	ete the fo	llowing ta	able:			Amount	
С	Beginning balance						10			
d	Additions during the year	•			• •		10			
e	Distributions during the year						16	-+	:	
f	Ending balance						11			
2a	Did the organization include an amount								tv2 🗍 😯	es 🗆 No
	If "Yes," explain the arrangement in P									
Par					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>		
	Complete if the organization	n answ	ered "Yes	" to Forr	n 990. P	art IV. line	e 10.			
-			urrent year		or year	(c) Two year		(d) Three years ba	ack (e) Four	r years back
1a	Beginning of year balance			-						
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
	programs	1								
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	the cur	rent year er	nd balanc	e (line 1g	, column (a	a)) held	as:		
а	Board designated or quasi-endowmer			%						
b	Permanent endowment ▶	%								
c	Temporarily restricted endowment ▶		%							
	The percentages in lines 2a, 2b, and 2			00%						
3a	Are there endowment funds not in the	e poss	ession of th	ne organi	zation tha	at are held	and ad	ministered for	the	
	organization by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								. 3a(ii)	
b	If "Yes" to 3a(II), are the related organ			•					. 3b	
4	Describe in Part XIII the intended uses			on's endo	wment fu	unds.				
Part										
	Complete if the organization	answ	ered "Yes	" to Forr	n 990, P	art IV, line	11a. S	See Form 990	, Part X, I	ine 10.
	Description of property		(a) Cost or of (investm			or other basis ther)		Accumulated epreciation	(d) Boo	k value
1a	Land	. 🗆						Carles &		
b	Buildings	. [L			
С	Leasehold improvements									
d	Equipment	. [13,766		12,984		782
е	Other									
Total.	Add lines 1a through 1e. (Column (d) r	nust ed	qual Form 9	90, Part 2	K, column	(B), line 10	Oc.) .			782

Part VII	Investments—Other Securitie		000 Dout IV Iin	a 11h Caa Farm	000 Dark V Iva 40
	Complete if the organization and		r		
	(a) Description of security or catego (including name of security)	ry	(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)		·			
(H)	15 OOO Dark V and (D) Inc. 101 h		<u> </u>	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 y > 7 / * * * *
	b) must equal Form 990, Part X, col. (B) line 12) ▶ Investments—Program Relate	nd .		X2. x x x x x x x x x x x x x x x x x x x	
Part VIII	Complete if the organization and		m 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment	SWCICG TCS TO FOI	(b) Book value		hod of valuation
	(a) Description of investment		(S) Book value		-of-year market value
(1)					
_(2)					
_(3)					
(4)					
(5)					
_(6)				<u> </u>	
_(7)					, _ -
(8)					
(9)	b) must equal Form 990, Part X, col (B) line 13)			<u> </u>	2.8.850
Part IX	Other Assets.			198 738 () 1 1 1 24	
Tartix	Complete if the organization and	swered "Yes" to For	m 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	complete if the organization and	(a) Description	······································		(b) Book value
(1) CERTIF	ICATES OF DEPOSIT				41,852
(2)		· · · · · · · · · · · · · · · · · · ·			•
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		(0) (-25)			
	mn (b) must equal Form 990, Part X,	col. (B) line 15.)			41,852
Part X	Other Liabilities.		000 David IV Iva	a 11a av 11f Caa	Form 000 Bort V
	Complete if the organization an	swered "Yes" to For	m 990, Part IV, III	e i ie or i ii. See	Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value	1.73, 4.7 2.12.5		X 34.5 4
(1) Federal II		(D) BOOK Value			*
	icome taxes		2,284		
(3)					
(4)					
(5)		· 		有性的性 化。	
(6)					
(7)					
(8)					* * * (
(9)					,
	b) must equal Form 990, Part X, col (B) line 25)		2,284	** **	
2. Liability fo	r uncertain tax positions. In Part XIII, pro	vide the text of the footr		on's financial stateme	nts that reports the
organization'	s liability for uncertain tax positions und	er FIN 48 (ASC 740) Che	eck here if the text of	the footnote has bee	n provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Statem		r Return.
	Complete if the organization answered "Yes" to Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	
а	Net unrealized gains (losses) on investments	2a	_
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d	•	2e
3	Subtract line 2e from line 1	· · · · · ·	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	
p	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5			
Part	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990,		ber neturn.
		<u> </u>	1
1	Total expenses and losses per audited financial statements		PRIM
2	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	2a	
a		2b	
b	Prior year adjustments	2c	
٠ د	Other losses Other (Describe in Part XIII.)	2d	
d e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		23.4
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		1 4 1
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18)	5
Part	XIII Supplemental Information.		
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4, Part IV, lines 1b and 2	b, Part V, line 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.

Schedule D (For	orm 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	
		••••

		•••••
		••••••
		•

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	f the organization			***.	Emp	ployer identification number
	nd Caribbean Fisheries Institute					59-2592122
Part	General Information Form 990, Part IV, line		es Outside	the United States. Comp	olete if the organization	on answered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	organization				
2	For grantmakers. Describe assistance outside the United		he organizati	on's procedures for moni	toring the use of its	s grants and other
3	Activities per Region. (The fo	llowing Part I	, line 3 table o	can be duplicated if addition	nal space is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (a program service describe specific typi service(s) in region	e of expenditures for and investments
(1)	Central America/Carıbbean	0	0	grants		107,922
(2)	Central America/Carıbbean	0	0	annual meeting		100,729
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)	·					
(15)						
(16)						
(17)						
3a	Sub-total	0	0		W. V. O'S STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF ST	208,651
b	Total from continuation sheets to Part I	0	0			0

c Totals (add lines 3a and 3b)

208,651

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(t)	, (.) , w	3	Centr Amer/Carib	conservation	7,677 wire	wire	0	0 n/a	n/a
(2)	, , , , , , , , , , , , , , , , , , , ,	en de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de la companie de	Centr Amer/Carib	conservation	1,666 wire	wire	0	0 n/a	rı/a
(9)		Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction o	Centr Amer/Carib	conservation	5,000 wire	wire	0	0 n/a	n/a
4			Centr Amer/Carib	conservation	50,224 wire	Wire	0	0 10/a	n/a
(2)	المراقب المراقب المراقب المراقب المراقب المراقب المراقب المراقب المراقب المراقب المراقب المراقب المراقب المراق المراقب المراقب r>المراقب المراقب	Centr Amer/Carib	conservation	35,522 WIFE	wire	0	0 n/a	n/a	
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× E									
<u> 6</u>									
<u>6</u>									
(10)		***							
, (F)									
12)	***								
(13)									
(14)	, ,	3							
(15)		,							
(16)		,							

5 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entitles က

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, apprasal, other)																			Schedule F (Form 990) 2014
(g) Description of non-cash assistance																			Schedt
(f) Amount of non-cash assistance																			
(e) Manner of cash disbursement																			
(d) Amount of cash grant																			
(c) Number of recipients																			
(b) Region																			
(a) Type of grant or assistance (b) Region (c) Number of recipients	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	

Page 4

Part	V Foreign Forms	-	
1	Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	1	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)		☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).		☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)		☑ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions).

Part 1, line 2. Grantees are required to provide documentation and reports that substantiate that grant funds were used for the purposes for
which they were awarded. In addition, a Project Officer typically visits the site of grantee operations at least once during the grant period
Part I, line 3 No investments are made; expenditures are tracked on a cash basis as wire transfers from specific program accounts.
Part II. Only cash grants are made, and are accounted for on a cash basis

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Part II

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

Open to Public Inspection

Attach to Form 990.
 Information about Schedule I (Form 990) and its instructions is at www.rrs.gov/form990.

Employer Identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance ✓ Yes 59-2592122 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (e) Amount of non-cash assistance (d) Amount of cash (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (p) EIN **Gulf and Caribbean Fisheries Institute** 1 (a) Name and address of organization or government

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Enter total rumber of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

N

(12)

5

9

Cat No 50055P

Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2014)

Part III Grants an

(f) Description of non-cash assistance	n/a							ional information.					
(e) Method of valuation (book, FMV, appraisal, other)	0 n/a							ı (b), and any other addit					
(d) Amount of non-cash assistance	0							e 2, Part III, colum					
(c) Amount of cash grant	6,050							equired in Part I, lin					
(b) Number of recipients	s							the information re					
(a) Type of grant or assistance	1 student awards	2	3	4	5	9	7	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					

Schedule I (Form 990) (2014)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(10)

Name of the	organization
-------------	--------------

Employer identification number

Gulf and Caribbean Fisherie	es Institute								59-	25921	22		
Part I Excess Bene	fit Transaction	ns (section 501 answered "Ye	I(c)(3), s s" on F	section orm 99	501(c)(4), a 0, Part IV, lı	nd 50 ine 25	1(c)(29) organiza a or 25b, or For	ations m 990	only))		40b	
4		(b) Relationship be	etween di	squalified	person and		(-) D					(d) Cor	rected?
1 (a) Name of disqualified	person		organızat	tion			(c) Description	or tran	sactio	n		Yes	No
(1)									•				
(2)							· · · · · · · · · · · · · · · · · · ·	-					
(3)											_		
(4)	-												
(5)													
(6)					-			•					
2 Enter the amount under section 4958		d by the orgar		manag			ed persons dur	ring th	ne ye	ear ► \$			
3 Enter the amount of	of tax, if any, on	line 2, above,	reimbu	irsed by	the organi	zatior	ı		1	> \$			
Complete if the	I/or From Interne organization reported an am (b) Relationship with organization	answered "Ye ount on Form 9	es" on F 990, Pa (d) Loa fron	orm 99 art X, lind an to or in the ization?	0-EZ, Part \ e 5, 6, or 22 (e) Origin principal am	2. nal	: 38a or Form 99	1		(h) Ap	proved pard or	(ı) W	ritten ment?
			To	From				Yes	No	Yes	No	Yes	No
(1) Robert Glazer	Exec Director	annual mtng		1		8,000	8,000		✓		1		1
(2) Georgina Bustamante	Director	FICA tax		√		270	270		✓		1		V
(3)													
(4)		_											
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(8)		ļ. <u>.</u>								<u></u>			
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Total						<u>. ▶</u>	\$ <u>8,270</u>	12 . E.	Pt . 3	A.F. A.	·沙·· 松	3	
Complete if the (a) Name of interested person		efiting Interest answered "Ye aship between inter and the organization	es" on F	orm 99	0, Part IV, I	I	d) Type of assistance	e	(e)	Purpo	se of a	ssistan	
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	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	anng of zation's nues?
					Yes	No
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Part V	Supplemental Information Provide additional information	for responses to questions o	on Schedule L (see	instructions).		
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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.

OMB No 1545-0047

Employer identification number

59-2592122

Department of the Treasury Internal Revenue Service

Gulf and Caribbean Fisheries Institute Inc.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Part III, line 4d -- Other program services: Prepare and distribute proceedings of annual symposium, provide support for technical training of fisheries officers from Caribbean countries Part VI, line 2 -- Mark Peterson and Nancy Brown-Peterson are both Directors and are married Part VI, lines 6 -- Membership of the Corporation is of five classes (a) Individual Members are persons who are interested in the Corporation and the furtherance of its objectives. A person may become an Individual Member of the Corporation upon payment of dues, and, upon enrollment in the Corporation, is entitled to one vote (b) Businesses, corporations, institutions, governmental units, associations, societies, organizations or any other groups with an interest in the Corporation and furtherance of its objectives shall be eligible for membership as a Group Member upon payment of specified dues. Each Group Member shall be eligible for a single vote and shall designate annually to the Executive Secretary the individual with such voting rights. Such designated individuals shall not be eligible to serve as a member of the Board of Directors unless they also hold individual membership. (c) Sustaining Membership. Individuals, businesses, corporations, institutions, governmental units, associations, societies, organizations or any other groups with an interest in the Corporation and furtherance of its objectives shall be eligible for membership as a Sustaining Member upon payment of specified dues. Each Sustaining Member shall be eligible for a single vote but shall not have the privilege of being an officer of the corporation. (d) Public or private institutional libraries as may be recognized by the Board of Directors shall be eligible to become Library Members, upon payment of specified dues, for the purposes of receiving all institute publications. Library Members shall have no voting privileges or be able to hold office in the Corporation (e) A person who is current and active in a diploma or degree seeking with an institution of higher learning is eliqible to be a Student Member of the Corporation Student Members are entitled to one vote Part VI Line 7a -- Voting Members of the Corporation as described above have the right to elect officers and directors of the corporation, to approve annual budgets proposed by the Board of Directors, and to act on questions presented by the Board of Directors or by Members of the Corporation in the course of annual meetings of the membership. Decisions at meetings are by a majority of those voting, except for election to honorary membership, amendments to the Articles of Incorporation and Bylaws and a motion to suspend a Rule which require a two-thirds (2/3) majority Part VI Line 7b -- Annual budgets and directors and officers proposed by the governing body (Board of Directors) are subject to approval by Members of the Corporation. The governing body may refer other decisions to the Members for approval, but is not required to do so Part VI Line 11 -- The organization does not provide copies of form 990 to members of the governing body prior to filing the form, and does

not have a process for review of this form.

Highway, Rm 8110 Silver Spring, MD 20910, Martin Russell, Parks Australia, Department of the Environment, GPO Box 9820, Brisbane,

Queensland 4001; Yvonne Sadovy,Room 3S-01, The Kadoorie Biological Sciences Building, The University of Hong Kong, Pokfulam;

Charlotte Dromard, University Antilles-Guyane, Saint-Claude, Guadeloupe, FWI, Fadilah Ali, Ocean and Earth Science, University of

Southampton, University of Southampton University Road Southampton SO17 1BJ, England

Part IX, line 11g -- Fees for services (non-employees) Jill Hubley (web design), \$7,106; Crane River (web design), \$200,