PUBLIC INSPECTION COPY
** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 **2012**

Open to Public Inspection

OCT 1, 2012 and ending SEP 30, 2013 A For the 2012 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable: South Florida Science Center & Address change Aquarium, Inc. X Name change 59-0915177 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Termin-ated 4801 Dreher Trail 561-832-1988 Amended 6,179,120. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-tion pending West Palm Beach, FL 33405 H(a) Is this a group return F Name and address of principal officer: Lewis Crampton Yes X No for affiliates? same as C above H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c)(3) ☐ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No." attach a list. (see instructions) H(c) Group exemption number ▶ J Website: www.sfsm.org K Form of organization: X Corporation Association Other > Year of formation: 1959 M State of legal domicile: FL Part I Summary 1 Briefly describe the organization's mission or most significant activities: To excite curiosity and further Activities & Governance the understanding and appreciation of science and technology. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 18 18 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2012 (Part V, line 2a) 63 120 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 1,016. b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** 1,478,771 5,129,951. Contributions and grants (Part VIII, line 1h) 8 Revenue 789,703. 861,892. Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30,605 <77,975.> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,299,079. 5,913,868. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 1,109,761. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 960,434 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 894,079 1,023,336. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,133,097. 1,854,513 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,780,771. Revenue less expenses. Subtract line 18 from line 12 444,566. **Beginning of Current Year** End of Year 6,781,709. 3,107,071 Total assets (Part X, line 16) 1,325,416 1,219,283. Total liabilities (Part X, line 26) Net / 1,781,655 5,562,426. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other, than officer) is based on all information of which preparer has any knowledge. unit Signature of officer Sign Lewis Crampton, CEO Here Type or print name and title Date Check X PTIN Print/Type preparer's name Preparer's signatur Paid David J. Thomas self-employed P00002419 Firm's name | Holyfield & Thomas, LLC 65-1083521 Preparer Firm's address 125 Butler Street Use Only West Palm Beach, FL 33407 Phone no. (561)689-6000 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2012) Aquarium, Inc. 59-0915177 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	To excite curiosity and further the understanding and appreciation of
	science and technology.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 735,307. including grants of \$) (Revenue \$ 595,765. The Center welcomed in excess of 125,000 visitors. The Science Center
	The Center welcomed in excess of 125,000 visitors. The Science Center offers permanent and traveling exhibitions, salt and fresh water
	aquariums, a planetarium, a performance theater, and an outdoor
	science-themed trail and includes a volunteer staffed ham radio center
	that allows visitors to communicate with operators throughout the
	world.
	400 701
4b	(Code:) (Expenses \$ 489,781. including grants of \$) (Revenue \$ 260,014. Provided educational science-based programming to over 45,000 pre K-12
	students at SFSC&A, and held summer science camps for over 1,000
	children ages 4-12 years old. The Center also held professional
	development workshops for over 100 teachers throughout the year.
	Almost 40% of the students we serve are from under-served communities
	through free programming. Our education department serves the eleventh
	largest school district in the nation under a district-wide agreement.
40	(Code:) (Expenses \$ 308,991. including grants of \$
40	Provided guest services, a museum store and memberships to enhance the
	visitor's experience. Hosted monthly science-themed community events
	including adult lectures.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,534,079.
	Form 990 (201:

Form 990 (2012) Aquarium, Inc.
Part IV Checklist of Required Schedules

2 Is the organization required to complote Schedule O, Schedule of Contributors 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)() election in effect during the tax year If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 6 Did the organization maintain any clonor advised funds or any similar funds or accounts for which denors have the right to provible advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provible advice on the distribution or investment of amounts in including assemblate to presence open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide cardid conuseiling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 10 Did the organization report an amount for indeption services as explicable. 2 Did the organization report an amount for indeption services as explicable. 3 Did the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 3 Did the organization report an amount for other liabilities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 187 If "Yes," complete Schedule D, Part X VIII. 3 Did the organization report an amount for other assets in Part X, line 187 If "Yes," complete Schedule D	es	No
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9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 In Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 In Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other lasilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other lasilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X and XII 12 Did the organization management,	ζ	
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Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		X
located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		X
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		X
	\top	
1c and 8a? If "Yes," complete Schedule G, Part II		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		
complete Schedule G, Part III		X_
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		

Form 999 (2012) Aquarium, Inc.
Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17 if "res," complete Schedule I, Parts I and if 21 X 2 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 Did the organization and organization assistance to individuals in the United States on Part IX, 22 Did the organization and organization assert "res" to Part IX is exclosin A. line 3, 4, or \$ about compensation of the organization secured and former officers, directors, trustees, key employees, and highest compensated omployees? If "res," complete Schedule J. 22 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "res," answer lines 246 through 24d and complete Schedule K. If Wo, go to like 12 2 24a X 2 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "res," answer lines 246 through 24d and complete Schedule K. If Wo, go to like 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>	The one of the quire a stream of the transfer		V	NI
Linked States on Part IX. column (A), line 17 lf "res," complete Schedule I, Parts I and II column (A), line 27 lf "res," complete Schedule I, Parts I and III column (A), line 27 lf "res," complete Schedule I, Parts I and III column (A), line 27 lf "res," complete Schedule I, Parts I and III column (A), line 27 lf "res," complete Schedule I, Parts I and III column (A), line 27 lf "res," complete Schedule I, Part IVI, section A, line 3, 4, or 3 about compensation of the organization current and former offices, directors, trustelese, key employees, and highest compensated employees? If "res," complete Schedule IVI "res," tenses, ten	0.4	Did the experimation report move than \$5,000 of grants and other againtance to any apparament or organization in the		Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. 22 X 23 Did the organization answer? "Yes", "complete Schedule I, Parts I and III. 23 Did the organization answer? "Yes" to Part VIII, 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 I. 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,0000 as of the last day of the year, that was issued after December 31, 2002 1/ "Yes," anower lines 24 th through 24d and complete Schedule K. If "Yor, go to line 25 3 Did the organization maintain an earow account other than a refunding earow at any time during the year to defease any time exempt bonds? 4 Did the organization maintain an earow account other than a refunding earow at any time during the year of defease any time exempt bonds? 4 Did the organization maintain an earow account other than a refunding earow at any time during the year? 4 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 4 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the transaction was not any of the organization's prior forms 900 or 930 EZP II "Yes," complete Schedule L, Part II 25 LX 4 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not or by a current or former officer, director, trustee, key employee? Whys. complete Schedule L, Part III 26 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 soft ordanization with a disqualified person or organization provide a grant or other assistan	21		21		x
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23 Did the organization answer "Yes" to Part VII, Section A, Jins 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. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No." you to line 25. 25a Did the organization haves a tray proceeds of tax-exampt bonds beyond a temporary period exception? 25b Did the organization invest any proceeds of tax-exampt bonds beyond a temporary period exception? 25c Did the organization invest any proceeds of tax-exampt bonds beyond a temporary period exception? 25d Did the organization invest any proceeds of tax-exampt bonds an artificing at any time during the year to defease any tax-exempt bonds? 25d Did the organization invest any proceeds of tax-exampt bonds ourstanding at any time during the year to defease any tax-exempt bonds? 25d Did the organization as an "on behalf of" issuer for bonds ourstanding at any time during the year? 25d Did the organization as an "on behalf of" issuer for bonds ourstanding at any time during the year? 25d Did the organization avaries that it engaged in an excess benefit transaction with a disqualified person our into the year? If "Yes," complete Schedule L, Part I. 25d Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person our standarding as of the end of the organization is tax year if "Yes," complete Schedule L, Part IV. 26d Was the organization party to a business transaction with one of the following parties (see Schedule L, Part IV. 27d Did the organization party to a business transaction with one of the following parties (see Schedule L, Part IV. 27d Did the organization party to a business transaction with one of the	22		22		x
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Schadule K. If *Nor**, go to line 25 b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c any tax-exempt bonds? 24d d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? of exemption of the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 601(c)(3) and 601(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 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-E2? If *Yes," complete Schedule L, Part II 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If *Yes," complete Schedule L, Part II 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 of "Yes," complete Schedule L, Part II 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II) 29 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II) 29 Did the organization receive more than \$25,000 in on-cash contributions? If *Yes," complete Schedule L, Part II 29 Did the organization receive more than \$25,000 in on-cash contributions? If *Yes," complete Schedule L, Part II 30 Did the organization receive more than \$25,000 in on-cash contributions? If *Yes," complete	240				
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person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Bab A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Bab X A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-29 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 Apart V, line 1 Sab Did the organization have a controlled entity within the meaning of section 512(b)(13)? By If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an expent non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 To the the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V	26				
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b Enter the number of Forms W2G included in line 1a. Enter 0.If not applicable				Yes	No
b Enter the number of Forms W2G included in line 1a. Enter 0.If not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	7. %		
c Die the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fleef or the calendar year ending with or within the year covered by this return 8 If at least one is reported on line 28, did the organization file all required federal employment tax returns? 8 If at least one is reported on line 28, did the organization file all required federal employment tax returns? 8 If at least one is reported on line 28, did the organization file all required federal employment tax returns? 8 If a least one is reported on line 28, did the organization file and the sequence of the sum of lines 14 and 28 is greater than 250, you may be required to e-file (see instructions) 8 If the sum of lines 14 and 28 is greater than 250, you may be required to e-file (see instructions) 8 If the sum of lines 14 and 28 is greater than 250, you may be required to e-file (see instructions) 9 If the sum of lines 14 and 28 is greater than 250, you may be required to e-file (see instructions) 9 If the sum of lines 14 and 28 is greater than 250, you may be required to e-file (see instructions) 9 If the sum of lines 14 and 28 is greater than 250, you may be required to e-file (see instructions) 9 If the sum of lines 14 and 28 is greater than 250, you may be required to e-file (see instructions) 9 If the sum of lines 14 and 28 is greater than 250, you may be required to e-file (see instructions) 9 If the sum of lines 14 and 28 is greater than 250, you may be required to e-file (see instructions) 9 If the sum of lines 14 and 28 is greater than 250, you may be required to e-file (see instructions) 9 If the sum of lines 14 and 28 is greater than 250, you may be required to e-file (see instructions) 9 If the sum of lines 14 and 28 is greater than 250, you may be required to e-file (see instructions) 9 If the sum of lines 14 and 28 is greater than 250, y					
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b Enter the amount of reserves the organization is required to maintain by the states in which the	а		13a	ret a	i - i -
					Mil
	b				
organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand			-	- : 4.	₩
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					A
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	a	ir res, has it lied a rotti /20 to report these payments? Ir Ivo, provide an explanation in Schedule O		990	(2012)

Aquarium, Inc.

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a 18		de.	1.
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	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		X
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	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
1 a	more members of the governing body?	7a	x	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	,		
b	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		18.3	ajr -
	The governing body?	8a	Х	
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	OD	21	
9	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.)			
	tion D. Conordo (mis decision de requests information about politicis not required by the internal nevertic dead,		Yes	No
102	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,	iou		
~	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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	T de		
12a		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	431		
	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			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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 ▶FL			
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) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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, and	i finar	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 organization	ion: 🕨	-	
	Kimberly Dale - (561) 832-1988			
	4801 Dreher Trail North, West Palm Beach, FL 33405			

Form **990** (2012)

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

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

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

- 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) Name and Title	(B) Average	(C) Position (do not check more than o) than	one	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week		Jei ari	uau	II ECIC	Jirtius	(66)	from the	from related	other compensation
	(list any hours for	direct				-		organization	organizations (W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	naltr		loyee	d mos				and related
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Matthew B. Lorentzen	6.00	트	=	ō	Ke	포동	윤			
Chairman	0.00	Х		Х				0.	0.	0.
(2) Daniel Cane	4.00							<u> </u>		
Vice-Chairman		Х		X				0.	0.	0.
(3) Harvey Oyer	4.00									
Secretary		Х		Х				0.	0.	0.
(4) Dan Fountain	4.00									
Treasurer		X		Х				0.	0.	0.
(5) Robb Allan	1.00									
Trustee		X						0.	0.	0.
(6) Carolyn Broadhead	1.00									
Trustee		X						0.	0.	0.
(7) Alex Coleman	1.00									_
Trustee		X						0.	0.	0.
(8) Nicole Daggs	1.00							_		
Trustee		X						0.	0.	0.
(9) Matthew Fifield	1.00									^
Trustee	1 00	Х						0.	0.	0.
(10) Frances Fisher	1.00	4,						0	0	_
Trustee	1 00	X	_					0.	0.	0.
(11) Janie Fogt	1.00	7.7						0.	0.	0.
Trustee	1.00	Х						U.	0.	0.
(12) Elizabeth Gordon	1.00	Х						0.	0.	0.
Trustee (13) Deborah Morawski	1.00	Δ						0.	0.	
, ,	1.00	Х						0.	0.	0.
Trustee (14) John F. Niblack	1.00	22						0.	- 0.	
Trustee	1.00	х						0.	0.	0.
(15) Dr. A Carter Pottash	1.00									
Trustee		х						0.	0.	0.
(16) Heath Randolph	1.00				• • • • • •					
Trustee		х						0.	0.	0.
(17) Mark Stevens	1.00									
Trustee		Х						0.	0.	0.

232007 12-10-12

Form 990 (2012)

	990 (2012) Aquarium									59-09	15	<u> 177</u>	F	age 8
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	verage Position (do not check more than one box, unless person is both an					th an	(D) Reportable compensation from	(E) Reportable compensation from related			(F) stimat nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fi org an	npens rom th ganiza d rela anizat	ne tion ted
(18) Trus	Eric Stonestrom	1.00	X	:					0.		0.			0.
	Rhys L. Williams	1.00												
Trus	_		X						0.		0.			0.
(20) CEO	Lewis Crampton	40.00			х				90,000.		0.			0.
	Katherine Arrizza	40.00							30/000.		-			
<u>coo</u>					Х				55,000.		0.	-		0.
													-	
1b	Sub-total						>		145,000.		0.			Ö.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)						>		145,000.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	d at	oove	e) wh	no re	eceived more than \$100	,000 of reportable				(
													Yes	No
3	Did the organization list any former officer,	director, or tru	ıstee	, ke	y en	nplo	yee,	, or h	nighest compensated er	mployee on			14 F	
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su								•	he organization		¥ 1		~,
_	and related organizations greater than \$150								***************************************			4	19.5 - 1	X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-			-			5		X
Sec	tion B. Independent Contractors	piete Scrieduit	5 0 10	UI SC	icii j	<i>J</i> E13	011 ,		***************************************					
1	Complete this table for your five highest co	mpensated inc	depe	nde	nt c	ontr	acto	ors th	nat received more than	\$100.000 of com	pens	ation 1	from	
	the organization. Report compensation for													
	(A)								(B)			((2)	
	Name and business	address	NC	NE	<u> </u>				Description of s	ervices	C	ompe	nsatio	n
												**		
														_
									- AARA SAA					
												···		

\$100,000 of compensation from the organization

Form 990 (2012) Aquariu:
Part VIII Statement of Revenue

1 a Pedented campaigne 1 a 10 109 242 10 242	L		Check if Schedule O cont	ains a response	to any question	in this Part VIII			
1							exempt function	business	Revenué excluded from tax under
2 a Admissions	ts ts	1 :	Federated campaigns	1a				art Sta	
2 a Admissions	ran				109 242				
2 a Admissions	n, G								
2 a Admissions	iifts ar A			i i	332,011.				
2 a Admissions	mil:	-			2 325 511				
2 a Admissions	Sign	f	= :		2,020,022,				
2 a Admissions	he	•		·	2 335 554				
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2 a Admissions	Col	_	-			5 129 951.			
2 a Admissions 513710 564,543 564,543 544,543 545,543									
B Education Programs	စ္	2 8	Admissions			564 543.	564 543.		
Total Add lines 2a-2f	ž "	Ŀ							
Total Add lines 2a-2f	Se	c				31,222.	31,222.		
Total Add lines 2a-2f	eve	c	d Program Rental Fees		611710	6,113.	6,113.		
Total Add lines 2a-2f	Progr R	€	ə						
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal 6 3 (iii) Personal		f	All other program service reve	nue					
Other similar amounts A Income from investment of tax-exempt bond proceeds S Royalties		ç				861,892.			
4 Income from investment of tax-exempt bond proceeds 5 Royalties		3							
Second Continuation Continuati									
1		4			•				
6 a Gross rents 6,300, 5,284, 1,016,		5	Royalties						
Description				11	(ii) Personal				
C Rental income or (loss) 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1,016 1		6 a							
Total revenue Total Revenu		b							
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				1,016.					基本企业 4
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)					1	1,016.		1,016,	The grant of the control of the cont
b Less: cost or other basis and sales expenses c Gain or (loss)		7 a		(i) Securities	(ii) Other				
and sales expenses c Gain or (loss) d Net gain or (loss) 3 a Gross income from fundraising events (not including \$ 359,644, of contributions reported on line 1c). See Part IV, line 18 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Misc. Income 733320 13,717. b Parthday Parties 722320 8,150, 8,150, 8,150, 8,150, 8,150, 10 a Grass sales of inventory b G1, 042, 61, 043, 61, 043, 61, 043, 61, 044, 61, 0			•						
Registro Company Com		b							
Net gain or (loss) Net ga									
8 a Gross income from fundraising events (not including \$ 359,644, of contributions reported on line 1c). See Part IV, line 18					L	《事件》:"自己,自身发 。"		into il la del especi	
Including \$ 359,644, of contributions reported on line 1c). See Part IV, line 18			• ,		>	. 1 186 244 1	Par De L'este et la trace.	result (NALIS PORT) - Principal	
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a 95,810, b Less: cost of goods sold b 34,768, c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Misc. Income 733320 13,717. b Birthday Parties 722320 8,150, 8,150, d All other revenue e Total. Add lines 11a-11d 21,867, 12 Total revenue. See instructions. 5 913,868, 931,084, 1,016, <148,183, Fam 990 (1043)	ven			•					
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Part IV, line 19	1		, ,	=		<101,300.			7101,300.
b Less: direct expenses b c Net income or (loss) from gaming activities		5 4							
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Misc, Income 733320 13,717. b Birthday Parties 722320 8,150. c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. D All other revenue. See instructions.		h							
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and allowances a 95,810, b Less: cost of goods sold b 34,768, c Net income or (loss) from sales of inventory ► 61,042, 61,042, Miscellaneous Revenue Business Code 11 a Misc. Income 733320 13,717. 13,717. b Birthday Parties 722320 8,150, 8,150, c d All other revenue e Total. Add lines 11a-11d ► 21,867. 12 Total revenue. See instructions. ► 5 913,868, 931,084, 1,016, <148,183, 232009					,				
b Less: cost of goods sold b 34,768, c Net income or (loss) from sales of inventory ► 61,042, 61,042, Miscellaneous Revenue Business Code 11 a Misc, Income 733320 13,717. b Birthday Parties 722320 8,150, 8,150. c d All other revenue e Total. Add lines 11a-11d ► 21,867. 12 Total revenue. See instructions. ► 5,913,868, 931,084, 1,016, <148,183,					95.810.				
c Net income or (loss) from sales of inventory ▶ 61,042, 61,042, 61,042, Miscellaneous Revenue Business Code 11 a Misc. Income 733320 13,717. 13,717. b Birthday Parties 722320 8,150. 8,150. c d All other revenue 21,867. 21,867. 12 Total revenue. See instructions. 5 913,868. 931,084. 1,016. <148,183.		b							
Miscellaneous Revenue Business Code 11 a Misc. Income 733320 b Birthday Parties 722320 c d All other revenue e Total. Add lines 11a-11d 21,867. 12 Total revenue. See instructions. 5 913,868. 232009						61.042.	61.042.		
b Birthday Parties 722320 8,150. 8,150. c d All other revenue e Total. Add lines 11a-11d					Business Code				[1] 11 [1] [1]
c d All other revenue e Total. Add lines 11a-11d ≥ 21,867. 12 Total revenue. See instructions. ≥ 5,913,868, 931,084, 1,016, <148,183,		11 a	Misc. Income		733320	13,717.			13,717.
d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 5 913,868, 931,084, 1,016, <148,183, :232009		b	Birthday Parties		722320	8,150.	8,150.		
e Total. Add lines 11a-11d 21,867. 12 Total revenue. See instructions. 5 913,868, 931,084, 1,016, <148,183, 232009 5 970 (2013)		С		······································					
12 Total revenue. See instructions. 5 913 868 931 084 1 016 <148 183 232009		-					FROM COLONIA 1984 NO. 10 PRESENTA	The second second second	
232009 Form 900 (2012)								rag Rijan, egini	
12-10-12 Form 990 (2012)	232009	9	rotal revenue. See instructions.		·····	5,913,868,	931,084.	1,016.	<pre>// <148 183 .> Form 990 (2012)</pre>

Part IX Statement of Functional Expenses

		se to any question in th		(0)	(D)
	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	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	142,962.	100,356.	19,273.	23,333
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	006 044	E C E 0 0 1	108,664.	131,556
7	Other salaries and wages	806,044.	565,824.	100,004.	131,330
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	i			
9	Other employee benefits	72,287.	53,173.	15,136.	3,978
10	Payroll taxes	88,468.	65,076.	18,524.	4,868.
11	Fees for services (non-employees):	00/1000	337373		
ı. a	Management				
b	Legal	2,473.	1,605.	177.	691
С	Accounting	86,517.	56,168.	6,182.	24,167
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	114,681.	50,030.	13,506.	51,145, 3,702,
12	Advertising and promotion	64,024.	57,860.	2,462.	3,702
13	Office expenses				
14	Information technology				
15	Royalties	121 042	100 005	11 002	10,065.
16	Occupancy	131,043. 12,757.	109,095. 5,574.	11,883. 7,183.	
17	Travel Payments of travel or entertainment expenses	14,737.	3,3/4.	7,103.	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	14,525.		14,525.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	62,001.	55,764.	6,237.	
23	Insurance	68,792.	61,993.	6,799.	
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 0.)				
а	Materials & Supplies	199,022.	183,826.	11,685.	3,511.
b	Exhibit Fees	125,289.	125,289.	F.C. C0.0	0 701
С	Other Costs	71,897.	12,436.	56,680.	2,781
d	Telephone	20,227.	20,227.	39,044.	1,261
	All other expenses	50,088.	9,783.	39,044.	261,058
25	Total functional expenses. Add lines 1 through 24e	2,133,097.	1,534,079.	331,300.	Z01,030
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	TODOLICA HI COMITTI LD FORM COSTS HOTH & COHDINED				
	educational campaign and fundraising solicitation.				

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 1,090. 4,394. Cash - non-interest-bearing 350,874. 232,329. 2 Savings and temporary cash investments 177,000. 125,500. Pledges and grants receivable, net 3 274,211. 307,057. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 7,125. 7,807. Inventories for sale or use 312,671. 59,129. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 5,014,545. basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 1,063,497. 1,706,778. 3,951,048. 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 581,682. 1,790,085. Other assets. See Part IV, line 11 15 <u>6,781,709.</u> 3,107,071**.** 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 158,788. Accounts payable and accrued expenses 360,794. 17 17 18 18 Grants payable 196,321. 117,955. 19 19 Deferred revenue Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 768,301. 942,540. Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 1,219,283. 1,325,416. 26 Total liabilities, Add lines 17 through 25 ... Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,990,195. <u>1,242,536.</u> 27 Unrestricted net assets _____ 539,119. 572,231. Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 5,562,426. 1,781,655. 33 Total net assets or fund balances 6.781.709. 3,107,071 Total liabilities and net assets/fund balances

Form	1990 (2012) Aquarium, inc.	<u> </u>	<u> </u>	Pag	<u> 16 </u>			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,913					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,133					
3	Revenue less expenses. Subtract line 2 from line 1	3	3,780					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,781	L,6	<u>55.</u>			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	coluṃn (B))	10	5,562	2, 4	<u> 26.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- [6]					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	X				
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		1.5	1. 1. 1.			
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	.,						
			Form	990	20121			

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

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

South Florida Science Center &

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

59-0915177 Aquarium, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated _ Type I ___ Type II c ____ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (iii) Type of organization (vii) Amount of monetary (ii) EIN organization in col.
(i) organized in the organization in col. in col. (i) listed in your (described on lines 1-9 support organization above or IRC section governing document? (i) of your support? U.S.? (see instructions)) Yes Yes No Yes No No

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

Schedule A (Form 990 or 990-EZ) 2012

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

59-0915177 Page 2

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1062605.	753,094.	1120056.	1478771.	5129951.	9544477.		
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	100,000.	100,000.	100,000.	100,000.		500,000.		
4	Total. Add lines 1 through 3	1162605.	853,094.	1220056.	1578771.	5229951.	10044477.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						896,339.		
6	Public support. Subtract line 5 from line 4.			et etek			9148138.		
Se	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
7	Amounts from line 4	1162605.	853,094.	1220056.	1578771.	5229951.	10044477.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	2,325.	3,929.	15,727.	14,583.	6,300.	42,864.		
9	Net income from unrelated business								
	activities, whether or not the	Į l	!						
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV.)	32,629.	53,047.	27,113.	11,330.	21,867.	145,986.		
11	Total support. Add lines 7 through 10	u dus sila 250					10233327.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 4	,716,404.		
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
	organization, check this box and stop	here		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2012 (I					14	89.40 %		
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	84.96 %		
16a	33 1/3% support test - 2012. If the c	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this be			
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			▶∐		
17a	10% -facts-and-circumstances test	t - 2012. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <mark>stop h</mark>	ere. Explain in Par	t IV how the organ	nization		
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization				
b	10% -facts-and-circumstances test	t - 2011. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or		
	more, and if the organization meets th	e "facts-and-circu	mstances" test, cl	neck this box and :	stop here. Explain	in Part IV how the	e		
	organization meets the "facts-and-circ	umstances" test.	The organization c	ualifies as a public	cly supported orga	nization	>		
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	ns ▶		
					Sche	dule A (Form 990	or 990-EZ) 2012		

Schedule A (Form 990 or 990-EZ) 2012 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	n fails to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support									
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions,									
	merchandise sold or services per-									
	formed, or facilities furnished in									
	any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that									
3	are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-	 								
4	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>								
7 a	Amounts included on lines 1, 2, and	į ·								
	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						ļ			
c	Add lines 7a and 7b									
	Public support (Subtract line 7c from line 6.)						<u> </u>			
Sec	ction B. Total Support						·			
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on securities loans, rents, royalties									
	and income from similar sources									
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
c	Add lines 10a and 10b									
	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is regularly carried on									
12	Other income. Do not include gain									
	or loss from the sale of capital									
13	assets (Explain in Part IV.)									
	First five years. If the Form 990 is for	the erapization's	first second thir	d fourth or fifth to	l voor oo o oosti	n 501(a)(2) organi	ration			
14	<u>-</u>	-			=		. —			
Sec	check this box and stop here ction C. Computation of Publi									
	Public support percentage for 2012 (I			olumn (fl)		15	%			
	Public support percentage from 2011					16	%			
16 Sec	tion D. Computation of Inves					1 10				
	Investment income percentage for 20			o 12 column (fl)		17	%			
							<u> </u>			
	Investment income percentage from 2									
ıya	33 1/3% support tests - 2012. If the									
	more than 33 1/3%, check this box ar									
b	33 1/3% support tests - 2011. If the	-								
	line 18 is not more than 33 1/3%, che									
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

South Florida Science Center &

OMB No. 1545-0047

2012

Employer identification number

Ac	quarium, Inc.	59-0915177
Organization type (check of	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
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	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General Rule		
For an organization contributor. Comp	n filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in mo lete Parts I and II.	ney or property) from any one
Special Rules		
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulb)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the grij) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrib of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educ cruelty to children or animals. Complete Parts I, II, and III.	
contributions for u If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribuse exclusively for religious, charitable, etc., purposes, but these contributions did not totated, enter here the total contributions that were received during the year for an exclusively omplete any of the parts unless the General Rule applies to this organization because it e, etc., contributions of \$5,000 or more during the year	al to more than \$1,000. y religious, charitable, etc., received nonexclusively
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990; or check the box on line H of its Form 990·EZ or on Part I, the filing requirements of Schedule B (Form 990, 990·EZ, or 990·PF).	

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) (2012)

Name of organization
South Florida Science Center &
Aquarium, Inc.

Employer identification number

59-0915177

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

()	0.3		(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$144,650.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

South Florida Science Center &

Aquarium, Inc.

59-0915177

Part II	Noncash Property (see instructions). Use duplicate copies of F	art II if additional space is needed.	
(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
-		-	
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-			
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
-			
-		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Employer identification number Name of organization South Florida Science Center & 59-0915177 Aquarium, 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 (c) Use of gift (d) Description of how gift is held (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 Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. fŕom (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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. ➤ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

South Florida Science Center & Aquarium, Inc.

Employer identification number 59-0915177

Pa			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		(h) Funda and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
Do	impermissible private benefit?		
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		(
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a		-
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	·	
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organizati	on s financial statements that describes	the organization's accounting for
Pai	conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
1 41	Complete if the organization answered "Yes" to Form 9		THE AUGUST.
4.0	If the organization elected, as permitted under SFAS 116 (ASC		ment and halange sheet works of art
ıa	•	·	
	historical treasures, or other similar assets held for public exhi- the text of the footnote to its financial statements that describ		tice of public service, provide, in Fart XIII,
1			t and balance about works of art historical
а	If the organization elected, as permitted under SFAS 116 (ASC	•	
	treasures, or other similar assets held for public exhibition, ed	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		
2	If the organization received or held works of art, historical trea		ai gain, provide
	the following amounts required to be reported under SFAS 11		• •
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

by:
(i) unrelated organizations
(ii) related organizations
(iii) are the related organizations listed as required on Schedule R?

3a(ii)
3b

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

Description of property	(a) Cost or other basis (investment)	, ,		(d) Book value
1a Land				
b Buildings		4,217,162.	662,227.	3,554,935.
c Leasehold improvements				
d Equipment		432,908.	148,585.	284,323.
e Other		364,475.	252,685.	111,790.
Total, Add lines 1a through 1e. (Column (d) must equ		nn (B), line 10(c).)		3,951,048.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See	Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests		ļ		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		-		
(1)		Maria de Cara	real Reports 1 Con	agrande de la grande de la companya
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. See (a) Description of investment type	e Form 990, Part X, line (b) Book value		valuation: Cost or en	d of year market value
	(b) BOOK Value	(C) Method of	Valuation. Cost of end	J-01-year market value
(1)				
(2)				***************************************
(3)				
(4)				
(5)	· maio			
(6)				
(7)				
(8)				
(9)				
(10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		La Fagar Da la		
Part IX Other Assets. See Form 990, Part X, line 13.	5		<u></u>	<u> </u>
	escription			(b) Book value
(1) Collections & Exhibits				1,786,375.
(2) Deposits				3,710.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			1,790,085.
Part X Other Liabilities. See Form 990, Part X, lir	ne 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line				
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text	or the footnote to the c	organization's financi	ıaı statements that rep	oπs tne organization's

Schedule D (Form 990) 2012

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III, line 4: The Center capitalizes its exhibits and collections

which are held for public exhibition and educational purposes.

Part X, Line 2: The Center is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code of 1986 and has been classified as publically supported organizations that are not private foundations under Section 509(a) of the Code. Income determined to be unrelated business taxable income (UBTI) would be taxable. In connection with rent received Schedule D (Form 990) 2012

232054

Part XIII | Supplemental Information (continued)

from an independent vendor at the expanding facility, there was approximately \$1,000 of unrelated business income for the year ended September 30, 2013.

The Center follows FASB ASC 740-10, Accounting for Uncertainty in Income Taxes. This pronouncement seeks to reduce the diversity in practice associated with certain aspects of measurement and recognition in accounting for income taxes. It prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position that an entity takes or expects to take in a tax return. An entity may only recognize or continue to recognize tax positions that meet a "more likely than not" threshold. The Center assesses its income tax positions based on management's evaluation of the facts, circumstances and information available at the reporting date. The Center uses the prescribed "more likely than not" threshold when making its assessment. For the year ended June 30, 2013, the Center did not accrue any interest expense or penalties related to tax positions, and there are no open federal or state tax years currently under audit.

Part XI, Line 2d - Other Adjustments:	
Cost of Sales	34,768.
Special Event Expenses	225,200.
Rental Expenses	5,284.
Total to Schedule D, Part XI, Line 2d	265,252.
Part XII, Line 2d - Other Adjustments:	

34,768. Cost of Sales

Special Event Expenses

225,200. Schedule D (Form 990) 2012

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. South Florida Science Center &

Inspection Employer identification number

boddii I I o I dd Dolloi o o o o o o o o o o o o o o o o o							Employer identification number			
Aquariu	59-0915177									
	· Complete if the organization answe	red "Y	'es" to	Form 990, Part IV, li	ne 17	7. Form 990-EZ	filers are not			
Indicate whether the organization rais a	e Solicitat f Solicitat g Special pr oral agreement with any individual	ion of ion of fundra (includ	non-g gover aising o	overnment grants nment grants events fficers, directors, trus	stees	or Yes	☐ No			
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the		uant to	agre	ements under which	the f	undraiser is to l	pe			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	ustody	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No							
Total		I	•							
List all states in which the organization or licensing.	on is registered or licensed to solicit		utions	s or has been notified	l it is	exempt from re	egistration			

Schedule G (Form 990 or 990-EZ) 2012

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

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			Gala & other	1 ' '	None	(d) Total events
			misc. event		None	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue			(0.0111.1)(0.0)	(0.0111.1) (0.0111.1)	(total (railibot)	
Revenue	1	Gross receipts	422,944.			422,944.
	2	Less: Contributions	359,644.			359,644.
	3_	Gross income (line 1 minus line 2)	63,300.			63,300.
	4	Cash prizes				
Ø	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				225,200.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	(225,200)
_	11		n (d), and line 10		<u></u>	<161,900.
Pa	art I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
	1	\$15,000 on Form 990-EZ, line 6a.	1	6 2 D 11 1 1 5 1 1 1		1.07.1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes			-	
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	()
	8	Net gaming income summary. Combine line 1	, column d, and line 7		>	
а	ls t	ter the state(s) in which the organization opera the organization licensed to operate gaming ac No," explain:	tivities in each of these	states?		Yes No
10~		ere any of the organization's gaming licenses re	avoked suspended or to	rminated during the tax s	/ear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·			
						rm 990 or 990-FZ) 2012

South Florida Science Center &

Sch	edula G (Form 990 or 990 EZ) 2012 Aquarium, Inc.	<u> 59 – 09</u>	<u>915</u>	<u> 177</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			Yes	□ No
40	to administer charitable gaming?			res 	140
	Indicate the percentage of gaming activity operated in:		40-		%
	The organization's facility		13a		——————————————————————————————————————
	An outside facility		13b	l	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	JS:			
	Name				
	Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$	unt			
c	If "Yes," enter name and address of the third party:				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of somines woulded b				
	Description of services provided				
	Director/officer Employee Independent contractor			a.	
	Director/officer Employee Independent contractor				
	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Ш	Yes	∟_ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i organization's own exempt activities during the tax year > \$	n the			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu				
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	milation	(566)	nsuuc	zuons).
					
		_			

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

2012

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

South Florida Science Center &

Employer identification number

	<u> Aquarium</u>	, Inc.						59	<u>-09</u>	<u> 151</u>	77		
Part I Excess Bene	efit Transac	tions (section 5	01(c)(3	3) and s	section 501(c)(4) orga	aniza	itions only).						
Complete if the	organization ans	swered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, P	art V,	ine 40	b			
4	(b)	Relationship bet			lified						(d)	Corre	cted?
(a) Name of disqualified person		person and o			(c	;) De	scription of tran	sactio	n		Yes		No
		person and o	rgarnz	ation							 '`	1	

				-									
											-		
2 Enter the amount of tax	incurred by the	organization mai	nagers	or disc	qualified persons dur	ring t	he year under						
	-								> \$				
3 Enter the amount of tax,									▶ \$				
3 Litter the amount of tax,	il ally, off life 2	, above, remibul	oca by	110 01	ga: 112atio: 1				•				
Part II Loans to and	d/or From In	tarastad Par	cons										
						_	000 5 1 11 1 1	00					
•	-				., Part V, line 38a or F	-orm	990, Part IV, III	ie 26;	or if th	e orga	ınızatı	on	
reported an amo										(L) An	oravad		
(a) Name of	(b) Relationshi with	. I ICI EULDOSE		oan to or	(e) Original	(f)	Balance due			(h) App by bo	ard or	(1)	ritten
interested person	organization	of loan	organization		principal amount			default?		committe		tee? agreeme	
			То	From				Yes	No	Yes	No	Yes	No
,													
			 										
			+										
	<u> </u>		-	 -									
			1				* *********						
			<u> </u>										
-	1				\$			4.41	7.	1 - 1		1.5	12.1
Total Part III Grants or As	eistance Re	nefiting Inte	rasta	d Pa				L					
		_											
Complete if the o		swered "Yes" on	Form :	990, Pa	i								
(a) Name of interested (person	(b) Relationship	betwe	een	(c) Amount of assistance	1	(d) Type assistan) Purp assista		Ī
		interested per the organiz		nd	assistance		assistari	06			4551511	21100	
		tile Organiz	ation										

	-												
						-							
11. 12.11.						\dashv							
									-				
						Ì							

Schedule L (Form 990 or 990-EZ) 2012

	Florida Science Cen	ter &	EO 001E	177								
Schedule L (Form 990 or 990 EZ) 2012 Aquari Part IV Business Transactions Involv	um, Inc. ing Interested Persons.		59-0915	177 Page 2								
Complete if the organization answered	•	3b, or 28c.										
(a) Name of interested person (b) Relationship between interested (c) Amount of organization (d) Description of organization												
	person and the organization	tranoadtion	transaston.	revenues? Yes No								
Dale Hedrick	Former trustee	0.	The South F									
DOLLO MOGRACIO.												
Part V Supplemental Information	d information for roomanage to guaration	o on Cohodula I. (ooo	inatructions)									
Complete this part to provide additionate	i mornation for responses to question	s on schedule L (see	instructions).									
Sch L, Part IV, Business T	ransactions Involvi	ng Interest	ed Persons:	AMAZO.								
(a) Name of Person: Dale H	ledrick											
(d) Description of Transac	tion: The South Flo	rida Scienc	e Center &									
(d) Deberration or Transact	<u> </u>											
Aquarium board voted to pr	oceed with a "Cente:	r" expansio	n project.	One of								
the construction companies	that offered to his	d on the nr	ojest was H	edrick								
the construction companies	that offered to bio	i on the br	Oject was n	editor								
Brothers Construction. Pri	or to the beginning	of the bid	process, D	ale								
<u>Hedrick resigned his posit</u>	ion on the board and	d disclosed	his intere	st in								
having his company conside	red for the project	. The cons	truction bi	đ								
naving his company conside	red for ene project	· IIIC COME	CI GC CIOII ZI									
process was managed by an	external construction	on manageme	nt company	which								
			1 Danah da									
solicited bids from constr	uction companies lo	cated in Pa	ım Beach Co	uncy.								
A total of eight bids were	received, which le	d to three	bid confere	nces								
where presentations were m	ade to board member	s and staff	by									
representatives from each	of the firms At a	final hid d	onference	the								
representatives from each	or the linus. At a	LINAL DIG C	Onrerence,	0110								
board and staff committee	assigned to chose the	he winning	contractor	chose								
Hedrick Brothers Construct	ion based on price	and quality	•									
				_								

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

South Florida Science Center & Aquarium, Inc.

Employer identification number 59-0915177

11Qual 1 um, 1110.
Form 990, Part VI, Section A, line 6: The organization has members who
attend and participate in board meetings.
Form 990, Part VI, Section A, line 7a: The board nominates trustees to
serve three year terms and the majority of members present at the annual
meeting elect the nominees, with the exception of one member of the board
who is nominated by the Junior League of the Palm Beaches.
Form 990, Part VI, Section B, line 11: The board of trustees empowered the
executive committee to review and approve the 990 for submission. The
executive committee approves the 990 and provides a copy of the final form
to the board prior to submission.
Form 990, Part VI, Section B, Line 12c: The organization monitors the
conflict of interest policy by way of an annual review by the board of
directors.
Form 990, Part VI, Section B, Line 15a: The board approves the salary of
the CEO.
Form 990, Part VI, Section C, Line 19: The organization makes its
governing documents, conflict of interest policy, and financial statements
available to the public upon request.
Part XII Line 2C

Audit Report Review Process

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. $^{232211}_{01-04-13}\,$

Schedule O (Form 990 or 990-EZ) (2012)

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Sequence No. 179

➤ See separate instructions. Attach to your tax return. Business or activity to which this form relates

Identifying number

Name	(s) shown on return		Ε	Business or activity to	Identifying number				
So	uth Florida Science								
<u> Ag</u>	uarium, Inc.			F	orm 990	Page 10		<u> 59-0915177</u>	
Pa	rt Election To Expense Certain Prop	erty Under Section 17	'9 Note: If yo	ou have ar	ny listed property	, complete Part	V before y		
1 1	Maximum amount (see instructions)						1	500,000.	
2	Total cost of section 179 property plac	(
3	Threshold cost of section 179 propert		2,000,000.						
4	Reduction in limitation. Subtract line 3								
5 [Dollar limitation for tax year. Subtract line 4 from lin								
6	(a) Description of p	d cost							
	_isted property. Enter the amount fror								
	Total elected cost of section 179 prop								
	Tentative deduction. Enter the smalle								
	Carryover of disallowed deduction from	·							
	Business income limitation. Enter the								
	Section 179 expense deduction. Add					<u> </u>	12		
	Carryover of disallowed deduction to 2 : Do not use Part II or Part III below for				13			A STATE OF THE STA	
	rt II Special Depreciation Allow				naluda listad pro	norty)			
	Special depreciation allowance for qua		·	··		· · · · · · · · · · · · · · · · · · ·			
						-	14		
	the tax year Property subject to section 168(f)(1) e								
	Other depreciation (including ACRS)	ection					16	62,001.	
$\overline{}$	rt III MACRS Depreciation (Do n						1 10	02/0010	
	interes september (2011)	O		ection A					
17 1	MACRS deductions for assets placed	in service in tax ve			2012	- Annual Control of the Control of t	17		
	f you are electing to group any assets placed in se						Ï 📆		
	Section B - Asset						ation Syst	em	
	(-) Classification of a second	(b) Month and		or depreciation		y (e) Convention	(f) Method	(g) Depreciation deduction	
	(a) Classification of property	year placed in service		instructions)	oo l norind	(e) Convention	(i) Welliod	(g) Depreciation deduction	
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property		W11W 10						
g	25-year property				25 yrs.		S/L		
h	Residential rental property	/			27.5 yrs.	MM	S/L		
	residential rental property	/			27.5 yrs.	MM	S/L		
i	Nonresidential real property	/			39 yrs.	MM	S/L		
		/				MM	S/L		
	Section C - Assets	Placed in Service	During 201	2 Tax Yea	ar Using the Alte	ernative Depred	T	stem	
<u>20a</u>	Class life						S/L		
b	12-year								
Do	40-year	/			40 yrs.	MM	S/L		
	rt IV Summary (See instructions.)						T : :		
	Listed property. Enter amount from lin						21		
	Total. Add amounts from line 12, lines	_						62 001	
	Enter here and on the appropriate line				1	str	22	62,001.	
	For assets shown above and placed in	_			1 1				
21625	portion of the basis attributable to sec							Form 4562 (2012)	
12-28-	12 LHA For Paperwork Reduction	n actinutice, see s	separate in:	SHUCTION	٥.			1 01111 4002 (2012)	

	art V Listed Proper amusement.)		utomobiles, ce			cles, cer	tain con	puters	s, and pro	perty use	ed for er	ntertainn	nent, rec	reation,	or
	Note: For any through (c) of	vehicle for wi Section A, all	hich you are u of Section B,	sing the and Sec	standar ction C it	d mileag applica	je rate o ble.	r dedu	cting lease	expens	e, comp	lete onl	y 24a, 2	4b, colui	mns (a)
	Section A	- Depreciation	on and Other	Informa	ation (Ca	aution: S	See the	instruc	tions for li	mits for p	passeng	er auton	nobiles.)		
24:	a Do you have evidence to	support the bu	siness/investme	ent use cla	aimed?	Y	es	No	24b If "Y	es," is th	ne evide	nce writt	ten?	Yes	No
	(a) (b) (c) Type of property (list vehicles first) placed in service use percentage		other basis		l /bu	(e) sis for depr siness/inve use onl	eciation estment	(f) Recovery period	(g)		(h) Depreciation		(i) Elected section 179 cost		
25	Special depreciation all	owance for q	ualified listed	property	/ placed	in servi	ce durin	g the ta	ax year ar	ıd					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more that														
		: :	ç	%											
		: :	c	%											
		: :	g	%											
27	Property used 50% or l					l				L		1			
=-		: :		%						S/L -				43.5	A 18 3
		1		%						S/L -					
		i i		%						S/L -					
	A -l-1	/h\ !:=== 05				Line O1			L		28	 			
	Add amounts in column											1	1 00	3. 3. 1. 1	<u> </u>
<u>29</u>	Add amounts in column	ı (ı), line 26. E											. 29	L	
							on Use								
If y	mplete this section for ve ou provided vehicles to y se vehicles.												ing this s	section f	or
				(a)	(b)		(c)	(d)	(4	e)	(f)
30	Total business/investment	miles driven d	uring the	Vet	nicle	Vel	hicle	\ v	ehicle	Veh	nicle	Veh	nicle	Vet	nicle
	year (do not include com	muting miles)													
31	Total commuting miles														
	Total other personal (no												* 411 - 114 - 114 - 114		-
52	•	_	•			İ									
00	driven														
33	Total miles driven during														
	Add lines 30 through 32				Τ	1,,	T	1		- V			Γ.,		N-
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?					-	1					ļ <u></u>			
35	Was the vehicle used p														
	than 5% owner or relate	ed person?						ļ							
36	Is another vehicle availa	able for perso	nal												
	use?						1					<u></u>	_	<u> </u>	
ow	swer these questions to ners or related persons.	determine if y		xception	to com	pleting :	Section	B for v	ehicles us	ed by er	nployee	s who a	re not m		1
	Do you maintain a writte employees?											r 		Yes	No
38	Do you maintain a writte	en policy stat	ement that pr	ohibits p	personal	use of \	vehicles,	excep	t commut	ing, by y	our				
	employees? See the ins	structions for	vehicles used	by corp	orate of	fficers, c	directors	, or 1%	or more	owners					
39	Do you treat all use of v	ehicles by er	nployees as p	ersonal	use?										
	Do you provide more th														
	the use of the vehicles,	and retain th	e information	received	i?									. L	
41	Do you meet the require														
	Note: If your answer to														
P	art VI Amortization		<u> </u>												
	(a) Description o	f costs		(b) amortization begins		(c) Amortizat amount			(d) Code section		(e) Amortiza period or per	ıtion	A.	(f) mortization or this year	
42	Amortization of costs th	nat begins du			ar:										
			.5,:5::251	, .	<u> </u>							T			
								+							
40	Amortization of assts th	at hogan had	foro your 0010	tav van	i r			-1		1		43			
43	Amortization of costs th	ıaı beyan bei	ore your 2012	tax yea	u							70			

44

Depreciation and Amortization RENT (Including Information on Listed Property)

OMB No. 1545-0172

1

Attachment Sequence No.

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

➤ See separate instructions. ➤ Attach to your tax return. Business or activity to which this form relates

Identifying number

South Florida Scien Aguarium, Inc.	ce Center &	·					59-0915177
Part I Election To Expense Certain P	roperty Under Section 17	'9 Note: If you have a	ny listed pr	operty, c	complete Part	V before y	ou complete Part I.
1 Maximum amount (see instructions	`					1 4	500,000.
2 Total cost of section 179 property	,						
3 Threshold cost of section 179 prop		2,000,000.					
4 Reduction in limitation. Subtract lin							
5 Dollar limitation for tax year. Subtract line 4 fro							
6 (a) Description			(business use		(c) Elected		
7 Listed property Enter the amount	from line 20			7			
7 Listed property. Enter the amount							
8 Total elected cost of section 179 p							
9 Tentative deduction. Enter the small							
10 Carryover of disallowed deduction							
11 Business income limitation. Enter t							
12 Section 179 expense deduction. A						12	Color Alfred All Carte
13 Carryover of disallowed deduction			<u> </u>	13			
Note: Do not use Part II or Part III belo		· .					
Part II Special Depreciation All		·		-			T
14 Special depreciation allowance for	qualified property (oth	er than listed propert	y) placed in	n service	during		
the tax year						14	
15 Property subject to section 168(f)(1	I) election					15	
16 Other depreciation (including ACRS	S)	*****				16	655 .
Part III MACRS Depreciation (D	o not include listed pro	perty.) (See instructi	ions.)				
		Section A					
17 MACRS deductions for assets place	ed in service in tax yea	ars beginning before	2012		**************	17	
18 If you are electing to group any assets placed i	n service during the tax year in	nto one or more general asse	et accounts, ch	neck here	▶ □		
Section B - Ass	sets Placed in Service	During 2012 Tax Y	ear Using	the Gen	eral Deprecia	ition Syst	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciatio (business/investment us only - see instructions	se (a)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property							
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property			2	5 yrs.		S/L	
g 20 your property	1			.5 yrs.	MM	S/L	
h Residential rental property	,			.5 yrs.	MM	S/L	
	,				MM	S/L	
i Nonresidential real property			3:	9 yrs.			
Castian C. Assa	to Disposition Coming 1	D 0010 Tay Va		- Albays	MM Desired	S/L	<u> </u>
	ts Placed in Service I	Juring 20 12 Tax Tea	ar Using th	ie Aiterr	lative Deprec		stem
20a Class life						S/L	
b 12-year			 	2 yrs.		S/L	
c 40-year	/		4	0 yrs.	MM	S/L	
Part IV Summary (See instruction	ns.)						
21 Listed property. Enter amount from							
						21	
22 Total. Add amounts from line 12, lin	nes 14 through 17, line	s 19 and 20 in colum	nn (g), and l	ine 21.			
22 Total. Add amounts from line 12, line Enter here and on the appropriate I	nes 14 through 17, line ines of your return. Pa	s 19 and 20 in colum	nn (g), and l	ine 21.	······································		655.
22 Total. Add amounts from line 12, lin	nes 14 through 17, line ines of your return. Pa d in service during the	es 19 and 20 in colum rtnerships and S corp current year, enter th	on (g), and loorations -	ine 21.	r		655.

Fo	rm 4562 (2012)		<u>arium,</u>											<u> 177</u>	
Р	art V Listed Prope amusement.)	rty (Include a	utomobiles,	certain ot	her vehic	cles, d	certain coi	nputer	s, and pro	perty us	ed for er	ntertainn	nent, red	creation,	or
	Note: For any	vehicle for wi	hich you are	using the	standar	d mile	eage rate o	or dedu	cting lease	e expen	se, comp	lete onl	y 24a, 2	4b, colu	mns (a)
_	through (c) of	Section A, all	of Section	B, and Sec	ction C if	f appli	icable.								
_		- Depreciation			 	autio	n: See the	instruc							
24	a Do you have evidence to			ment use c	laimed?		Yes	No	24b lf "Y	es," is t	he evide	nce writt	en?	_ Yes │	No
	(a)	(b) Date	(c) Busines	0/	(d)		(e)		(f)		(g)		h)		(i) ected
	Type of property placed in investmen (list vehicles first)			nt	Cost or ther basis	ì	Basis for dep (business/inv		Recovery period		thod/ vention		ciation action		on 179
	(list verifolds fil'st)	service	tage 0			use or	ıiy)	poriou	0011	VOILLON	4000		С	ost	
25	Special depreciation al	lowance for q	ualified liste	d property	y placed	in se	rvice durir	ng the t	ax year an	ıd					
	used more than 50% in										. 25				
26	Property used more th	an 50% in a q	ualified bus	iness use	:					т					
				%											
		: :		%											
				%											
27	Property used 50% or	less in a quali	fied busines	s use:										,	
		: :		%						S/L·					
				%						S/L·					
				%						S/L -					
28	Add amounts in colum	n (h), lines 25	through 27.	Enter her	e and or	n line :	21, page 1	1			. 28				
29	Add amounts in colum	n (i), line 26. E	nter here ar	nd on line	7, page	1							29		
				Section	B - Infor	matic	on on Use	of Vel	nicles						
Со	mplete this section for v	ehicles used i	by a sole pr	oprietor, p	artner, c	or othe	er "more t	han 5%	owner," o	or relate	d persor	١.			
	ou provided vehicles to												ng this s	section f	for
tho	se vehicles.														
				((a)			(b)		((d) (e)		e)	((f)
30	Total business/investment	t miles driven d	uring the	_ ·	Vehicle			Vehicle Ve				ehicle Vehicle		Vehicle	
	year (do not include com		•												
31	Total commuting miles														
	Total other personal (ne			•											
-	driven	_	-			i									
33	Total miles driven durin														
00	Add lines 30 through 3														
34	Was the vehicle availab			Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No	Yes	No
54	during off-duty hours?				140	10	3 140	163	110	162	110	163	140	103	110
25	Was the vehicle used p														
33	than 5% owner or relat														
00				•						 	 				
36	Is another vehicle avail	•													
	use?			•											
			- Questions	-	-					_					
	swer these questions to	determine if y	/ou meet an	exception	1 to com	pietin	ig Section	B for v	enicies us	ea by e	mpioyee	s wno ai	e not II	iore mai	11 5%
	ners or related persons.			[- 2] - 24	- 11			1 !	11!					V	T N
37	Do you maintain a writt	-										r		Yes	No
														.	
38	Do you maintain a writt							•							
	employees? See the in				_										-
	Do you treat all use of													. —	-
40	Do you provide more th														
	the use of the vehicles,														
41	Do you meet the requir														
_	Note: If your answer to	<i>37, 38, 39, 40</i>	0, or 41 is "\	'es," do n	ot compl	lete S	ection B f	or the c	covered ve	hicles.					
P	art VI Amortization		-									· · · · · · · · · · · · · · · · · · ·			
	(a) Description	of costs	n	(b) ate amortization		(c Amort			(d) Code				Δ	(f) mortization	1
				begins]	amo	ount		section		period or per		fo	or this year	
42	Amortization of costs the	nat begins du	ring your 20	12 tax yea	ar:								,		
				ii											
		•										1			

43 Amortization of costs that began before your 2012 tax year

43 44