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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A I	or th	2013 calendar year, or tax year beginning and e	ending		0- 21			
В	ineck if upplicab	C Name of organization		D Employer identific	cation number			
	Addre	Project AWARE Foundation						
F	Name			33-0	540475			
一	(ultie)		Room/sulte	E Telephone number				
	Termi	30151 Tomas Street		(949	)858-7657			
<u>_</u>	Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	727,706.			
L	Application pendi	Rancho Santa Margarita, CA 92688		H(a) is this a group return				
	penu	F Name and address of principal officer. WIEV FOLL			? Yes 🗓 No			
		30151 Tomas St., Rancho Sta Margarita,		H(b) Are all subordinates in				
11	ax-ex	mpt status: X 501(c)(3)	r 527		list. (see instructions)			
		e: ▶ projectaware.org		H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 1992 N	I State of legal domicile: CA			
P	irt [	Summary						
9	1	Briefly describe the organization's mission or most significant activities: Proje	ect AW	ARE MODILIZE	es the			
E		world's scuba divers into a global force						
Ę		Check this box 🕨 🔲 if the organization discontinued its operations or dispos			sets.			
Š		Number of voting members of the governing body (Part VI, fine 1a)		10000	4			
40		Number of independent voting members of the governing body (Part VI, line 1b)			4			
1		Total number of Individuals employed in calendar year 2013 (Part V, line 2a)			5			
Activities & Governance		Total number of volunteers (estimate if necessary)						
¥	4.40	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	Ь	Net unrelated business taxable income from Form 990-T, line 34			0.			
			<u> </u>	Prior Year	Current Year			
Revenue		Contributions and grants (Part VIII, line 1h)		531,654.	725,803.			
	9	Program service revenue (Part VIII, line 2g)	39 39 F 19 10 C	3,385. 242.	1,676.			
Ę		Investment Income (Part VIII, column (A), lines 3, 4, and 7d)		242.	0.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2011/1976	535,281.	727,706.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,500.	27,250.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2577 3030	9,500.	21,230.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		364,041.	376,348.			
8		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	72	<b>U</b> •				
ᇳ		Total fundraising expenses (Part IX, column (D), line 25) > 75,97		253,055.	286,360.			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		626,596.	689,958.			
		Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)	2 C T 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	-91,315.	37,748.			
280	19	Revenue less expenses. Subtract line 18 from line 12		daning of Current Year	<del></del>			
SE	20	Total assets (Part X, line 16)		421,139.	End of Year 478, 265.			
Net Assats Fund Balanc	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		62,859.	82,237.			
舅	21 22	Net assets or fund balances, Subtract line 21 from line 20		358,280.	396,028.			
	rt.II	Signature Block		330/2001	330,0201			
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	orts, and to the hest of m	knowledge and belief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			, knownedge sind oblief, it is			
1700		Me Sall		9/24	12014			
Sig	ь.	Signature of officer	2 H200 = 0	Date	/			
Her		Alex Earl, Executive Director						
****	•	Type or print name and title						
		Print/Type preparer's name Preparer's signature		ate Creck	PTIN			
Pald	ı	Janet W. Ousdahl, CPA Quel al Custable	LCH4 4	24/4 settemptoyo	P00021442			
	arer	Firm's name Gray, Proctor & AcMannis, CPA's,	LLP	Firm's EIN	33-0540999			
	Only	Firm's address 3991 MacArthur Blvd. #240						
_		Newport Beach, CA 92660		Phone no. (9	49)251-4888			
14-	- 45- A II	IS discuss this return with the preparer shown above? (see instructions)			X Yes No			

		40475	Р	age 3
Pa	rt IV Checklist of Required Schedules			
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			1
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in eff	fect	ŀ	
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, o	r		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	0.000		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Pa	ırt I 6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	All live		
	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permane	ent		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	r		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		0804	43 de
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			Manuscrate C.
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1990		$\overline{}$
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 167 /f "Yes," complete Schedule D, Part VIII	11c		x
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	11190		$\vdash$
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X	$\vdash$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	(1)		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	116		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	0000		<del></del> -
124	Octobrilla O. Dona W. and W.	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12ь		Х
13				X
14a				X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
IJ				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		х	
46	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	47	—
15				х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		A
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
47	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,	1 1		

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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

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

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

complete Schedule G, Part III

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X

Х

18

20a

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[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		<b>.</b>	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	-
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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 so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		Mil	12020
	instructions for applicable filing thresholds, conditions, and exceptions):	W.S.	3370	37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Α.
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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Pai		dule O contains a response or note to any line in this Part V						
					1		Yes	No
1a		orted in Box 3 of Form 1096. Enter -0- if not applicable		<u>1a</u>	4			
b		orms W-2G included in line 1a. Enter -0- if not applicable		1b	<u>                                     </u>	197		100
С		omply with backup withholding rules for reportable payments to vendors			able gaming	KEN	37	TOTAL S
	10	o prize winners?				1c	X	100000000000000000000000000000000000000
2a		mployees reported on Form W-3, Transmittal of Wage and Tax Statemen			۔ ا			
		ear ending with or within the year covered by this return		2a	5	-	37	10-21
b		ted on line 2a, did the organization file all required federal employment ta				2b	Х	
		es 1a and 2a is greater than 250, you may be required to e-file (see instru		5)		VIEW	PORT	77
	•	ave unrelated business gross income of \$1,000 or more during the year?				<u>3a</u>	<u> </u>	X
		Form 990-T for this year? If "No," to line 3b, provide an explanation in Sch				3b	<del>                                     </del>	<del> </del>
4a	•	e calendar year, did the organization have an interest in, or a signature or				١.		<b> </b> ↓
		foreign country (such as a bank account, securities account, or other fina	ancial a	accou	ınt)?	4a		X
b	•	ne of the foreign country:						
		ing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fina				14180	1,6193	37
	•	a party to a prohibited tax shelter transaction at any time during the tax y				5a		X
		notify the organization that it was or is a party to a prohibited tax shelter				5b		X
		5b, did the organization file Form 8886-T?				5c		ļ
6a		have annual gross receipts that are normally greater than \$100,000, and				l _		<b>.</b>
		were not tax deductible as charitable contributions?				6a		X
b	-	ization include with every solicitation an express statement that such co	ntributi	ions (	or gifts			
-	were not tax deductib					6b	-	
7		nay receive deductible contributions under section 170(c).				Roge		
а		ive a payment in excess of \$75 made partly as a contribution and partly for goods	and ser	vices	provided to the payor?	7a		X
	_	ization notify the donor of the value of the goods or services provided?				7b		H
C	_	ell, exchange, or otherwise dispose of tangible personal property for whic			quired	l		٠,
						7c	100 months	Х
d		number of Forms 8282 filed during the year		7d		424	0.000	
e	_	eceive any funds, directly or indirectly, to pay premiums on a personal be			ct?	7e	$\vdash$	H
f	_	during the year, pay premiums, directly or indirectly, on a personal benefit				7f		_
g	-	eived a contribution of qualified intellectual property, did the organization				79	$\vdash$	<u> </u>
h	-	eived a contribution of cars, boats, airplanes, or other vehicles, did the or	_			7h		
8		ns maintaining donor advised funds and section 509(a)(3) supporting organization					234	
	•	advised fund maintained by a sponsoring organization, have excess business holdi	ings at a	any tir	ne during the year?	8	755.69530	1000
9	,	tions maintaining donor advised funds.				100	175,000	100
а	•	nake any taxable distributions under section 4966?			*******	9a		_
b	_	nake a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) org		1		1			101
а		ital contributions included on Part VIII, line 12		10a				
	·	ed on Form 990, Part VIII, line 12, for public use of club facilities	ming	10b	]		177	185
11	Section 501(c)(12) or	T	1		ı			
		embers or shareholders		11a	<u> </u>			100
b		her sources (Do not net amounts due or paid to other sources against	- 1					
	amounts due or receiv			11b	<u> </u>	200	3000	ME
		on-exempt charitable trusts. Is the organization filing Form 990 in lieu of			? i	12a	III Gedic	nebio
		ount of tax-exempt interest received or accrued during the year	******	12b		900	H	
13		alified nonprofit health insurance issuers.				40	1000	2005
а	-	ensed to issue qualified health plans in more than one state?			***************************************	13a	190	#995.V
		ions for additional information the organization must report on Schedule					墨	
b		eserves the organization is required to maintain by the states in which the	- 1	4	I			M.
	-	d to issue qualified health plans		13b	<del> </del>	311		
C	Enter the amount of re	eserves on hand		13c	<u> </u>	44.		X
		eceive any payments for indoor tanning services during the tax year?				14a	$\vdash$	
þ	ır yes, has it filed a	Form 720 to report these payments? If "No," provide an explanation in Sc	.neaule	. U	Magagaiting, Managait.	14b	990	

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	70.0	(331)	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4		Kes	100
	If there are material differences in voting rights among members of the governing body, or if the governing	MIE		751
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		118	
b	Enter the number of voting members included in line 1a, above, who are independent 1b	Kess	河麓	1367
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	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	Ballet.	15460	ST.
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	556	W.	2007
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	80.85	14	5714
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		-0.56 -0.56	
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Rome	2100	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		253	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, AL, AK, AR, AZ, CT, DC, FL, GA	,HI	<u>,IL</u>	, KS
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vailab	le	
	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 interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ion: 🕨		
	Alex Earl - 949-858-7657			
	30151 Tomas Street, Rancho Santa Margarita, CA 92688			
32006	See Schedule O for full list of states	Form	990 (	2013)

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

Check if Schedule O contains a response or note to 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.

(A) (B) (C) (D) (E)  Name and Title Average hours per hours per hours per officer and a director/trustee) (compensation officer and a director/trustee)		(F)
hours per box, unless person is both an compensation compensation		Estimated
' latti and a distance of the state of the s		amount of
week onicer and a director/rustoe) from from related		other
		compensation
hours for 👸 📗 organization (W-2/1099-MIS	SC)	from the
related   호텔   W-2/1099 MISC)		organization
organizations 을 클 를 기를 하는 것 같습니다.		and related
(list any hours for related organizations below line)  (list any hours for related organizations below line)		organizations
(1) Drew Richardson 2.00 2.00		
President X X 0.	0.	0.
(2) Kristin Valette 2.00		
Secretary/Treasurer X X X 0.	0.	0.
(3) Jenny Miller Garmendia 2.00	-	
Director X 0.	0.	0.
(4) Deborah Brosnan 2.00		
Director X 0.	0.	0.
(5) Roger McManus 2.00		
Director X 0.	0.	0.
<u> </u>		
	-	
	_	
	_	· · · · · · · · · · · · · · · · · · ·
	$\dashv$	
<del></del>		
	+	
	$\neg \uparrow$	

Form 990 (2013)

Part VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C					
(A) Name and title	(B) (C) Average Position (do not check more than one							(D) Reportable	(E) Reportable		( <b>F</b> ) Estimat	ed
Name and title	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		amount	
	week (list anv	⊢	cer ar	nd a d	lirecto	or/trus	100)	from	from related		other	
	hours for	directo				ļ.,		the organization	organizations (W-2/1099-MISC)	00	mpens	
	related	Stee or	ustee			e Sta	ĺ	(W·2/1099·MISC)	,		rganiza	tion
	organizations below	Individual trustee or director	Institutional trustee		ployee	E SE	_			- 1	nd rela ganizat	
	line)	Individ	Institut	Officer	Key employee	Highest compensated employee	Former			"	garnzat	10113
		Π										
		$\vdash$	$\vdash$	$\vdash$			Г					
		$\vdash$		$\vdash$						+	. <u>.</u>	
		_	H	L		L						
									<del></del>			
										-		
				H						+		
								0	0	╄		
1b Sub-total c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								0.	0			0.
2 Total number of individuals (including but n								eceived more than \$100	,000 of reportable	•		
compensation from the organization	· · · · ·										Yes	0 No
3 Did the organization list any former officer,												
line 1a? If "Yes," complete Schedule J for s										3	1 11 11 1990	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										1000		x
5 Did any person listed on line 1a receive or a										4	Patri	454
rendered to the organization? If "Yes," com										5	1-1-1-1-1	X
Section B. Independent Contractors  1 Complete this table for your five highest contractors	mponented inc	tone		nt c	ontr	anto	rn éi	hat received more than	\$100,000 of compar	estion	from	
the organization. Report compensation for the	•								•	1301101		
(A) Name and business	address	NIC	ONE	7				(B) Description of s	ervices		(C) ensatio	ın
The state of the s		140	ZIAT									
							4	· · · ·				
							+					
							+					
2 Total number of independent contractors (ii	ncluding but n	ot lir	nite	d to	thos	se lis	ted	above) who received m	ore than			
\$100,000 of compensation from the organiz	_				- 0						990 (	
										FORE	· www.iii/	2013/

145		Check if Schedule O contain			(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under sections 512 - 514
ts	1 8	a Federated campaigns	1a			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		REAL KINS
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	100000					
0,E		c Fundraising events		35,257.				
# F		d Related organizations						
SE SE		e Government grants (contribution						
S S		All other contributions, gifts, grants,	·					
풀		similar amounts not included above		690,546.				
質り		Noncash contributions included in lines 1a		825.				
일		n Total. Add lines 1a-1f	-	<del></del>	725,803.			
<del></del>		Total Add lines far II		Business Code			Experience of the second	A STORY AND A
	2 8	Awareness - logo	g	900099	1,676.	1,676.		DIMINIST SEMBING
Š	_			70002	2,0.01	2,0,00		<del>                                     </del>
훓흷								
EŠ		<u> </u>						
Program Service Revenue								
<u>و</u> ا		All all and an arrival and arrival		<del>                                     </del>				
_	ı	All other program service revenu			1,676.	The second second		age of the same
$\rightarrow$	_	Total. Add lines 2a-2f			1,0,0,	No. of Contrast Contr		1
	3	Investment income (including div			227.			227.
	4	other similar amounts) Income from investment of tax-e			447.			227
			•					
	5	Royalties			(Chin   T. 6 (NA2200470467)	ALL VALUE OF THE PARTY OF THE	OF A STATE OF THE STATE OF	
			(i) Real	(ii) Personal				
		Gross rents		+				
		Less: rental expenses		-				
- 1		Rental income or (loss)				12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
- 1		Net rental income or (loss)			MARIAMON CHILD AT FRANCISCO	atting and versional or an examination	Inches Annual Control	
- [	7 a	<u> </u>	i) Securities	(ii) Other				
		assets other than inventory						
	ŀ	Less: cost or other basis		1 1				
		and sales expenses		<del> </del>				
		Gain or (loss)						
		1 Net gain or (loss)						
单	8 a	Gross income from fundraising e		1 1				
enne		including \$ 35,25	7 • of	1				
ě		contributions reported on line 10		1 . 1				
Other Rev		Part IV, line 18	8					
됐	Ŀ	Less: direct expenses	t	0.				
~	C	Net income or (loss) from fundra	ising events		0.			
- 1	9 a	Gross income from gaming activ	ities. See	1				
		Part IV, line 19		·				
	b	Less: direct expenses	t					
	c	Net income or (loss) from gaming	activities .					
	10 a	a Gross sales of inventory, less ret	urns	1 1				
		and allowances	a					
	b	Less: cost of goods sold	t					
		Net income or (loss) from sales of	mananana 🕨					
		Miscellaneous Revenue		Business Code		THE RESERVE OF THE PARTY OF THE		
Γ	11 a							
	b	· · · · · · · · · · · · · · · · · · ·						
	c	:						
		4 All other revenue						
	C	all other revenue						
		All other revenue  Total. Add lines 11a-11d		<b>•</b>				

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	15,000.	15,000.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	12,250.	12,250.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	50 426	50 007	11 765	7 044
	trustees, and key employees	78,436.	58,827.	11,765.	7,844.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	262,577.	197,288.	37,677.	27,612.
7 8	Other salaries and wages Pension plan accruals and contributions (include	202,311.	171,2001	37,0771	27,0124
8	section 401(k) and 403(b) employer contributions)	9,695.	7,324.	1,414.	957.
9	Other employee benefits	2,0334	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
10	Payroll taxes	25,640.	19,215.	3,849.	2,576.
-11	Fees for services (non-employees):				
	Management				
	Legal	11,833.		4,755.	7,078.
	Accounting	15,450.		15,450.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			ASTEROPORTURA DE	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion			1000	
13	Office expenses	14,748.		12,303.	2,445.
14	Information technology				
15	Royalties				
16	Occupancy	25 420	22 070	1 104	267
17	Travel	35,429.	33,878.	1,184.	367.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates  Depreciation, depletion, and amortization	9,341.		9,341.	<del></del>
22 23		79,034.	57,135.	12,218.	9,681.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Consulting	56,786.	47,489.	5,124.	4,173.
b	Dues & subscriptions	20,793.	13,542.	6,856.	395.
C	Awards and promotion	16,390.	9,388.	1,192.	5,810.
d	Printing	10,760.	5,068.	3,096.	2,596.
e	All other expenses	15,796.	1,812.	9,546.	4,438.
25	Total functional expenses. Add lines 1 through 24e	689,958.	478,216.	135,770.	7 <u>5,97</u> 2.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2013)
22201	0 10-29-13				Form 990 (2013)

332010 10-29-13

Form 990 (2013)
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
1		129,603.	1	171,610
2		220,835.		221,063
3			3	A 0.00
4	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	2,037.	4	9,958
5	Loans and other receivables from current and former officers, directors,			
1	trustees, key employees, and highest compensated employees. Complete			
1	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under		100	
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		571	
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9			9	
10	a Land, buildings, and equipment: cost or other		Hel R	
	basis. Complete Part VI of Schedule D 10a 95, 272.			
	b Less: accumulated depreciation 10b 85,778.	16,839.	10c	9,494
11	Investments · publicly traded securities		11	
12	Investments · other securities. See Part IV, line 11		12	
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	51,825.	15	66,140
16	Total assets. Add lines 1 through 15 (must equal line 34)	421,139.	16	478,265
17	Accounts payable and accrued expenses	19,800.	17	16,066
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			110 St. 56 TO 11 St.
	key employees, highest compensated employees, and disqualified persons.		原 五	
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
1	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	43,059.		66,171
26		62,859.	26	82,237
	Organizations that follow SFAS 117 (ASC 958), check here	A PARTICIPATION OF THE PARTICI		
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	342,802.	27	396,028
28	Temporarily restricted net assets	15,478.	28	0
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐		1388 NV	
1	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	358,280.	33	396,028
34	Total liabilities and net assets/fund balances	421,139.	34	478,265

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

2c

**3**a

X

X

2

Act and OMB Circular A-133?

## **SCHEDULE A**

(Form 990 or 990-EZ) Department of the Treasury

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

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

**Employer identification number** 

		Project	: AWARE Found	dation	1				3	3 - 0540	475
Part I	Reason	for Public Char	r <b>ity Status</b> (All organia	zations mu	st comple	te this par	t.) See ins	tructions.			
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one l	box.)				
1 🔲	A church, co	nvention of churche	es, or association of chur	rches desc	ribed in se	ection 170	)(b)(1)(A)(i	).			
2 🗔	A school des	scribed in section 1	<b>70(ь)(1)(А)(іі).</b> (Attach Sc	chedule E.)	)						
з 🔲	A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(iii).				
4 🔲	A medical re-	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter	the hospital	l's name,
	city, and stat	te:									
5 🔲	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	y a govern	mental un	it descrit	oed in	
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)								
6 🔲	A federal, sta	ate, or local governn	nent or governmental uni	it describe	d in sectio	n 170(b)(	1)(A)(v).				
7 X	An organizat	ion that normally red	ceives a substantial part	of its supp	ort from a	governm	ental unit d	or from the	e general	public desc	ribed in
	section 170(	(b)(1)(A)(vi). (Comple	ete Part II.)								
8 🖳	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9	An organizat	ion that normally red	ceives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembersh	ip fees, a	and gross re	ceipts from
	activities rela	ited to its exempt fu	nctions - subject to certa	ain excepti	ions, and (	2) no more	e than 33 °	1/3% of its	s suppor	t from gross	investment
	income and i	unrelated business t	axable income (less sec	tion 511 ta	ex) from bu	sinesses	acquired b	y the orga	anization	after June 3	30, 1975.
	See section	509(a)(2). (Complet	e Part III.)								
10 🖳	_	_	perated exclusively to te	-							
11 🔲			perated exclusively for ti								
	more publicly	y supported organiz	ations described in secti	ion 509(a)(	1) or section	on 509(a)(	2). See see	ction 509(	( <b>a)(3).</b> Ch	eck the box	that
		· · · · · · · · · · · · · · · · · · ·	organization and compl		_						
	a L Type		<b>*</b> •	ype III - Fu	•	•					ly integrated
еШ			at the organization is not								
			than one or more public						9(a)(1) or	section 509	ł(a)(2).
f			tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
		rganization, check t									100000
9			organization accepted a								
			directly controls, either a	lone or tog	jether with	persons (	described	in (ii) and (	(iii) below		Yes No
	_	-	upported organization?	isocratic correc				area carre		11g(i)	<del>                                     </del>
		•	n described in (i) above?				on since		annon ineme	11g(ii)	
			person described in (i)								
h	Provide the f	ollowing information	about the supported or	ganization	(S) <sub>-</sub>						
*** **				(iv) le the e	reanization	(w) Did vo	u potify the	(vi) ts	s the		
• •	of supported	(ii) EIN	(III) Type of organization (described on lines 1-9	to and 4th listed in your Connection in and Organ				Lorganizáti	on in col.	' '	t of monetary
orga	anization		above or IRC section		document?		r support?	(i) organiz U.S	.?	յ Տոր	port
			(see instructions))	Yes	No	Yes	No	Yes	No	1	
							1	1	1		
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otal		I					1	l	1	I	

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

Schedule A (Form 990 or 990-EZ) 2013

## Schedule A (Form 990 or 990-EZ) 2013 Project AWARE Foundation 33-05404 | 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.)

Se	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	i .					
	include any "unusual grants.")	459,186.	468,778.	537,086.	531,654.	725,803.	2722507.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	459,186.	468,778.	537,086.	531,654.	725,803.	2722507.
	The portion of total contributions	RESTRUCTION OF THE			OF LEVEL SERVICES		
_	by each person (other than a		5-147				
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					4	
6	Public support. Subtract line 5 from line 4.	STATE OF THE STATE OF		PHOTO DISCRETE	formation the	Talla (Bassa)	2722507.
	ction B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	459,186.	468,778.	537,086.	531,654.	725,803.	2722507.
	Gross income from interest,		-	. •			
٠	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	944.	596.	390.	242.	227.	2,399.
۵	Net income from unrelated business		5,5 7.1				
9	activities, whether or not the						
	·						
40	business is regularly carried on Other income. Do not include gain						
IU	•						
	or loss from the sale of capital						
44	assets (Explain in Part IV.)  Total support. Add lines 7 through 10	DELTH WELLES	50 E.LZ WG		De 7 - Haffel A Partie N	Option the Bra	2724906.
		ata /ana instructi	one)			12	944,255.
12	First five years. If the Form 990 is for			d fourth or fifth to			
13	organization, check this box and stop				ax year as a sectio		
Sei	ction C. Computation of Publ	ic Support Pe					Printed and Company
_	Public support percentage for 2013 (			olumo /f\		14	99.91 %
						15	99.80 %
	Public support percentage from 2012 33 1/3% support test - 2013. If the control of				nore, check this bo		
108		=					. 77
	stop here. The organization qualifies						
	33 1/3% support test - 2012. If the						IIS DOX
477	and stop here. The organization qual						or more
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	_	-		•		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	pox on line 13, 16	a, 100, 1/a, 0/ 1/b			
					Sche	dule A (Form 990	01 330-67) 5013

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

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

Section A. Public Support	Delow, piease com	ipicie i art ii.				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5			<u>                                     </u>	ļ		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						^
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		(5) 2010	(0)2011	(0,720.2	(0,1000	(3, 1, 5, 1, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975				ļ		
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add tines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	or the organization	's first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organia	zation,
check this box and stop here						
Section C. Computation of Pub			2011		<u> </u>	
15 Public support percentage for 2013		•	column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve			1 (0)		1.45	
17 Investment income percentage for 2			1e 13, column (f))		17	
18 Investment income percentage from			an Banda and Ba		18	<u>%</u>
19a 33 1/3% support tests - 2013. If th						I/ IS NOT
more than 33 1/3%, check this box a b 33 1/3% support tests - 2012. If the	=	•				and
line 18 is not more than 33 1/3%, ch	_					
20 Private foundation. If the organizati						

Also complete tris part	for any additional informa	tion. (See instructions).		
50 <u>— 10</u>				(1102-109
			******	
			11.790	
100				¥ - 2-74
240.00				
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## Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

2013

Name of the organization

**Employer identification number** 

P	roject AWARE Foundation	33-0540475					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ  X 501(c)( 3 ) (enter number) organization  4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note. Only a section 501(	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	cial Rule, See instructions.					
General Rule							
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mor	e (in money or property) from any one					
Special Rules							
509(a)(1) and 170	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of (D(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution in (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total contribution	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contributions for If this box is chec purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one use exclusively for religious, charitable, etc., purposes, but these contributions did cked, enter here the total contributions that were received during the year for an excomplete any of the parts unless the <b>General Rule</b> applies to this organization beckle, etc., contributions of \$5,000 or more during the year	I not total to more than \$1,000.  **Clusively religious, charitable, etc., cause it received nonexclusively					
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Sch on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or o et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	nedule B (Form 990, 990-EZ, or 990-PF), on its Form 990-PF, Part I, line 2, to					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

33=0540475

Part I	CC AWARE FOUNDACTION  Contributors (see instructions). Use duplicate copies of Part I if additional contributors.	tional space is needed.	-0340473
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	McBeth Foundation  23101 Lake Center Drive Suite 170  Lake Forest, CA 92630	s60,00 <u>0</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PADI International, Inc.  30151 Tomas St.  Rancho Santa Margarita, CA 92688	\$160,485.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PADI International, Inc.  30151 Tomas St.  Rancho Santa Margarita, CA 92688		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

## Project AWARE Foundation

33-0540475

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Specialized services, advertising, space rental, and IT services		
		s160,485.	06/30/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	

323453 10-24-13

(a)

No.

from

Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Description of noncash property given

(d)

**Date received** 

(c)

FMV (or estimate)

(see instructions)

Page 4 Schedule B (Form 990, 990 EZ, or 990 PF) (2013) **Employer identification number** Name of organization 33-0540475 Project AWARE Foundation Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(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/item/990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Project AWARE Foundation

Employer identification number 33-0540475

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line (		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	98,215.	
4	Aggregate value at end of year	0.	<del>_</del>
5	Did the organization inform all donors and donor advisors in w	iting that the assets held in donor advis	ed funds
J	are the organization's property, subject to the organization's ex		
	Did the organization inform all grantees, donors, and donor ad-	visors in writing that grant funds can be	used only
6	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other numose	conferring
	impermissible private benefit?		
Par		pization answered "Yes" to Form 990 P	
			216 17) 1116 1
1	Purpose(s) of conservation easements held by the organization		torically important land area
	Preservation of land for public use (e.g., recreation or ed		ified historic structure
	Protection of natural habitat	Preservation of a cert	illed Historic structure
	Preservation of open space	a a company of the state of the	of a consequentian assument on the last
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.	aranne (+ ) kean (+ ) kaan (+ ) daan (+ ) daan (+ ) daal (+ ) kean (+ ) daan	Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic struct	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it I	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and en	nforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III   Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
ь	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	t and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:	,	
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		1000000000
	If the organization received or held works of art, historical treat	sures or other similar assets for financia	1200100000
2	the following amounts required to be reported under SFAS 11		. Jan y France
_			<b>&gt;</b> \$
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		Observed

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

	RE Foundation	<u> </u>	33-05404/5 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	and of very medical value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-or-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(É)			
	<u> </u>		
(G)			
(H) (T) ((1) (1) (1) (1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		CONTRACT TO SEE BEING CO. S.
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1 (b) Book value	(c) Method of valuation: Cost	or end-of-vear market value
(a) Description of investment	(b) Book value	(c) Metriod bi Valuation. Cost	or end-or-year market value
(1)		·	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		MINERAL TO SENSO PROPERTY OF THE PROPERTY OF T	
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
7 7	Description		31,110
(1) Trademarks			34,846
(2) Contributions receivable	<u> </u>		184
(3) Prepaid expenses			104
(4)			
(5)			<del></del>
(6)			
(7)	<u> </u>		
(8)			
(9)			66,140
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		00,140
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, II	ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		0 670	
(2) Accrued payroll		8,678.	
(3) Accrued vacation		17,220.	
(4) Other accrued expenses		40,273.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	66,171.	

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

Schedule D (Form 990) 2013

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

## 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. ➤ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization

Project AWARE F	oundatio	n			33-05404	7 <u>5</u>
Part I General Infor	rmation on A	ctivities Ou	tside the United States. Comple	te if the organ		
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	nts and other	assistance,	Yes No
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? LA	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	itside the
United States.						
			an be duplicated if additional space is n (d) Activities conducted in region		vity listed in (d)	(f) Total
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	gram service, e specific type ce(s) in region	expenditures for and investments in region
			Grants to recipients			
East Asia and the Pacific	Ι.,	۱ ,	located in region			7,250.
PACIFIC			Location III Dogue			
			Grants to recipients			
Europe		0	located in region		<del>-</del>	5,000.
		0		40000000		12,250.
b Total from continuation sheets to Part I		0				0.
c Totals (add lines 3a and 3b)	(	0				12,250.
LHA For Paperwork Reduct	tion Act Notice,	see the Instru	ctions for Form 990.		Schedule F	(Form 990) 2013

33-0540475

Page 2

Project AWARE Foundation Schedule F (Form 990) 2013

Part II 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.

<b>.</b>	l	1	1	l	1		I	!	~	<u> </u>
(i) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 990) 2013
(h) Description of non-cash assistance										Schedu
(g) Amount of non-cash assistance									xempt by	
(f) Manner of cash disbursement									recognized as tax-e	
(e) Amount of cash grant									foreign country,	
(d) Purpose of grant									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.	
(c) Region									Enter total number of recipient organizations listed above that are rethe IRS, or for which the grantee or counsel has provided a section	camines
(b) IRS code section and EIN (if applicable)									recipient organization he grantee or counse	O CILIET OLYAN MEANONS O
1 (a) Name of organization									2 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro	1
ټ پ				HERE ALEMA	DIESTINATE DE	THE WAY TO	1923 40273	School of the San	] , ,	1

Schedule F (Form 990) 2013 Project AWARE Foundation 33-0540475

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.

Page 3

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)								Schedule F (Form 990) 2013
(g) Description of non-cash assistance								Schedu
(f) Amount of non-cash assistance								
(e) Manner of cash disbursement	e an income de annuel de	enth and state or sendentive the e	Section Control of the Control of th	 Service Sirence Si colonia il vo	- 10 + 6 10 10 + 4 + 10 Ferrans verses	Mile var— 911 to Addition 1 Mile and Secular	man and a field of 8 hours are now as	 adamenta i
(d) Amount of cash grant			-					
(c) Number of recipients								
(b) Region								
(a) Type of grant or assistance								

332073 10-03-13

Schedule F (Form 990) 2013

## **SCHEDULE G** (Form 990 or 990-EZ)

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

OMB No. 1545+0047

Open To Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form.990

Inspection

Name of the organization	AWARE Foundation					Employer ide	ntification number 475
Part   Fundraising Activities.	Complete if the organization answe	ered "Y	'es" to	Form 990, Part IV, li	ine 1		·
required to complete this part  1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid individendmental at least \$5,000 by the	ed funds through any of the following Solicitate    g Solicitate   g Specialer oral agreement with any individual   art VII) or entity in connection with providuals or entities (fundraisers) purs	tion of tion of fundra (inclu- profess	non-g gover ising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	L Yes	*
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundraiser have custody from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
	<u> </u>	Yes	No				
					_		
		_			_	<del>.</del>	
	aaaaaaaaa	_					
Total			<u> </u>				
<ol><li>List all states in which the organizatio or licensing.</li></ol>	n is registered or licensed to solicit	contril	oution:	s or has been notified	d it is	exempt from re	egistration
		-					
						<u> </u>	
						<u> </u>	
LHA For Paperwork Reduction Act Noti	ce, see the Instructions for Form	990 o	990-	EZ.	Sche	dule G (Form 9	90 or 990-EZ) 2013

33-0540475 Page 2 Schedule G (Form 990 or 990 EZ) 2013 Project AWARE Foundation Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events New York Finathon -(add col. (a) through swimming fun Marathon col. (c)) (event type) (event type) (total number) 18,585. 2,744. 35,257. 13,928. 1 Gross receipts 2,744. 35,257. 13,928 18,585 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue. 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

Schedule G (Form 990 or 990 EZ) 2013 Project AWARE Foundation	33-0540475 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for	
to administer charitable gaming?	Yes L No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	13b
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records:
Name ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	I the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Cir res, eiter name and address of the time party.	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Carring manager compensation p	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see	instructions).

SCHEDULE I (Form 990)

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

013	n to Public	spection
7	Open	Insc

OMB No. 1545-0047

				Complete if the granization answered "Yes" to Form 990. Part IV, line 21 or 3	erics, and individuals in the United States organization answered "Yes" to Form 990. Part IV, line 21 or 22	to Form 990. Par	ted States		2013
Departn Internal	Department of the Treasury Internal Revenue Service				► Attach to Form 990.	n 990.	Schadule (Form 990)	9	Open to Public Inspection
Name	Name of the organization	on Project AWARE	WARE Four				Semioring Strawers		Employer identification number
Part	00	General Information on Grants and Assistance	and Assistance						
-	Does the organiza	Does the organization maintain records to substantiate the amount criteria used to award the grants or assistance?	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or as:	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
Part II	凉	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV line 21. for any	ocedures for moni Governments an	toring the use of grant d Organizations in the	funds in the United e United States, C	States.	" paiswered	Yes to Form 990. Part	IV line 21, for any
	- I	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II car	be duplicated if addit	tional space is need	led.			( I V ) MIG 2 1, 101 all y
-	(a) Name and add	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Shar	Sharks Advocates International	International							Provide education on
1990	1990 M Street					1 = = :			individuals across the
Wash	Washington, DC 200	20036			10,000.	0			US, including
						100 - A -   2 K-10000   1 M -			
						11.14			
8	Enter total number	Enter total number of section 501(c)(3) and government organizatio	and government o	rganizations listed in th	ns listed in the line 1 table				
က	Enter total number	Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table	***************************************				<b>A</b>
332101 10.29-13	For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for See Part IV for Column	e, see the Instruct IV for Co	Form 99 (h)	o. descriptions 33	œ			Schedule I (Form 990) (2013)

33-0540475 Schedule I (Form 990) (2013)

Project AWARE Foundation

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			1111		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	uired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	
Part II, line 1, Column (h):					
Name of Organization or Government:		Sharks Advocates	International	onal	
(h) Purpose of Grant or Assistance:	: Provide	e education	n on marine	e debris	
to individuals across the US, incl	including		5. (34.0) vshr0-vs		
travel and printing costs.					
			7		

Schedule I (Form 990) (2013)

## **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Project AWARE Foundation

Employer identification number 33-0540475

Form 990, Part I, Line 1, Description of Organization Mission:
planet.
Form 990, Part III, Line 4d, Other Program Services:
CoralWatch/AWARE Kids programs - promotion, materials and support for
monitoring of coral reefs and collection of data on coral health.
Expenses \$ 2,503. including grants of \$ 0. Revenue \$ 0.
Form 990, Part VI, Section A, line 2:
Explanation: Drew Richardson and Kristin Valette are both officers of
CIVCO, a for-profit corporation.
Form 990, Part VI, Section B, line 11:
Explanation: Draft copy of Form 990 was made available to board members for
individual review and comment. Final approval was given on September 24,
2014.
Form 990, Part VI, Section B, Line 12c:
Explanation: Board members are required to disclose any possible conflicts
of interest at least annually or when the potential conflict arises.
Form 990, Part VI, Section B, Line 15a:
Explanation: Compensation was determined by the Board, using nonprofit
comparison information from the Economic Research Institute, section titled
"Nonprofit Comparables Assessor & Tax Exempt Survey Consultants Edition.

# 2013 DEPRECIATION AND AMORTIZATION REPORT

	or again													
Asset No.	Description	Date Acquired	Method	Life	No. >	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Equipment	The state of the s	-		1	27-000	I			Confection of the Confession o	100 m 0000m	THE WAY	Page street	8.000
	Machinery & Equipment				essi.									
16	Show booth	02/01/08	SL	7.00	HX11.7	812.	1	And the latest designation of the latest des		812.	534.		116,	650
17	Show booth	04/01/08	ST	7.00	HX17	813.				813.	534.		116.	650
18	Show booth	04/01/08	SL	7.00	HY17	1,669.				1,669.	1,065.		238.	1,303
	* 990 Page 10 Total Machinery & Equipment					3,294.				3,294.	2,133.		470.	2,603
	* 990 Page 10 Total - Equipment					3,294.				3,294.	2,133.		470.	2,603
	Software													
	Machinery & Equipment													
12	12 Website software	12/01/07	SL	36.00	HX16	10,020.				10,020.	10,020.		0	10,020
20	Software	11/01/09	32	3.00	MQ16	36,500.				36,500.	36,500.		0	36,500,
22	2 Acrobat Pro 9.0 Win ESD	08/26/09	SL	3,00	MO1 6	898.				898.	898.		0.	868
23	2 Indesign CS 4.0 Win ESD	08/26/09	SI	3.00	MO16	1,398.	-			1,398.	1,398.		0.	1,398
24	24 Microsoft Professional Plus	09/25/09	SL	3.00	MQ16	2,994.				2,994.	2,994,		0.	2,994
25	Creative Suites 5 Design	09/29/10	3E	3.00	HX16	1,899.	1	The state of the state and		1,899,	1,457.		53.	1,510
29	Global Database Package	05/10/11	SI	3,00	HXT 6	18,250.				18,250.	10,140.		6,083,	16,223
30		10/01/11	St	3.00	HY1 6	796.				796.	326.		265.	591
	* 990 Page 10 Total Machinery & Equipment					72,755.				72,755.	63,733,		6,401.	70,134

# 2013 DEPRECIATION AND AMORTIZATION REPORT

orm 9	Form 990 Page 10			İ			990							
Asset No.	Description	Date Acquired	Method	Life	v n o C No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 Page 10 Total - Software	Control of the Contro		1		72,755.				72,755.	63,733.		6,401.	70,134.
	Computer Hardware													
	Machinery & Equipment		-		1			Andrew States of the States of		The state of the s				
10	COMPUTER/LAPTOP	09/01/06	SL	5,00	HY1.7	3,098.				3,098.	3,098.		0	3,098.
11	Computer	08/01/07	SI	5.00	HY17	649.			A CONTRACTOR OF THE PARTY OF TH	649.	649.	100	0.	649
19	Two Dell laptops	04/01/08	SL	5.00	HY17	4,667.				4,667.	4,208.		459.	4,667.
26	EK Computer	06/01/10	SL	5.00	MG1.7	831.	Ì	Section of the Control		831.	434.		166,	600
27	AB Laptop	12/01/10 SL	ST	5.00	MQ17	2,517.				2,517.	1,050.		503	1,553,
28	LW Laptop	12/01/10	SL	5,00	MQ17	2,517.	1	No. of Control		2,517.	1,050.		503.	1,553.
31	AE IPAD	11/06/12	SI	5.00	MQ1.7	751.				751.	27.		150.	177.
32	Computer with warranty	10/04/12	SL	5.00	MQ1.7	2,197.	į			2,197.	55.		439,	494
33	AE Laptop	06/01/13	SL	5.00	MQ19B	1,996.				1,996,			250	250.
	* 990 Page 10 Total Machinery & Equipment					19,223.				19,223.	10,571.		2,470.	13,041,
	* 990 Page 10 Total -					6								
1	Computer Hardware					13,663.				13,443.	·1/c'nT		0/4.4	180 67
	Depr	A CONTRACTOR	er touch.		100	95,272.	missions			95,272.	76,437.		9,341.	85,778
			25	1	9	CONTRACTOR OF	The state	MINESTRUM	Total Short State	SCHOOL STATE	# 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Department of the Treasury Service (99) Name(s) shown on return

## **Depreciation and Amortization**

(Including Information on Listed Property) ► Attach to your tax return. See separate instructions.

990

Business or activity to which this form relates

OMB No. 1545-0172

Identifying number

Sequence No. 179

Form 990 Page 10 33-0540475 Project AWARE Foundation Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year. Subtract line 4 from line 1, If zero or less, enter +0+, if married filling separately, see instru (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property, Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 15 15 Property subject to section 168(f)(1) election 6,401. 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 2.690. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery period (a) Depreciation deduction (e) Convention (f) Method (a) Classification of property only - see instructions) 19a 3-year property SL 250 1,996. Yrs. MQ b 5-year property 7-year property ċ d 10-year property 15-year property e 20-year property S/L 25 vrs. 25-year property g S/L 27.5 yrs. MM Residential rental property h ММ 27.5 yrs. S/L ММ S/L 39 yrs. ì Nonresidential real property MM S/L Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. S/L ь 12-year 40 yrs. ММ S/L 40-year Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 22. Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 9,341. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Part V

	through (c) of S	Section A, all	of Section B, an	d Section C if ap				· · · · · ·		
					on: See the instruc					1 - 4
24a	Do you have evidence to s	support the bu	siness/investment	use claimed?	Ų Yes	24b If "Y	es," is the evider	nce written? L	J Yes L	No
	(a) Type of property (list vehicles first )	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	Ele sectio	(i) cted on 179 ost
25	Special depreciation allo	wance for q	ualified listed pr	operty placed in s	service during the 1	ax year an	d		SW 15	
1	used more than 50% in	a qualified b	usiness u <u>se</u>		aansa aanaan min		25			\$ 145F
26	Property used more that	n 50% in a c	ualified busines	s use;	·					
		4 6	%							
		4 1	%							
		9 0	%							
27	Property used 50% or le	ess in a quali	fied business us	e:						
		24 (2)	%				S/L -		1,4775	
	•	31 - 63	%				S/L·	·		
	· · · · · · · · · · · · · · · · · · ·	cir for	%				S/L·			
28 /	Add amounts in column	(h), lines 25	through 27. Ente	er here and on lin	e 21, page 1		28			
	Add amounts in column		_							
		17:			tion on Use of Ve	hicles				
Com	olete this section for ve	hicles used					r related nerson	If you provided	l vehicle:	9

to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the	(a Veh	a) iicle	(I Veh	5.1 4	(d Veh	. 5-127	(d Veh	•	(e Veh	*	(I Veh	r) vicle
year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven												
<ul><li>33 Total miles driven during the year.</li><li>Add lines 30 through 32</li><li>34 Was the vehicle available for personal use</li></ul>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

## Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

37 Do you maintain a written police	y statement that prohibits all pe	ersonal use of vehicles	s, including comm	uting, by your			Yes	ı
			.,					
38 Do you maintain a written police	y statement that prohibits pers	onal use of vehicles, e	except commuting	, by your		52001000		
employees? See the instructio	ns for vehicles used by corpora	te officers, directors,	or 1% or more own	ners				
39 Do you treat all use of vehicles	by employees as personal use	?						
10 Do you provide more than five	vehicles to your employees, ob	tain information from	your employees at	oout				
the use of the vehicles, and re-	tain the information received?							
11 Do you meet the requirements	concerning qualified automobil	e demonstration use?	*************************					
Note: If your answer to 37, 38,	39, 40, or 41 is "Yes," do not co	omplete Section B for	the covered vehic	les.				
Part VI Amortization		·						
(a) Description of costs	(b) Date amerization begins	(C) Amortizable amount	(d) Cede section	(e) Amortization period or perce			(f) tization tis year	
42 Amortization of costs that beg	ins during your 2013 tax year:							
43 Amortization of costs that beg	an before your 2013 tax year				43			
	(f) See the instructions for whe				-44-			

316252 12-19-13

Form 4562 (2013)

	8868 (Rev. 1-2014)					Page 2
	ou are filing for an Additional (Not Automatic) 3-Month Ex					
	Only complete Part II if you have already been granted an			led Form	8868.	
	ou are filing for an Automatic 3-Month Extension, comple			al /a a a	onice peeded)	
Par	Additional (Not Automatic) 3-Month E	xtensio		`		
			Enter filer's		ng number, see ins	
Type	or Name of exempt organization or other filer, see instru	ictions.		Employe	r identification numl	per (EIN) or
print File by t	Project AWARE Foundation				33-054047	75
due dat		ee instruc	tions.	Social se	curity number (SSN	J)
filing yo	20151 Moman Ctroot			-	,	
instruct						
Enter	the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Annli	nation	Return	Application			Return
Appli	auon	Code	Is For			Code
Is For	990 or Form 990-EZ	01	13 1 01	L Marin	SHERICE TO	0000
	990-BL	02	Form 1041-A			08
	4720 (individual)	03	Form 4720 (other than individual)			09
	990-PF	04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
•	390-T (trust other than above)	06	Form 8870		·	12
	Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	ed Form 8868.	
	Alex Earl					
• Th	books are in the care of > 30151 Tomas St	reet ·	- Rancho Santa Mar	garit	a, CA 9268	38
	ephone No. ► 949-858-7657		Fax No.			·-
	ne organization does not have an office or place of busines	s in the Ur	nited States, check this box			
	nis is for a Group Return, enter the organization's four digit					heck this
box		and atta	ich a list with the names and EINs of	all memb	ers the extension is	for.
4			ber 15, 2014			
5	For calendar year $2013$ , or other tax year beginning $\_$		, and ending	9		·
6	if the tax year entered in line 5 is for less than 12 months, o	heck reas	on: L. Initial return L	l Final ı	return	
	Change in accounting period					
7	State in detail why you need the extension					
	Additional time is required to	o obta	ain information ne	cessa	ry to file	<u>: a</u>
	complete and accurate return.					
					· · · · · · · · · · · · · · · · · · ·	
8a	if this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			0
	nonrefundable credits. See instructions.		<del></del>	8a	\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069					
	tax payments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid	- 70		0.
	previously with Form 8868.		<del></del>	8b	<u> </u>	
	Balance due. Subtract line 8b from line 8a. Include your pa	-	h this form, if required, by using			0.
	EFTPS (Electronic Federal Tax Payment System). See instru		st be completed for Part II o	8c	<u> </u>	
Under	penalties of periury. I declare that I have examined this form, includ	ling accomp			of my knowledge and b	elief,
It is tru	e, correct, and complete, and that I am authorized to prepare this fo			_	_	
Signat	rre ▶ Title ▶	CPA	<u> </u>	Date		
					Form 8868 (R	ev. 1-2014)

## 2014 DEPRECIATION AND AMORTIZATION REPORT

## - NEXT YEAR FEDERAL -

## Project AWARE Foundation

Assert No.	Description	Date Acquired	Method 1	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumutated Depreciation	Amount Of Depreciation
	Bouloment		+					2	
	Machinery & Equipment			100	The same of		TO SECURE A SECURE		
16		20108	7	0	12		12	20	16
17	17Show booth	0401085	SI 7.	00	813.		813.	650.	116.
18	18Show booth	40108	7	0	69		9	0	38
See See	* 990 Page 10 Total Machinery &				THE SHEET STATES				
-	Equipment				3,294.		294	2,603.	470.
	* 990 Page 10 Total - Equipment				, 29		,29	, 60	-
94	Software								
	Machinery & Equipment								
12	12Website software	20107	ч	•	2		S	N	0.
200	Software	10109	T 3	0	6,50	THE PARTY OF THE P	6,50	6,50	0.
22	2 Acrobat Pro 9.0 Win ESD	82609	и П	0	89		868	98	
23	2 Indesign CS 4.0 Win ESD	82609	L 3	0	,39		,398	, 39	
24	Microsoft Professional Plus	0925098	3r 3.	00	994	A Company of the Comp	994	2,994.	0
25(	Creative Suites 5 Design	92910	L 3	0	,899		,89	, 51	
290	3lobal Database Package	51011	L E	0	,250		,250	, 22	
300	30Adobe X Pro	00111	L 3	0	9		9	σ	0
	* 990 Page 10 Total Machinery &								
	Tuipm				72,755.		755	70,134.	2,232.
	* 990 Page 10 Total - Software				2,755		2,75	0,134	,232
	Computer Hardware								
	Machinery & Equipment								
10	10COMPUTER/LAPTOP	90106	വ	0	9		S	S	0
11	Computer	80107	2	0	49		49	4	
19	19hwo Dell laptops	40108	<u>N</u>	0	67		9	ø	
26	26EK Computer	10	St. 5.	00	œ		831.	009	166.
27	AB Laptop	20110	S	0	,517		,51	1,553	0
28LW		20110	N	0	517		$\leftarrow$	1,55	0
31AE		10612	5	0	751	and a second	75	17	S
32	· E	00412		0	,197		197	49	39
33	9	60113	N	0	966		66'	25	9
1	* 990 Page 10 Total Machinery &					NOVE AND ADDRESS OF	0		,
	Equipment			GENTLE IN	19,223.		19,223.	13,041.	Z, 16U.

2014 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

Project AWARE Foundation

Asset No.	Description	Acq	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	* 990 Page 10 Total - Computer Hardware * Grand Total 990 Page 10 Depr		HED I			19,223. 95,272.		19,223.	13,041.	2,160.
			GEO]:							
		見関		THE REAL PROPERTY.						
			[B]			Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic				
B		B	201 552	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				STATE STATES	SHIP SHIPS	
		B					No. of the last		Productive and	Name of the last
		E		TO HE				STATE OF THE PERSON NAMED IN		
		1500 1500	107							
						METERSON NA				
		世	100 100							
			180							
h		100	KG EDE							
		Eq.	131	THE PERSON	THE STATE OF	METAL STATE	Marie Samon			100 mm

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

328103 05-01-13