		PU	JBLIC DISCLOSURE CC	PY - STATE REGI	ISTRATI	ON NO. CH11	
		00	Return of Organ	nization Exempt	From I	ncome Tax	OMB No. 1545-0047
Form	m y	90	Under section 501(c), 527, or 494	7(a)(1) of the Internal Reven	ue Code (ex	cept private foundation	ons) 2013
Dena	rtment o	of the Treasury	Do not enter Socia	made public.	Open to Public		
Interr	nal Reve	nue Service	Information about Feedback	orm 990 and its instructions	is at _{www in}	s aov/form990	Inspection
ΑF	or the	e 2013 calenc	lar year, or tax year beginning C	OCT 1, 2013 an		<u>S</u> ĔP 30, 2014	
B	Check if pplicabl		f organization			D Employer identif	ication number
a 		Sout	h Florida Science	Center and			
	Addre Chang	e Aqua	rium, Inc.				
	Name chang Initial	ge Doing E	Business As		_	59-0	915177
	return		r and street (or P.O. box if mail is not de	livered to street address)	Room/suite		
	Termin ated	dod	Dreher Trail				832-1988
		City or 1	own, state or province, country, and			G Gross receipts \$	3,406,367.
	tion pendii	west		3405		H(a) Is this a group r	
		F Name a	nd address of principal officer:Lew	is crampton		for subordinates	
			as C above	(increations) 40.47(a)/4		H(b) Are all subordinates i	
				(insert no.) 4947(a)(1	l) or 🛄 527		a list. (see instructions)
			sfsciencecenter.or X Corporation Trust A	ssociation Other	L Voor	H(c) Group exemption	number 🕨 M State of legal domicile: FL
	art I	Summary			L Year		M State of legal domicile: F L
ГС			be the organization's mission or mos		ovcito	auriogity a	nd further
ce	1	the unc	lerstanding and app	reciation of su	cience	and technol	
nan		-	\rightarrow b if the organization disco				
ver			ting members of the governing body			1	18
ദ്			dependent voting members of the go				18
s S			of individuals employed in calendar		66		
itie			of volunteers (estimate if necessary)				120
Activities & Governance			d business revenue from Part VIII, co				
Ā			business taxable income from Form				0.
						Prior Year	Current Year
ø	8	Contributions	and grants (Part VIII, line 1h)			5,129,951.	
ňu						861,892.	1,317,391.
Revenue		-	come (Part VIII, column (A), lines 3, 4			0.	0.
æ			e (Part VIII, column (A), lines 5, 6d, 8d			-77,975.	
	12	Total revenue	- add lines 8 through 11 (must equa	I Part VIII, column (A), line 12)		5,913,868.	3,127,999.
	13	Grants and si	milar amounts paid (Part IX, column	(A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A	A), line 4)		0.	0.
es	15	Salaries, othe	r compensation, employee benefits ((Part IX, column (A), lines 5-10))	1,109,761.	
sue	16a	Professional f	r compensation, employee benefits (iundraising fees (Part IX, column (A), ing expenses (Part IX, column (D), lir	line 11e)		0.	0.
Expenses							
ш			es (Part IX, column (A), lines 11a-11c			1,023,336.	
			es. Add lines 13-17 (must equal Part			2,133,097.	
	19	Revenue less	expenses. Subtract line 18 from line	12		3,780,771.	128,885.
Net Assets or Fund Balances						eginning of Current Year	End of Year
Sse Bala	20	-				6,781,709. 1,219,283.	
let ∕ und	21			- 1		5,562,426.	5,691,311.
	22 art II	Signatur	fund balances. Subtract line 21 from	1 line 20		5,502,420.	J,091,311.
			I declare that I have examined this return	including accompanying schedu	les and statem	ents and to the best of m	w knowledge and belief, it is
			. Declaration of preparer (other than offic				יז אוסשוטעט מווע שבוובו, וג וא
<u></u>	, 001100					nas any knowledge.	
Sig	n	Signatur	e of officer			Date	
Her			s Crampton, CEO				
. 101	-		print name and title				
		Print/Type pre	parer's name	Preparer's signature		Date Check	PTIN
Paic	t		. Thomas			if self-employ	P00002419
	parer	Firm's name	Holyfield & Thom	as, LLC		Firm's EIN	65-1083521

-		
Use Only	Firm's address ⊾ 125 Butler Street	
	West Palm Beach, FL 33407	Phone no. (561)689-6000
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
332001 10-2	29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2013)

_	South Florida Science Center and	59-0915177 Page 2
	n 990 (2013) Aquarium, Inc. rt III Statement of Program Service Accomplishments	59-0915177 Page 2
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Open every mind to science.	
2	Did the organization undertake any significant program services during the year which were not listed on	
2	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 ser	vices? 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 service	ces, 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		(Revenue \$ 966,317.)
	The Center welcomed in excess of 205,000 visitors.	The Science Center
	offers permanent and traveling exhibitions, salt and	
	aquariums, a planetarium, a performance theater, and science-themed trail and includes a volunteer staffe	
	that allows visitors to communicate with operators t	
	world.	moughout the
	WOLIG.	
4b	(Code:) (Expenses \$728,837. including grants of \$)	(Revenue \$ 351,074.)
	Provided educational science-based programming to ov	
	students at SFSC&A, and held summer science camps fo	
	children ages 4-12 years old. The Center also held	
	development workshops for over 100 teachers througho Almost 40% of the students we serve are from under-s	
	through free programming. Our education department	
	largest school district in the nation under a distri	
	Targebe benoor arberree in the nation anaer a arberr	et wide agreement.
4c		(Revenue \$ 89,363.)
	Provided guest services, a museum store and membersh	ips 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 ► 2,318,277.	
33200	2	Form 990 (2013)
10-29	-13	
020	2	and a

Form 990 (2013)

Part IV Checklist of Required Schedules

South Florida Science Center and Aquarium, Inc.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
~	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)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	та		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

South Florida Science Center and Aquarium, Inc.

Form	Aquarium, Inc. 59-091	5177	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04-	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
		24a		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a	х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05	Part V, line 1			X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ _
5.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

Form 990	(2013)
Part V	St

South Florida Science Center and Aquarium, Inc.

a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	Par	rt V Statements Regarding Other IRS Filings and Tax Compliance							
1a Image: The number of Form V30: Chicked in the 1.5 farth of in or applicable 1a 0 c Differ the number of Form V30: Chicked in the 1.5 farth of in or applicable 1c X c Differ the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with no within the year overeably this return 2a 66 D Differ the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with no within the year overeably this return 2a 66 D Diff the organization have unleaded business grooms form of Differ the year? 3a X D Diff the organization have unleaded business grooms form of Differ the year? 3a X D Diff the organization have unleaded business grooms form of Differ the year? 3a X D Differ the number of form TOP applicable as bank account, socurities account, or other financial account? 4a X D D'''''''', ''''''''''''''''''''''''''''		Check if Schedule O contains a response or note to any line in this Part V							
b Inter the number of Forms W2G included in fine 1a. Entre 0. In diapplicable Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Inter W3, Transmittal OS, Wage and Yage and Tax Statements. Inter W3, Transmittal OS, Wage and Yage and Tax Statements. Inter W3, Transmittal Canada Can				Yes	No				
c) bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming in the varian of the variance of employees reported on Form W3, Transmittal of Wage and Tax Statements, find for the calendar year ending with or within the year covered by this nature. 2a 66 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, find for the calendar year endine 2a, dit the organization fine all engine decretal employment tax returns? 2a 66 3b If the organization have engined buckets arguing find the varian employment tax returns? 3a X b If the organization have engined buckets arguing find the varian explexition in Schedule O 3b X b If "vss," that lifted a foreign country is thus as bank account, ecurities account, or other financial accounts. 3a X 5a Was the organization have engines that are or any party to a prohibed tax shelter transaction? 5a X b Did any taxbele party northy the organization have any to a prohibed tax shelter transaction? 5a X c) If "vss," to line Sa or Sb, cid the organization have and explexes that such contributions or gifts were not tax deductible? 5a X c) If "vss," to line Sa or Sb, cid the organization have and the arguing that are normally greater than \$100,000, and did the organization shells. 5a X <	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	8						
(grambling) winnings to pitze winners? ic X 2a Enter the number of employees reported on form W43, Transmittal of Wage and Tas Statements, taid for the calandar year ending with or within the year covieed by this natur. 2a 666 X 2b If the calandar year ending with or within the year covieed by this natur. 2a 666 X 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 41 Aray time during the calendar year, edd the organization have an interest in, or a signature or other authority over, a financial account? 4a X bit 11 "Vis." is in <i>abs</i> 2.1, Report of Foreign Bank and Financial Accounts. 5a X bit any time during the calendar year, edd the organization have an any time during the tax year? 5a X bit any time bas or 50, did the organization from 8867? 5c 5c 5c cit 0 bos the organization have annual gross that are normally greater than \$100,000, and did the organization solicit any contributions that was normally greater than \$100,000, and did the organization solicit any contributions that was nortal weekee of the gross of solicit and services provided? 5c X fit of ves, 'idd the organization i	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0						
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 66 b fil at least on is reported on the 2, did the organization the all required federal employment tax returns? 3a X b fil at least on the 1 and 2 at is greater than 250, you may be required to <i>C-III</i> (see instructions) 3a X b fil th organization have oursplant able business on science of 31, 000 or more during the year? 3a X b fil th organization have oursplant aper during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; 3a X b If Yes, 'then the name of the foreign country. Estimate and the organization have an interest in, or a signature or other authority over, a financial account; 5a X b If Yes, 'to line 5a or 5b, did the organization have an the arronally greater than 5100,000, and did the organization have annual gross necellate or other and the schelar tensaction? 5c 5c b If Yes, 'to line 5a or 5b, did the organization have annual gross necellate contributions? 5c 5c 5c b If Yes, 'to line 5a or 5b, did the organization have an express statement that such contributions or gifts were not tax deductible? 5c 5c 5c b If Yes, 'did the organization nuselay did bescont angle personal property for which the	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
till ter trib calendar year inding with or within the year covered by this return 2a 66 b frat least one is reported on line 2a, did the organization file all required federal emplyment tax returns? 2b X Note, if the sum of lines 1a and 2a is greater than 250, you may be required to 6 ⁻ //l6 (see instructions) 3a X 3b Ubt the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 41 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account! 3a X 54 At any time during the calendar year, did the organization thave an interest in, or a signature or other authority over, a financial account! 4a X 55 Was the organization that the organization that the year? 5a X 56 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wen tax elevalueble acts heller transaction 7. 5b X 57 Organization that may receive deductible contributions and partly for goods and services provided to the granization receive a primuti moxess of \$7 mate party set a primotil moxes of \$7 mate party set a contribution are partly for a primotil moxes of \$7 mate partly set a contribution are partly for a more set acceles any contribution are partly for a presonal benefit contract? 7c <t< th=""><th></th><th>(gambling) winnings to prize winners?</th><th> 1c</th><th>X</th><th></th></t<>		(gambling) winnings to prize winners?	1c	X					
b If at least one is raported on line 2a, did the organization file all required to d-#file (see instructions) 2a X Note: If the sum of lines 1a and 2a is graater than 250, you may be required to d-#file (see instructions) 3a X b If the sum of lines 1a and 2a is graater than 250, you may be required to d-#file (see instructions) 3a X b If "Yes," hast if field a form 900 T for this year? If 'Wo, 'to <i>line 3b, provide an explanation in Schedule O</i> 3a X d A tary time during the calendary year, did the organization have an interest in, or signature or other nuthority over, a 4a X b If 'Yes,' tenter the name of the foreign country (such as a bank account, securities account, or other financial accounts. 5a X 5a Wast he organization have annual gross receipts that are normally greater than \$100,000, and did the organization security analy to a prohibuted tas sheller transaction? 5b X 6a Vas, 'to line 5a or 5b, did the organization file Form 828677 5c X 6a Vas, 'to line 5a or 5b, did the organization have starts to a prohibuted tas sheller transaction? 5c X 7 Vas, 'to line 5a or 5b, did the organization have solutions and graft to ary ontributions or gifts were not tax deductible contributions or grafts and parbly as notrinitian anal parb, for fores 3a disrivices provided to	2a								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ga x 3a bit the organization have unrelated basiness gross income of \$1,000 or more during the year? ga x 3b bit 1*vs; * instel tiel a G mol 900 F10 trith is year? ga x 4a At any time during the calendar year, idd the organization have an interest in, or a signature or other function yore, a financial account; so curlts is a bank account, securities account, or other financial account; ga x bit 1*vs; * inster for mane of the foreign country. Es sa x x 5a Was the organization or DT 90.22.1. Report of Foreign Bank and Financial Accounts. 5a x 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that we net tax deductible. 5a x 61 Obes the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 5a x 7 Organization receive a payment in access of 57 make partly as a contribution and partly for goods and services provided to the pary? 7a X 7 Organization receive a orthroution of qualified intellectual property for which it was required 7a X 7		filed for the calendar year ending with or within the year covered by this return 2a	66	_					
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X	а								
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amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X	а	Gross income from members or shareholders							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Section 50 (c) (29) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	b	Gross income from other sources (Do not net amounts due or paid to other sources against							
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X									
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 a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a X 									
Note. See the instructions for additional information the organization must report on Schedule O. Image: Construction of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13								
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organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	Ŀ.								
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	a								
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	~		_						
			142		x				

Form	South Florida Science Center and Aquarium, Inc.	59-0915	177	P	age 6
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	ough 7b below, and for a			
	Check if Schedule O contains a response or note to any line 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 year	1a 18			
	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	1ь 18			
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 99		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse		5		X

Did the organization have members or stockholders?

more members of the governing body?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

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

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

a The governing body?

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

	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
с	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	a The organization's CEO, Executive Director, or top management official						
b							
	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						
	taxable entity during the year?	16a		Х			
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 $igar{}FL$						
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)	availab	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	nd finar	ncial				
	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 o	tion: 🕨	•				
	Kimberly Dale - (561) 832-1988						
	4801 Dreher Trail North West Palm Beach FL 33405						

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b

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	6				,
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7a

7b

8a

8b

a

Х

Х

Х

Х

Х

x

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

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

Aquarium, Inc.

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		111120		C)	npei	1541	(D)	(E)	(F)
Name and Title	Average	(do		Pos	sition k more than one			Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week			uau		1/		from	from related organizations	other
	(list any hours for	trustee or director				-		the organization	(W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	l trust	nal tru		oyee	ompe				and related
	below	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	pul	lns	Offi	Key	Hig em	For			
(1) Matthew B. Lorentzen	6.00	x		x				0.	0.	0
Chairman (2) Daniel Cane	4.00	A		<u> </u>				0.	0.	0.
(2) Daniel Cane Vice-Chairman	4.00	x		x				0.	0.	0.
(3) Harvey Oyer	4.00	^		^				0.	0.	0.
Secretary	4.00	x		x				0.	0.	0.
(4) Deborah Morawski	4.00									
Treasurer	1000	x		x				0.	0.	0.
(6) Robb Allan	1.00								•••	
Trustee		x						0.	0.	0.
(7) Carolyn Broadhead	1.00									
Trustee		x						0.	0.	0.
(8) Alex Coleman	1.00									
Trustee		Х						0.	0.	0.
(9) Nicole Daggs	1.00									
Trustee		Х						0.	0.	0.
(10) Matthew Fifield	1.00									
Trustee		Х						0.	0.	0.
(11) Frances Fisher	1.00									-
Trustee		Х						0.	0.	0.
(12) Janie Fogt	1.00									
Trustee	1 00	Х						0.	0.	0.
(13) Elizabeth Gordon	1.00									0
Trustee	1 00	X						0.	0.	0.
(14) Dan Fountain	1.00	v						0	0	0
Trustee	1.00	X						0.	0.	0.
(15) John F. Niblack Trustee	1.00	x						0.	0.	0.
(16) Dr. A Carter Pottash	1.00	^						0.	0.	0.
Trustee	1.00	x						0.	0.	0.
(17) Heath Randolph	1.00				-					
Trustee		x						0.	0.	0.
(18) Mark Stevens	1.00									
Trustee		x						0.	0.	0.
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Form **990** (2013)

South Florida Science Center and

Aquarium, Inc.

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Form 990 (2013) Aquarium,	Inc.								59-091	<u>151</u>	L77	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) (B) (C) (D) (E) (F)													
Name and title Average					itior	า		Reportable	Reportable	Estimated			h.
	hours per					than is bot		compensation	compensation			ount	
	week					or/trus		from	from related			other	
	(list any	tor						the	organizations			oensa	tion
	hours for	direc				g		organization	(W-2/1099-MISC	;)		om the	
	related	tee or	istee			ensati		(W-2/1099-MISC)			orga	anizat	ion
	organizations	trus	nal tri		oyee	d m o					anc	l relat	ed
	below	Individual trustee or director	Institutional trustee	er	Key employee	est ci loyee	Ъ				orga	nizati	ons
	line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Former						
(19) Eric Stonestrom	1.00												
Trustee		Х						0.	(0.			0.
(20) Rhys L. Williams	1.00												
Trustee		Х						0.	(0.			0.
(21) Jon Schmidt	1.00												
Trustee		X						0.	(0.			Ο.
(21) Mei Sze Greene	1.00									-			
Trustee		x						0.	(0.			0.
(22) Dale Hedrick	1.00									-			
Trustee		x						0.	(0.			0.
(23) Stephanie Valeche	1.00								•				
Trustee	1.00	x						0.	(0.			0.
(24) Lewis Crampton	40.00									<u></u>			
CEO	40.00			x				90,000.	(0.			0.
	40.00			^				90,000.	l	<u>·</u> +			0.
(25) Katherine Arrizza	40.00			37				C0 E10		<u> </u>			^
<u></u>				X				68,512.	l	0.			0.
										_			
1b Sub-total								158,512.		0.			0.
c Total from continuation sheets to Part VI								0.		0.	0.		
d Total (add lines 1b and 1c)								158,512.	(0.			0.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportable				
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual							o		- E	3		Х
4 For any individual listed on line 1a, is the su	m of reportab	le co	amc	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$150									5	- E	4		Х
5 Did any person listed on line 1a receive or a	-								dual for services		-		
rendered to the organization? If "Yes," com	-				-		olai	ted organization of many		- 1	5		Х
Section B. Independent Contractors			0/ 01	aon	pore						<u> </u>		
1 Complete this table for your five highest co	mpensated in	dona	ando	ont c	ont	racto	ore t	that received more than	\$100.000 of comp	ones	tion f	rom	
the organization. Report compensation for	-	-								51154		UIII	
	ine calendar y	car	enui	ng v	VILII			(B)			(C	<u>،</u>	
(A) Name and business	address	NO	ONE	7				(Description of s	ervices	Cc	omper		n
		TAC		-			_	Description of e			mpor	loutio	<u> </u>
							_						
							_						
							_						
2 Total number of independent contractors (ii	-	ot li	mite	d to		~	stec	d above) who received m	nore than				
\$100,000 of compensation from the organiz	zation 🕨					0							

	Form 990 (2	013) 7	Aquariu
l	Part VIII		Statement of	Revenue

South Florida Science Center and Aquarium, Inc.

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	_	Check if Schedule O contains	s a response	or note to any lin	ie in this Part VIII (A)	(B)	(C)	
					(A) Total revenue	(D) Related or exempt function revenue	Unrelated business revenue	(D) Revenuè exclude from tax under sections 512 - 514
2 1	1 2	Federated campaigns	1a			levende	Tevende	012-014
'				136,906.				
		Membership dues		256,463.				
		Fundraising events		230,403.				
		Related organizations		211 272				
		Government grants (contributions		311,373.				
5	f	All other contributions, gifts, grants, a		100 105				
		similar amounts not included above .		100,125.				
	•	Noncash contributions included in lines 1a-			1 004 067			
5	h	Total. Add lines 1a-1f		, i i i i i i i i i i i i i i i i i i i	1,804,867.			
		Admissions		Business Code 611710	931,483.	931,483.		
2		Education Program	<u></u>	611710	351,074.	351,074.		
3				611710				
	С	Planetarium		011/10	34,834.	34,834.		
2	d							
	е							
		All other program service revenue			1 217 201			
_		Total. Add lines 2a-2f		·····	1,317,391.			
3	3	Investment income (including div						
		other similar amounts)						
4		Income from investment of tax-ex		•				
5	5	Royalties						
			(i) Real	(ii) Personal				
6		Gross rents	6,600.					
	b	Less: rental expenses	2,792.					
	С	Rental income or (loss)	3,808.					
	d	Net rental income or (loss)		►	3,808.		3,808.	
7	'a	Gross amount from sales of (i	i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		▲				
8	3 a	Gross income from fundraising ev	vents (not					
		including \$ 256, 463						
		contributions reported on line 1c)						
		Part IV, line 18		110,300.				
	b	Less: direct expenses		230,138.				
		Net income or (loss) from fundrais		>	-119,838.			-119,838
9		Gross income from gaming activi	•		-			-
	-	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gaming						
10		Gross sales of inventory, less retu		>				
"	. u	and allowances		114,261.				
	h	Less: cost of goods sold		45,438.				
		Net income or (loss) from sales of			68,823.	68,823.		
	U	Miscellaneous Revenue		Business Code				
44	2	Miscellaneous Inc		733320	32,408.			32,408
''		Contributed Serv		611710	11,465.	11,465.		
		Birthday Parties	<u>1000 R</u>	722320	9,075.	9,075.		
				122320	• د ۱ ن و			
	d	All other revenue			52,948.			
					1/ 740			
12		Total. Add lines 11a-11d			3,127,999.	1 106 751	3 000	-87,430

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South Florida Science Center and

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	an 501/c/(2) and 501/c/(4) organizations must com		or organizations must as	moloto column (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must com		-	implete column (A).	
	Check if Schedule O contains a respon	(A)		(C) Management and	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	155 200		20 410	0 220
	trustees, and key employees	155,308.	106,566.	39,410.	9,332.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<u> </u>
7	Other salaries and wages	982,257.	673,983.	249,250.	59,024.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	00 072			1 100
9	Other employee benefits	86,973. 93,357.	60,723.	21,757. 23,354.	4,493. 4,822.
10	Payroll taxes	, / 56, 57	65,181.	43,334.	4,042.
11	Fees for services (non-employees):				
a	Management	1,613.		1,613.	
b	Legal	22,498.	20,545.	1,953.	
	Accounting	22,490.	20,545.	1,955.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				
y	column (A) amount, list line 11g expenses on Sch 0.)	234,204.	194,575.	39,629.	
12	Advertising and promotion	51,455.	43,925.	7,530.	
13	Office expenses	40,147.	29,538.	10,609.	
14	Information technology				
15	Royalties				
16	Occupancy	186,442.	160,153.	26,289.	
17	Travel	12,262.	4,629.	7,633.	
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	37,205.		37,205.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	155,812.	132,997.	22,815.	
23	Insurance	68,442.	57,569.	10,873.	
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.)	422,369.	422,369.		
a L	Materials & Supplies	315,266.	301,624.	13,642.	
a o	Other Costs	91,194.	13,851.	77,343.	
c d	Telephone	20,956.	17,993.	2,963.	
	All other expenses	21,354.	12,056.	9,298.	
25 25	Total functional expenses. Add lines 1 through 24e	2,999,114.	2,318,277.	603,166.	77,671.
26	Joint costs. Complete this line only if the organization	, ,	, ,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
332010) 10-29-13				Form 990 (2013)

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Form **990** (2013)

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South Florida Science Center and Aquarium, Inc.

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Par	τX	Balance Sheet					<u>u</u>
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,394.	1	2,400.
ſ	2	Savings and temporary cash investments		232,329.	2	373,727.	
I	3	Pledges and grants receivable, net			177,000.	3	152,000.
ſ	4	Accounts receivable, net			307,057.	4	38,591.
	5	Loans and other receivables from current and for					
I		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
ſ	6	Loans and other receivables from other disquali					
ſ		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
ſ		employers and sponsoring organizations of sect	tion 501	(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
A	8	Inventories for sale or use			7,125.	8	11,470.
ſ	9	Prepaid expenses and deferred charges			312,671.	9	435,565.
ſ	10a	Land, buildings, and equipment: cost or other					
ſ		basis. Complete Part VI of Schedule D	10a	5,149,443.			
ſ	b	Less: accumulated depreciation	10b	1,211,399.	3,951,048.	10c	3,938,044.
ſ	11	Investments - publicly traded securities		11			
ſ	12	Investments - other securities. See Part IV, line -		12			
ſ	13	Investments - program-related. See Part IV, line		13			
ſ	14	Intangible assets				14	
ſ	15	Other assets. See Part IV, line 11		1,790,085.	15	1,882,708.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	4)	6,781,709.	16	6,834,505.
ſ	17	Accounts payable and accrued expenses	158,788.	17	359,680.		
I	18	Grants payable		18			
ſ	19	Deferred revenue			117,955.	19	69,439.
I	20	Tax-exempt bond liabilities				20	
ſ	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
es	22	Loans and other payables to current and former					
iliti		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
ſ	24	Unsecured notes and loans payable to unrelate		E E E E E E E E E E E E E E E E E E E	942,540.	24	714,075.
ſ	25	Other liabilities (including federal income tax, pa					
ſ		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
I		Schedule D			1 010 000	25	1 1 1 2 1 0 1
	26	Total liabilities. Add lines 17 through 25			1,219,283.	26	1,143,194.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🖾 and			
ces		complete lines 27 through 29, and lines 33 an			4,990,195.		5 112 215
lan	27	Unrestricted net assets			572,231.	27	5,413,345. 277,966.
Fund Balances	28	Temporarily restricted net assets			J/2,2JI.	28	211,900.
pun	29					29	
Ч		Organizations that do not follow SFAS 117 (A	50 958), спеск neré ▶ 📖			
Net Assets or	20	and complete lines 30 through 34.				20	
set	30	Capital stock or trust principal, or current funds				30	
; As	31	Paid-in or capital surplus, or land, building, or ec		F		31	
Net	32	Retained earnings, endowment, accumulated in			5,562,426.	32 33	5,691,311.
-	33 24	Total net assets or fund balances		6,781,709.	33 34	6,834,505.	
	34	Total liabilities and net assets/fund balances			0,101,109.	J 34	Form 990 (2013)

Form 990 (2013) F

South Florida Science Center and

Form	Aquarium, Inc.	59-09	15177	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	3,12	7,9 9,1 8,8	14. 85.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		5,693	2	11
Da	column (B)) rt XII Financial Statements and Reporting	10	5,09.	L, J	11.
га					X
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis		2b	x	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	edule O.	2c	x	
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			

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

Form 990 (2013)

3b

(Form 99	DULE A 90 or 990-EZ) of the Treasury enue Service	Puk Comple		OMB No. 1545-0047									
Name of	the organizati		out Schedule A (Form 990) lorida Scien				at www.ir		<u>m990.</u> mployer		•		her
Nume of	the organizati				ncer	anu		-			91517		DCI
Aquarium, Inc. 59 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										5 0.	/1/1/	1	
			because it is: (For lines 1		-	-							
		•	s, or association of churc	•		•		`					
2			"0(b)(1)(A)(ii). (Attach Sci				(D)(T)(A)(I)).					
3			tal service organization of			170(b)(1)	(A)(iii)						
4	•		operated in conjunction					(h)(1)(A)(i	ii) Enteri	the hos	snital's na	ame	
- <u>-</u>	city, and stat			with a noo							pitaroni		,
5			benefit of a college or ur	niversity o	wned or or	perated by	/ a govern	mental un	it describ	ed in			
•	-	(b)(1)(A)(iv). (Comple	-				a gerein						
6			ent or governmental unit	t describe	d in sectio	on 170(b)([.]	1)(A)(v).						
7 X			eives a substantial part of					or from the	e general	public	describe	d in	
. —	-	b)(1)(A)(vi). (Comple			, or e norm a	govornin			general	public	40001160	u	
8			ection 170(b)(1)(A)(vi).	Complete	Part II.)								
9	-		eives: (1) more than 33 1			rom contri	ibutions. n	nembersh	ip fees. a	nd aros	ss receip	ts fr	om
			nctions - subject to certa										
		•	axable income (less sect	•		•			• •				
		509(a)(2). (Complete			.,			,					-
10			perated exclusively to te	st for publ	ic safetv. S	See sectio	on 509(a)(4	4).					
11 🗌	•	•	perated exclusively for th						ry out the	e purpo	ses of on	ne or	
			ations described in section										
			organization and comple										
	a 🗔 Type I	b — Ту	/pe II c Ty	/pe III - Fu	nctionally	integrated	. c	а 🗔 тур	be III - Noi	n-funct	ionally int	tegra	ated
е 🗌	By checking	this box, I certify tha	t the organization is not	controllec	directly o	r indirectly	/ by one o	r more dis	qualified	persor	is other t	han	
	foundation m	anagers and other t	han one or more publicly	/ supporte	ed organiza	ations des	cribed in s	section 50	9(a)(1) or	sectior	n 509(a)(2	2).	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
	supporting o	rganization, check th	nis box										
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontributior	n from any	of the foll	owing per	sons?				
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	described	in (ii) and	(iii) below	,	Ye	s	No
	the gove	erning body of the su	upported organization?							1	1g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11	g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11	g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).								
			1										
	e of supported	(ii) EIN				(v) Did you		(vi) l organizati	s the on in col.	(vii) Ar	nount of n		tary
org	anization	(described of lines 1-9 in co. (i) isted in your organization in co. (i) organized in the								support			
			(see instructions))	-				U.S.?					
				Yes	No	Yes	No	Yes	No				

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Total

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South Florida Science Center and

Schedule A (Form 990 or 990-EZ) 2013 Aquarium, Inc.

59-0915177 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	753,094.	1120056.	1478771.	5129951.	1804867.	10286739.
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 \dots		100,000.				500,000.
4	Total. Add lines 1 through 3	853,094.	1220056.	1578771.	5229951.	1904867.	10786739.
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)						867,583.
	Public support. Subtract line 5 from line 4.						9919156.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	853,094.	1220056.	1578771.	5229951.	1904867.	10786739.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	3,929.	15,727.	14,583.	6,300.	6,600.	47,139.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		07 110	11 220	01 067		122 007
	assets (Explain in Part IV.)	53,047.	27,113.	11,330.	21,867.		133,897.
	Total support. Add lines 7 through 10						10967775.
	Gross receipts from related activities,	•	,				,923,065.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sor	organization, check this box and stor ction C. Computation of Publ	here	rcontago			<u></u>	
							90.44 %
	Public support percentage for 2013 (14 15	
	Public support percentage from 2012						,-
10a	33 1/3% support test - 2013. If the c	-					► V
h	stop here. The organization qualifies		-			or more aback th	
b	33 1/3% support test - 2012. If the c						
170	and stop here. The organization qual 10% -facts-and-circumstances tes						
1/a							
	and if the organization meets the "fac			-	-	-	
h	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes						
b	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
10	i mate roundation. Il the organizatio			a, 100, 17a, 01 17k		dulo A (Earm 990	

Schedule A (Form 990 or 990-EZ) 2013

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Schedule A (Form 990 or 990-EZ) 2013 Aquarium, Inc.

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

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

Section A. Public Support					1	
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
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						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	or the organization'	s first, second, thi	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here						>
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2013	(line 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 201	2 Schedule A, Part	III, line 15	<u></u>		16	%
Section D. Computation of Inve	stment Incom	e Percentage)			
17 Investment income percentage for 2	013 (line 10c, colu	mn (f) divided by l	ine 13, column (f)))	17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2012. If the						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization						
332023 09-25-13			1 5			90 or 990-EZ) 2013

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Part I	V Su	pplen	nental	Inform		rovide t	he explar	ations requ See instruc		art II, line 10;	Part II, li	ine 17a or		L5177 Pag rt III, line 12.
Sche	dule	A,	Part	II,	Line	10,	Expl	lanati	on fo	r Othe	r Ind	come:		
			t Ac				Ľ							
2009	Amo	unt:	\$	53,	047.									
2010	Amo	unt:	\$	27,	113.									
2011	Amo	unt:	\$	11,	330.									
2012	Amo	unt:	\$	21,	867.									
2013	Amo	unt:	\$	20,	540.									
	-25-13											Schedule	A (Form 99	0 or 990-EZ) 2

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>. OMB No. 1545-0047

2013

Employer identification number

Name of the organization

South Florida Science Center and Aquarium, Inc.

59-0915177

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust 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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet 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) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page
Name of organization	Employer identification number
South Florida Science Center and	
Aquarium, Inc.	59-0915177

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
1		\$80,543.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
2		\$54,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
3		\$53,860.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
4		\$38,266.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
323452 10-24	-13		990,990-EZ,or990-PF)(2013)			
030511	784176 0584200 2013.05080 South		Cente 05842001			

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Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page 3
Name of organization	Employer identification number
South Florida Science Center and	
Aquarium, Inc.	59-0915177

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	
		\$	
(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.	(b)	(c)	(d)
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received

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Name of orga	nization Florida Science Center	and	Employer identification number
Aquari	um, Inc.		59-0915177
Part III	the total of <i>exclusively</i> religious, charitable, e	tc., contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once.) \$
(a) No.	Use duplicate copies of Part III if addition	nal space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		(e) Transfer of gift	
_	Transferee's name, address, a	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, a	and ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-			
323454 10-24-1	13	20	Schedule B (Form 990, 990-EZ, or 990-PF) (2013

2013.05080 South Florida Science Cente 05842001

16030511 784176 0584200

SCHEDULE D Supplemental Financial Statements						1545-0047 19		
(Forr	n 990)	Complete i Part IV, line 6, 7	f the organization ans ', 8, 9, 10, 11a, 11b, 11o	wered "Yes," to Form 990 c, 11d, 11e, 11f, 12a, or 12), 2b.			IJ
	ment of the Treasury	Information about Schedu	Attach to Form	n 990.				o Public tion
	e of the organizati				irs gov/re		oloyer identification	on number
	-	Aquarium, Inc.					59-0915	177
Pa	rt I Organiza	ations Maintaining Donor	Advised Funds or	Other Similar Fund	ls or A	ccou	Ints.Complete if 1	the
	organizatio	n answered "Yes" to Form 990, F						
				nor advised funds	1)) Fun	ds and other acco	ounts
1		nd of year						
2 3		utions to (during year)						
4		irom (during year) t end of year						
5		on inform all donors and donor ac			ised fund	ds		
-	-	n's property, subject to the orga	-				Yes	🗌 No
6		n inform all grantees, donors, an						
	for charitable purp	oses and not for the benefit of th	e donor or donor adviso	or, or for any other purpose	e conferi	ring		
		ate benefit?						No No
Pa	rt II Conserv	ation Easements. Complete	e if the organization ans	wered "Yes" to Form 990,	Part IV,	ine 7.		
1		servation easements held by the	•					
		of land for public use (e.g., recre	ation or education)	Preservation of an h				
		f natural habitat		Preservation of a cer	rtified his	storic s	structure	
•		of open space		en eentuikutien in the four				
2	•	through 2d if the organization he	la a qualified conservati	on contribution in the form	n of a co	nserva	ation easement on	the last
	day of the tax yea				I		Held at the End of t	the Tax Year
а	Total number of co	onservation easements				2a		and rux rour
b		ricted by conservation easements				2b		
	•	vation easements on a certified h				2c		
		vation easements included in (c)			F			
	listed in the Natior	al Register				2d		
3		vation easements modified, trans				izatior	n during the tax	
	year 🕨							
4		where property subject to conser						
5	÷	tion have a written policy regardir	•					┌┐
c		orcement of the conservation eas r hours devoted to monitoring, in						└── No
6 7		es incurred in monitoring, inspec	1 8, 8		0		· ·	
8		vation easement reported on line					φ	_
Ū		(4)(B)(ii)?	•	•			Yes	
9		be how the organization reports c						
		ble, the text of the footnote to the		-				
	conservation ease		-		_		_	
Pa		ations Maintaining Collect			Other S	Simil	ar Assets.	
		the organization answered "Yes						
1a		elected, as permitted under SFA						
		s, or other similar assets held for			ance of	public	service, provide, i	in Part XIII,
		note to its financial statements the			- 4 1 - 1-			4 1-1-411
D		elected, as permitted under SFA						
	relating to these it	similar assets held for public ext	indition, education, or re	search in furtherance of p	ublic ser	vice, p		iy amounts
	•	uded in Form 990, Part VIII, line 1					\$	
							\$ \$	
2	.,	received or held works of art, his				orovid	e	
-	-	ints required to be reported unde			5,			
а	-	d in Form 990, Part VIII, line 1		-			\$	
b		Form 990, Part X					\$	
		eduction Act Notice, see the Ins	structions for Form 99).		:	Schedule D (Forn	n 990) 201 3
33205 09-25-	13		•	1				

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		lorida Sci	ence	Cente	r and						
Sche	dule D (Form 990) 2013 Aquariu	m, Inc.						59-09	1517	7 р	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, or	Othe	er Simila	ar Asse	ts (conti	nued)	
3 a	Using the organization's acquisition, access (check all that apply):	ion, and other record		-	following that a hange program		ignificant	use of its	collectic	n iterr	าร
b	X Scholarly research	e									
c	X Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIII.		
5	During the year, did the organization solicit of									v	No
Da	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran								Yes		
Fai	<u>t IV</u> Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "Y	es" to	Form 990	, Part IV, I	ine 9, or		
10			dion (for	contribution	o or other acce	to not	included				
Id	Is the organization an agent, trustee, custod on Form 990, Part X?								Yes] No
h	If "Yes," explain the arrangement in Part XIII								162		
D		and complete the it	Jiowing t	abie.					Amoun	+	
c	Beginning balance						1c		Amoun		
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII]
_	t V Endowment Funds. Complete										
	· · ·	(a) Current year	1	rior year	(c) Two years	·	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	(1)		···· ,	()	000.	. /	28,000.	(-/	<u> </u>	
b	Contributions				,					28	,000.
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses				28,	000.					
g	End of year balance							28,000.		28	,000.
2	Provide the estimated percentage of the cur		ce (line 1)	a. column (a)) held as:						
a	Board designated or quasi-endowment		%	3, (-	,,,						
b	Permanent endowment	%	_								
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse		ation tha	at are held a	nd administere	d for tl	he organiz	ation			
	by:	C C					Ū			Yes	No
	(i) unrelated organizations								3a(i)		
	···· · · · · · ·								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schec	dule R?					3b		
4	Describe in Part XIII the intended uses of the	e organization's ende	owment f	funds.							
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" to Form 990), Part IV	, line 11a. S	ee Form 990, F	Part X,	line 10.				
	Description of property	(a) Cost or o basis (investi		(b) Cost basis (• •	ccumulate preciation	d	(d) Boo	k valu	е
1a	Land								<u> </u>		
	Buildings			4,31	7,667.		744,5	32.	3,57	3,1	35.
с	Leasehold improvements				<u> </u>					<u> </u>	~=
d	Equipment				4,045.		203,5				37.
	Other				7,731.	2	263,3				72.
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	t X, colun	nn (B), line 1	0(c).)			é 1	3,93		
							:	Schedule	D (Forr	n 990) 2013

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South	Florid	a Science	Center	and
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Schedule D (Form 990) 2013 Aquarium, Inc.	59-0915177 Page
Part VII Investments - Other Securities.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part	
	ation: Cost or end-of-year market value
1) Financial derivatives	
2) Closely-held equity interests	
3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part	
(a) Description of investment (b) Book value (c) Method of value	ation: Cost or end-of-year market value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
Part IX Other Assets.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part	t X, line 15.
(a) Description	(b) Book value
(1) Collections & Exhibits	1,878,998
(2) Deposits	3,710
(3)	· · · · ·
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,882,708
Part X Other Liabilities.	1,002,100
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 99	0 Part X line 25
(a) Department of liability (b) Department	0, Fart X, III e 23.
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(7) (8)	
(7) (8) (9)	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's finar	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

South Florida Science Center an	South	Florida	Science	Center	and
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Sob	edule D (Form 990) 2013 Aquarium, Inc.	er and	4	59-0	0915177 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statem	onte Witk	Revenue ner F		
Iu	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			locuri	
1	Total revenue, gains, and other support per audited financial statements			1	3,424,682.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				5,121,0020
ے a		2a			
a b		··	18,315.	-	
c			10,0100		
d	······································		278,368.		
u e			-	2e	296,683.
3	•			3	3,127,999.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	5,127,555.
-		40			
a b	-			- 1	
c c				4c	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	3,127,999.
	rt XII Reconciliation of Expenses per Audited Financial Staten			-	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	3,295,797.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
_ a		2a	18,315.		
b	_			1	
c	Other losses				
d			278,368.		
e			-	2e	296,683.
3	Subtract line 2e from line 1			3	2,999,114.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			_	
a		4a			
b	Other (Describe in Part XIII.)			1	
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,999,114.
	rt XIII Supplemental Information.				· ·

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

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

from an independent vendor at the expanding facility, there was

approximately \$1,000 of unrelated business income for the year ended 332054 09-25-13 Schedule D (Form 990) 2013

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Schedule D (Form 990) 2013 Aquarium, Part XIII Supplemental Information (continued)

September 30, 2014.

The Center follows FASE 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, 2014, 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	45,438.
Special Event Expenses	230,138.
Rental Expenses	2,792.
Total to Schedule D, Part XI, Line 2d	278,368.
Part XII, Line 2d - Other Adjustments:	
Cost of Sales	45,438.
Special Event Expenses	230,138.
Rental Expenses	2,792.
Total to Schedule D, Part XII, Line 2d	278,368.
332055 09-25-13	Schedule D (Form 990) 2013
25	

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a 4

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	∆cti	vitios	OMB No. 1545-0047				
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" to I	Form §	990, P	art IV, lines 17, 18,			2013				
Department of the Treasury Internal Revenue Service		organization entered more than \$1 Attach to Form 990	or Fo	rm 99	0-EZ.			Open To Public				
Name of the organization	Information a South F	<u>bout Schedule G (Form 990 or 990-EZ)</u> lorida Science Cen	and its	instru an	<u>ictions is at www.irs.g</u> .d	<u>ov/fc</u>	erm 990 Employer i	Inspection identification numbe				
	Aquariu						59-091					
Part I Fundraisi required to c	omplete this par	 Complete if the organization answe t. 	ered "Y	'es" to	o Form 990, Part IV, I	ine 1	7. Form 990-	EZ filers are not				
	-	sed funds through any of the followin	-									
a \square Mail solicitation b \square Internet and e												
c Phone solicita		g 🗔 Special	fundra	aising	events							
d In-person soli 2 a Did the organizatior		or oral agreement with any individual	(inclu	ding o	fficers, directors, tru	stees	or					
		art VII) or entity in connection with p			•			Yes No				
compensated at lea		ividuals or entities (fundraisers) purs e organization.	uant to	o agre	ements under which	the	undraiser is	to be				
	of in dividual		(iii)	Did		(v)	Amount paid	d (vi) Amount paid				
(i) Name and address or entity (fund		(ii) Activity	have c	ustody itrol of	(iv) Gross receipts from activity		or retained b fundraiser ted in col. (i)	y) to (or retained by)				
			Yes	No		115						
Total 3 List all states in which	h the organizatio	on is registered or licensed to solicit	contrik		s or has been notified	d it is	exempt fror	n registration				
or licensing.												
LHA For Paperwork Re	duction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ. S	Scheo	dule G (Forn	n 990 or 990-EZ) 201				
332081 09-12-13												

South Florida Science Center and

Schedule G (Form 990 or 990 EZ) 2013 Aquarium, Inc. Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or rep

	ar t	of fundraising event contributions and gr	-		· · ·	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				Young		(add col. (a) through
			Gala	Friends	2	col. (c)
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	329,663.	20,600.	16,500.	366,763.
	2	Less: Contributions	256,463.			256,463.
	3	Gross income (line 1 minus line 2)	73,200.	20,600.	16,500.	110,300.
	4	Cash prizes				
s	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment		13,781.	5,774.	230,138.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through		15,701.		230,138.
	11					-119,838.
Pa	irt			n 990, Part IV, line 19, or r	eported more than	· · ·
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		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 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			
		ter the state(s) in which the organization opera the organization licensed to operate gaming ac		states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			vear?	Yes No
3320	82 0	9-12-13			Schedule G (For	rm 990 or 990-EZ) 2013

South Florida S	cience	Center	and
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Sch	edule G (Form 990 or 990-EZ) 2013 Aquarium, Inc. 59	-091	.517	7 Page 3
	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			
	to administer charitable gaming?		_ Yes	
13	Indicate the percentage of gaming activity operated in:	····		
	The organization's facility	13	la	%
	An outside facility		b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		-	, -
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No 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 > \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_	
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	III, lines	9, 9b,	10b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		
_				
33208	83 09-12-13 Schedule G (F	orm 99	0 or 99	0-EZ) 2013
	28			_,

Department of the Treasury	if the c	28b, or 28c, o ach to Form 990	swere or For) or Fo	d "Yes m 990- orm 99	s" on Fori -EZ, Part 0-EZ. ▶	n 990, Par V, line 38a See separ	t IV, a or ate	, line 25a, 25b, 2 40b.			0	20	1545-00 13 o Pub ion	8
		orida Sci						- 3				•		mber
Aquar									59	-09	151	77		
Part I Excess Benefit Tran				,										
Complete if the organization		wered "Yes" on Relationship betv				25a or 25t	o, or	r Form 990-EZ, P	art V,	line 40	Jb.	(4)	Corre	cted?
(a) Name of disqualified person		person and or				(c	c) De	escription of tran	sactic	n			es	No
												_		
	-											+		
2 Enter the amount of tax incurred b	•	-	-		-		-	-		•				
section 49583 Enter the amount of tax, if any, on	line 2.	above, reimburs	sed by	the or	ganizatior	 1				► ⊅ ► \$				
					94 - 4.101									
Part II Loans to and/or Fro														
Complete if the organizati					, Part V, li	ne 38a or F	Form	n 990, Part IV, lin	ie 26;	or if th	ne orga	anizati	on	
(a) Name of (b) Relat			(d) Lo	an to or	(e) O	riginal	(f) Balance due	(a)	In	(h) Ap	proved	(i) W	/ritten
interested person with orga				n the zation?		l amount		, Dalanee ade		ult?	`bý bo comn			ement?
			То	From					Yes	No	Yes	No	Yes	No
			<u> </u>											<u> </u>
														<u> </u>
														<u> </u>
														<u> </u>
Total		<u> </u>				🕨 \$								
Part III Grants or Assistance		-				07								
Complete if the organizati (a) Name of interested person		wered "Yes" on (b) Relationship interested pers	betwe	en	(c) A	27. mount of sistance		(d) Type assistan) Purp assist	ose of ance	f
		the organiza												

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

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Form 990 or 990-EZ) 2013 Aquarium, Inc.

Part IV Business Transactions Invo	•								
Complete if the organization answer (a) Name of interested person	(b) Relation	rm 990, Part IV, line iship between inte and the organizati	rested	8b, or 28c. (c) Amount of transaction		cription of saction	(e) Sharing of organization revenues?		
					_		Yes	No	
Dale Hedrick	Former	Trustee	- fi	0.	The S	outh F		X	
Part V Supplemental Information Provide additional information for re	sponses to que	stions on Schedule	1 (600	instructions)					
	sponses to que		; L (366	instructions).					
Sch L, Part IV, Business	Transac	tions Invo	olvi	ng Interest	ed Pe	rsons:			
(a) Name of Person: Dale	Hedrick								
		_							
(b) Relationship Between	Interes	ted Person	n an	d Organizat	ion:				
Former Trustee - fiscal y	year end	ing Septer	nber	30, 2013					
(d) Description of Trans	ogtion. I	mha Cauth	m 1 e	nido Caiona	a Car	tors			

(d) Description of Transaction: The South Florida Science Center & Aquarium board voted to proceed with a "Center" expansion project. One of the construction companies that bid on the project was Hedrick Brothers Construction. Prior to the beginning of the bid process, Dale Hedrick resigned his position on the board and disclosed his interest in having his company considered for the project. The construction bid process was managed by an external construction management company which solicited bids from construction companies located in Palm Beach County. A total of eight bids were received, which led to three bid conferences where presentations were made to board members and staff by representatives from each of the firms. At a final bid conference, the board and staff committee assigned to chose the winning contractor chose Hedrick Brothers Construction based on price and quality.

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 South Florida Science Center and Emplo Aquarium, Inc. 59 2013 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 59-0915177

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 uponLHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.332211
09-04-13332211
09-04-13

16030511 784176 0584200

Name of the organization South Fl Aquarium	orida Science Center and . Inc.	Employer identification numb 59-0915177
	, 100	
request.		
Part XII Line 2C		
The audit report is re	viewed annually at the annu	ual audit
report review meeting	as presented by the indeper	ndent accountant to an
independent audit comm	ittee. The process has not	changed from the prior
year.		
332212 J9-04-13		Schedule O (Form 990 or 990-EZ) (20
30511 784176 0584200	32 2013.05080 South Flor	ida Science Cente 0584200