Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990 tax year beginning OCT 1, 2013 and ending SEP 30, A For the 2013 calendar year, or tax year beginning

Open to Public

В	Check if applicable:	C Name of organization		D Employer identific	cation number					
	Address change									
늗	Name			59-2086737						
H	lchange lnitial	Doing Business As	D / it-							
H	return Termin-	Number and street (or P.0. box if mail is not delivered to street address) 249 WINDWARD PASSAGE	Room/suite	E Telephone number	441–1790					
F	—lated □Amende	a			19,718,115.					
H	lreturn □Applica	City or town, state or province, country, and ZIP or foreign postal code CLEARWATER, FL 33767-2244		G Gross receipts \$						
_	Ition pending			H(a) Is this a group re						
		249 WINDWARD PASSAGE, CLEARWATER, FL	33767	for subordinates H(b) Are all subordinates in						
$\overline{}$	Tay-ayar	mpt status: $X = 501(c)(3)$ $= 501(c)(0)$ (insert no.) $= 4947(a)(1) c$		` '	list. (see instructions)					
		: ► WWW.SEEWINTER.COM	027	H(c) Group exemption						
		rganization: X Corporation Trust Association Other	1 Year		State of legal domicile: FL					
		Summary								
_		riefly describe the organization's mission or most significant activities: CLEAR	RWATER	MARINE AQU	ARIUM'S					
Activities & Governance	("CMA") MISSION IS TO PRESERVE OUR MARINI	E LIFE	AND ENVIRO	NMENT WHILE					
rna	2 0	check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.					
ove.	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	19					
Ğ	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	19					
es	5 T	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	313					
Ĭŧ	6 T	otal number of volunteers (estimate if necessary)		6	1000					
₽cti	7 a ⊤	otal unrelated business revenue from Part VIII, column (C), line 12		7a	467,545.					
_	b N	let unrelated business taxable income from Form 990-T, line 34		7b	0.					
				Prior Year	Current Year					
ē	8 0	contributions and grants (Part VIII, line 1h)		1,318,272.	5,992,136.					
Jue /	1	rogram service revenue (Part VIII, line 2g)		9,608,042.	9,717,363.					
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		212,488.	111,462.					
		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,717,332.	2,474,140.					
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,856,134.	18,295,101.					
		arants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	31,600.					
	1	denefits paid to or for members (Part IX, column (A), line 4)		5,007,205.	5,824,410.					
Expenses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.					
en	loa P	rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) 139,86	<u> </u>	0.	0.					
Ä	17 0	otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,527,498.	6,354,877.					
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,534,703.	12,210,887.					
		levenue less expenses. Subtract line 18 from line 12		2,321,431.	6,084,214.					
or es	3	ieveride 1635 experises. Oubtract line 16 from line 12		ginning of Current Year	End of Year					
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)	-	26,662,592.	32,729,630.					
ASS	21 T	otal liabilities (Part X. line 26)		7,673,309.	7,578,764.					
File	22 N	let assets or fund balances. Subtract line 21 from line 20		18,989,283.	25,150,866.					
Pá	art II	Signature Block								
Und	ler penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is					
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.						
		O'markens of all and		Data						
Sig	ın	Signature of officer		Date						
Hei	re	DAVID YATES, CEO								
		Type or print name and title		Noto I	II DTIN					
De'		Print/Type preparer's name Preparer's signature		Date Check L	PTIN					
Pai	-	CARR, RIGGS & INGRAM, LLC		self-employe						
		Firm's name CARR, RIGGS, & INGRAM, LLC		Firm's EIN	72-1396621					
USE	Only	Firm's address 2111 DREW STREET CLEARWATER, FL 33765-3215		Dhone no 72	7-446-0504					
N.4 -				Priorie no. 7 Z						
Ma	y tne IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No					

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE BELIEVE IN PRESERVING OUR MARINE LIFE AND ENVIRONMENT WHILE
	INSPIRING THE HUMAN SPIRIT THROUGH LEADERSHIP IN EDUCATION, RESEARCH,
	RESCUE, REHABILITATION, AND RELEASE.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	(Code:) (Expenses \$6 , 989 , 935 . including grants of \$ 26 , 600 .) (Revenue \$6 , 733 , 720 .)
	EDUCATION:
	THE EDUCATION DEPARTMENT CONTINUED TO FOCUS ON THE ROLE OF HUMANS IN
	THE ENVIRONMENT, AND THEIR IMPACT ON THE HEALTH AND WELL-BEING OF
	ANIMALS IN THE WILD. CMA EXPANDED OUTREACH PROGRAMS TO SCHOOLS IN THE
	AREA, AND ADDED MANY EDUCATIONAL PROGRAMS FOR VISITING SCHOOLS. ALL OF
	CMA'S EDUCATIONAL PROGRAMMING HAS A SCIENCE, TECHNOLOGY, ENGINEERING,
	AND MATH (STEM) FOCUS. CMA PARTNERED WITH SEVEN MORE SCHOOLS TO DEVELOP
	NEW PROGRAMS, INCLUDING AFTERSCHOOL PROGRAMS AND LIVE ONLINE SESSIONS,
	AND PARTNERED WITH A LOCAL NEWSPAPER AND TELEVISION STATION TO PRESENT
	A TEACHER TRAINING WORKSHOP ON HURRICANES. CMA ALSO OFFERS ONLINE
	CURRICULUM MODULES ABOUT MARINE ANIMALS.
4b	(Code:) (Expenses \$ 3,092,877 • including grants of \$ 5,000 •) (Revenue \$ 2,979,508 •)
	ANIMAL CARE:
	IN FISCAL YEAR 2014, CMA'S MARINE MAMMAL DEPARTMENT FOCUSED ON
	IMPROVING THE HABITAT FOR RESCUED ANIMALS THAT ARE NON-RELEASABLE DUE
	TO THEIR AGE OR INJURIES. THESE ANIMALS REQUIRE BOTH PHYSICAL AND
	MENTAL STIMULATION TO MAINTAIN AS HIGH A QUALITY OF LIFE AS POSSIBLE.
	WELL OVER HALF A MILLION GUESTS WERE ABLE TO OBSERVE THE HUSBANDRY AND
	ENRICHMENT UNDERTAKEN WITH ALL RESIDENTS: DOLPHINS, OTTERS, SEA
	TURTLES, SHARKS, PELICANS, AND STING RAYS.
	CMA ADDED A RIVERFLOW SYSTEM TO THE MAIN DOLPHIN POOL WHICH PROVIDES A
	CONTROLLABLE CURRENT OF WATER. THIS SYSTEM NOT ONLY INCREASES THE
	DOLPHINS' PHYSICAL EXERCISE, BUT ENABLES PRACTICAL RESEARCH ON WINTER'S
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	INSPIRATION:
	FOLLOWING AND BUILDING ON THE WORLDWIDE SUCCESS OF THE MOVIES DOLPHIN
	TALE AND DOLPHIN TALE 2, IN 2014 CMA PARTNERED WITH MANY ORGANIZATIONS
	INVOLVED WITH BRINGING INSPIRATION AND LIFE CHANGES TO KIDS AND WOUNDED
	SOLDIERS WHO ARE DEALING WITH MENTAL AND PHYSICAL HANDICAPS. WHILE
	HUNDREDS OF SUCH INDIVIDUALS HAD THE OPPORTUNITY TO SEE WINTER AND HOPE
	IN AN UP CLOSE EXPERIENCE, HUNDREDS OF THOUSANDS MORE TRAVELED TO CMA
	FROM AROUND THE WORLD TO ENGAGE CMA'S INSPIRATIONAL WORK FIRST HAND,
	AND MILLIONS MORE WERE INSPIRED BY THE MOVIE AND MEDIA OUTREACH. MORE
	THAN 2,000,000 INDIVIDUAL VISITORS VIEWED CMA'S WEBSITE
	(WWW.SEEWINTER.COM), ALMOST 20,000,000 HAVE BEEN REACHED THROUGH SOCIAL
	MEDIA AND 80,000 PEOPLE RECEIVE CMA'S NEWSLETTERS. THE MESSAGE IS
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 10,082,812.
	Form 990 (2013)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	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? If "Yes," complete Schedule D, Part III	8		Х
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	441		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	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	110		
u	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		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
.5	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
4-	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? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	

Part IV Checklist of Required Schedules (continued)

			Yes	No
	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	
	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
	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			
		23	Х	
	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a	х	
	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	21	X
	· · · · · · · · · · · · · · · · · · ·	240		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		х
	any tax-exempt bonds?	24c		X
	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			Х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
•	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
i	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
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
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
,	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	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	Х	

Form **990** (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V									
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming							
	(gambling) winnings to prize winners?			1c	Х					
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	313							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X					
b	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O									
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х				
b	If "Yes," enter the name of the foreign country:									
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					v				
	any contributions that were not tax deductible as charitable contributions?			6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-	٠.						
7	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vicae r	rovided to the navor?	7a	х					
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			15						
Ŭ	to file Form 8282?			7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	pt?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h	Х					
8	$Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.$	d the s	upporting							
	$organization, or a donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, \ have \ excess \ business \ holdings \ at$	any tim	e during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.									
	Did the organization make any taxable distributions under section 4966?			9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:	ı	i							
а	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:	ا								
	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441								
40-	amounts due or received from them.)	11b	`	40-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•	12a						
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a						
a	Note. See the instructions for additional information the organization must report on Schedule O.			ioa						
h	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								
С	Enter the amount of reserves on hand	13c								
	Did the consideration which can be a second for independent of the design of the desig			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b						
				_	990	(2013)				

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la la la			
	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 1b 19			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ü	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
_		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		-25
7a		70		Х
	more members of the governing body?	7a		- 22
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		Х
_	persons other than the governing body?	7b		- 22
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$			
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	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, are	d finaı	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion: 🕨		
	DAVID YATES - (727)441-1790			
	249 WINDWARD PASSAGE, CLEARWATER, FL 33767-2244			

Form **990** (2013)

Form 990 (2013)

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

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

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

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

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

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

(A)	(B)			(((D)	(E)	(F)
Name and Title	Average	(do	not ch	neck i	ition more	than	one	Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	99			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	truste		8	upens		(W-2/1099-MISC)		organization and related
	below	dual tr	Institutional trustee	L	Key employee	Highest compensated employee	<u></u>			organizations
	line)	Indivi	Institu	Officer	Key er	Highe	Former			J
(1) JOHN DRAHEIM	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) FRANK V. HIBBARD	1.00									
VICE CHAIR		Х		X				0.	0.	0.
(3) ROSEMARY LONGNECKER	1.00									_
SECRETARY		Х		X				0.	0.	0.
(4) SUE CLARK	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(5) STEPHEN FOWLER	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(6) MEREDITH GAUNCE	1.00	٠,,								0
DIRECTOR (7) LIND CRIPPIN KRITHER	1 00	Х						0.	0.	0.
(7) LINDA GRIFFIN-KELIHER DIRECTOR	1.00	х						0.	0.	0.
(8) BRENT HOWIE	1.00	^						0.	0.	
TREASURER		x		х				0.	0.	0.
(9) STEPHEN KISNER	1.00								•	
DIRECTOR		х						0.	0.	0.
(10) ROWLAND MILAM	1.00									
AT LARGE DIRECTOR		х						0.	0.	0.
(11) MELISSA L. SEIXAS	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MICHAEL SOSSLAU	1.00									
DIRECTOR		Х						0.	0.	0.
(13) THOMAS R. ORR	1.00							_	_	_
PASTCHAIR		Х						0.	0.	0.
(14) FRANK CHIVAS	1.00									
AT LARGE DIRECTOR		Х						0.	0.	0.
(15) ANDY BURWELL	1.00									
AT LARGE DIRECTOR	1 00	Х	\sqcup					0.	0.	0.
(16) BRIAN J AUNGST JR.	1.00	,,								_
DIRECTOR (17) CARLEN PETER GEN	1 00	Х	$\vdash \vdash$					0.	0.	0.
(17) CARLEN PETERSEN	1.00							0.	0.	0.
AT LARGE DIRECTOR		Х						1 0.	<u> </u>	U •

332007 10-29-13

Form **990** (2013)

Page 7

Part VII Section A. Officers, Directors, T	rustees Kev Fm			_			÷	Compensated Employe		000	757	Г	aye C
(A) (B)					C)	igiic	31 ((D)		(E)			
Name and title	Average	Position (do not check more than one					ono	Reportable	Reportable	9	Es	(F) stimate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	on	ar	nount	of
	week (list any	_	cer ar	iu a u	recio	Jr/ trus	(ee)	from	from related			other	4.1
	hours for	or directo				_		the organization	organizatior (W-2/1099-MI			pensa	
	related	ee or c	stee			nsatec		(W-2/1099-MISC)	(** 27 1033 1011	00)		anizat	
	organizations	trustee	nal tru) yee	ompe					_ ~	d relat	
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizati	ons
(18) PHILIP K. BEAUCHAMP	1.00	Ē	Ë	₩	Ş.	宝品	요						
DIRECTOR		\mathbf{x}						0.		0.			0.
(19) R. NATHAN HIGHTOWER	1.00												
DIRECTOR	10.00	Х						0.		0.			0.
(20) DAVID YATES	40.00	4		37				250 005		0	١ ,	0 0	00
ED/CEO (21) FRANK DAME	40.00	-		Х				250,085.		0.		9,8	09.
EVP/COO	40.00	1		х				202,558.		0.	1	2,2	19.
(22) BRUCE VEGHTE	40.00										_		
CFO				Х				137,266.		0.		8,0	95.
(23) MICHAEL J. HURST	40.00							1000					
VP ZOO OPERATIONS				Х				105,783.		0.	1	1,0	08.
		1											
		1											
							Ļ	605 602				1 1	21
1b Sub-total								695,692.		0.	0	1,1	<u> </u>
c Total from continuation sheets to Par d Total (add lines 1b and 1c)								695,692.		0.	6	1,1	
Total number of individuals (including be							ho r	·	0,000 of reportab	ole			
compensation from the organization	•												4
												Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for the schedule J for	, ,		•	•	•	•	•		. ,		3		Х
4 For any individual listed on line 1a, is the								her compensation from			3		25
and related organizations greater than \$									the organization		4	х	
5 Did any person listed on line 1a receive									idual for services	3			
rendered to the organization? If "Yes," of	complete Schedul	le J t	or s	uch _i	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest	· · · · · · · · · · · · · · · · · · ·	-								npens	ation	from	
the organization. Report compensation (A)	for the calendar y	/ear	enai	ng v	vitn	or w	/itnir	n the organization's tax (B)	year.	l		C)	
Name and busin	ess address	N	INC	3				Description of s	services	c		nsatio	n
							\dashv						
2 Total number of independent contractor	rs (includina but r	not li	mite	d to	tho	se li	ster	d above) who received n	nore than				
\$100,000 of compensation from the org		- **				0		,					

Form 990 (2013) CLEARWA

	t VII	Check if Schedule O cont		or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
등이	b	Membership dues	1b	362,997.				
An'	С	Fundraising events	1c					
필	d	Related organizations	1d					
S.iii	е	Government grants (contribut	ions) 1e	4,956,000.				
	f	All other contributions, gifts, grant	ts, and					
اعَق		similar amounts not included above	ve 1f	673,139.				
들이	g	Noncash contributions included in lines	1a-1f: \$	2,030.				
<u>a S</u>	h	Total. Add lines 1a-1f			5,992,136.			
				Business Code				
e	2 a	GUEST ADMISSIONS		713110	6,196,633.	6,196,633.		
اھ جَ	b	MARINE LIFE INCOME		711300	2,055,030.	2,055,030.		
S ă	С	PRODUCTION COMPANY INC	OME	713110	1,192,855.	1,192,855.		
eve	d	EDUCATION INCOME		611600	272,845.	272,845.		
Program Service Revenue	е		_			·		
۲	f	All other program service reve	enue					
					9,717,363.			
	3	Investment income (including						
		other similar amounts)	•	· .	137,262.			137,262.
	4	Income from investment of tax		T T				
	5	Royalties			106,313.			106,313.
	_		(i) Real	(ii) Personal	·			
	6 a	Gross rents	· · · · · ·	(.,, : :::::::::::::::::::::::::::::::::				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	ı a	assets other than inventory	(i) Securities	11,021.				
	h	Less: cost or other basis		11,511.				
	b			36,821.				
	•	and sales expenses		-25,800.				
		Gain or (loss)			-25,800.	-25,800.		
		Net gain or (loss)			23,000.	23,000.		
je	0 a	including \$	•					
ě		contributions reported on line	of					
Other Revenu		•	•	285,018.				
je		Part IV, line 18		201,044.				
ŏ		Net income or (loss) from fund		201,011.	83,974.			83,974.
		` '	ū		03,374.			03,374.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less		2 070 717				
		and allowances						
		Less: cost of goods sold		1,185,149.	1 702 560			1 702 560
}	С	Net income or (loss) from sale		P	1,793,568.			1,793,568.
ł		Miscellaneous Revenu		Business Code	467 545		467 545	
	11 a	FOOD SERVICE SHOP INCO	ME .	713990	467,545.	22.740	467,545.	
	b	MISCELLANEOUS		900099	22,740.	22,740.		
	C							
		All other revenue			400 005			
		Total. Add lines 11a-11d		····· 🟲	490,285.	0.714.202	467 545	2 121 117
33200 10-29-	12	Total revenue. See instructions.		>	18,295,101.	9,714,303.	467,545.	2,121,117.
10-29-	13							Form 990 (2013)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 31,600. 31,600. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,070,916. 114,263. 956,653 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,846,159. 3,743,436. Other salaries and wages 30,165. 72,558. Pension plan accruals and contributions (include 89,914. 56,646. section 401(k) and 403(b) employer contributions) 31,470. 1,798. 3,887. Other employee benefits 471,349. 207,641. 259,821. 9 346,072. 270,834. 70,144. 5,094. Payroll taxes 10 Fees for services (non-employees): Management 72.755. 72,755. 31,750. 31,750. Accounting 27,180. 27,180. Professional fundraising services. See Part IV. line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 241,470. 201,879. 24,220. 15,371. column (A) amount, list line 11g expenses on Sch O.) 1,074,250. 1,074,250. Advertising and promotion 12 148,928. 141,212. 7,716. 13 Office expenses 55,142. 54,562. 580. Information technology 14 333,420. 333,420. 15 Royalties 595,479. 571,000. 22,635. 1,844. 16 Occupancy 6,297. 6,297. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 15,403. 15,403. Conferences, conventions, and meetings 19 39,580. 39,580. 20 Payments to affiliates _____ 21 26,294. 897,077. 869,693. 1,090. 22 Depreciation, depletion, and amortization 2,744. 253,912. 213,802. 37,366. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,214,892. 1,214,892. WDTA EXPENSES ANIMAL CARE EXPENSES 711,279. 711,279. 365,491. OSCEOLA DEVELOPMENT 365,491. 211,123. **EDUCATION EXPENSES** 211,123. 59,449. 24,609. 34,840. All other expenses 12,210,887. 10,082,812. 1,988,269. 139,806. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 20,377. 25,577. 1 Cash - non-interest-bearing 1 408,623. 165,925. 2 Savings and temporary cash investments 2 231,140. 490,685. 3 Pledges and grants receivable, net 3 320,023. 125,169. 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net 1,017,102. 1,344,400. 8 Inventories for sale or use 8 184,241. 408,676. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 24,109,685. basis. Complete Part VI of Schedule D ______ 10a 18,804,087. 20,266,510. b Less: accumulated depreciation 10b 3,843,175. 10c Investments - publicly traded securities 2,496,487. 1,208,536. 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 3,180,512. 8,694,152. Other assets. See Part IV, line 11 15 15 32,729,630. 26,662,592. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,472,886. 1,658,598. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 25,355. 205,396. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 6,175,068. 5,714,770. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 7,673,309. 7,578,764. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and

32,729,630. Form **990** (2013)

25,150,866.

22,039,216.

1,178,992.

1,932,658.

Net Assets or Fund Balances

27

28

31

32

33

complete lines 27 through 29, and lines 33 and 34.

and complete lines 30 through 34.

Unrestricted net assets

Temporarily restricted net assets

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here 16,216,960.

839,665.

1,932,658.

18,989,283.

26,662,592.

27

28

29

30 31

32

33

34

Pa	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 29				
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 21				
3	Revenue less expenses. Subtract line 2 from line 1	3				14.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 18,							
5	Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities 6							
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	25	,15	0,8	66.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	it					
	Act and OMB Circular A-133?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audi	t	T				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CLEARWATER MARINE AQUARIUM, INC. **Employer identification number** 59-2086737

Pa	rt i	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.					
he	organ	ization is not a	private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)						
1	Щ	•		s, or association of churc		ribed in se	ction 170	(b)(1)(A)(i)						
2	Щ	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3	Щ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4				operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the	hospital	's nam	ne,
		city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
5					niversity o	wned or op	perated by	a governi	mental uni	t describ	oed i	in		
			(b)(1)(A)(iv). (Comple	•										
6	H	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
			b)(1)(A)(vi). (Comple		(O = - t =	Dest II \								
8	X	•		ection 170(b)(1)(A)(vi).		•					اما اما		:_	£
9	_21_	•	•	eives: (1) more than 33 1 actions - subject to certa							•	-		
			•	axable income (less sect	•	,	•					•		
			509(a)(2). (Complete		iononia	<i>x</i>) 110111 bu	311103303 6	acquired b	y trie orga	inzation	aite	i dune c	0, 137	J.
10				perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	I).					
11		•		perated exclusively for th	•	•			•	v out the	ua e	rposes o	of one	or
		•		itions described in section						•	•	•		
			•	organization and comple		•	, , ,	,	•	, ,				
		a Type I	b Ty	rpe II c Ty	pe III - Fu	nctionally i	integrated	d	I 🔲 Тур	e III - No	n-fui	nctional	ly integ	grated
е		By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	per	sons oth	ner tha	an
		foundation m	anagers and other t	han one or more publicly	/ supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or	sec	tion 509	a)(2).	
f		If the organization	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 or	rganization, check th	nis box										. Ш
g		Since August	t 17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?				
				irectly controls, either al									Yes	No
				upported organization?								11g(i)		
				n described in (i) above?								11g(ii)		
h				person described in (i) of about the supported org								11g(iii)		
h		Flovide the it	Silowing information	about the supported of	garnzationi	(ວ).								
/i:	Nama	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	ı notify the	(vi) Is	the	/viii) Amount	of mou	notary
(1)		anization	(II) LIN	(described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizátio (i) organiz	on in col. ed in the	(411	•	port	iliciai y
	Ü				governing	document?	(i) of your	support?	Ü.S.	.?		·		
				(see instructions))	Yes	No	Yes	No	Yes	No				
ota	al													

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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.)

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not	1								
	include any "unusual grants.")	1								
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to	1								
	or expended on its behalf	1								
3	The value of services or facilities									
	furnished by a governmental unit to	1								
	the organization without charge	1								
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.									
	ction B. Total Support				•					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4		, ,	. ,	<u> </u>	, ,	.,			
8	Gross income from interest,									
	dividends, payments received on	1								
	securities loans, rents, royalties	1								
	and income from similar sources	1								
9	Net income from unrelated business									
·	activities, whether or not the	1								
	business is regularly carried on	1								
10	Other income. Do not include gain									
	or loss from the sale of capital	1								
	assets (Explain in Part IV.)	1								
11	Total support. Add lines 7 through 10									
	Gross receipts from related activities,	etc (see instructi	ons)			12				
	First five years. If the Form 990 is for	•	,	rd fourth or fifth t						
	organization, check this box and stop	-								
Se	ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2013 (I					14	%			
	Public support percentage from 2012		•	* * * * * * * * * * * * * * * * * * * *		15	%			
	33 1/3% support test - 2013. If the o					nore, check this bo	ox and			
	stop here. The organization qualifies	as a publicly supr	orted organization	1						
k	33 1/3% support test - 2012. If the c									
	and stop here. The organization qual	-								
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fac									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
ŀ	10% -facts-and-circumstances tes	~	· · · · · · · · · · · · · · · · · · ·							
•	more, and if the organization meets the									
	organization meets the "facts-and-circ				-		▶ □			
18	Private foundation. If the organization									
		Lia not oncon a	20X 011 m10 10, 10	_, .o., .ru, o. 171	~, 5110011 tillo box t		or 000 F7\ 0040			

Schedule A (Form 990 or 990-EZ) 2013

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

Se	ction A. Public Support	alow, please comp	nete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	(4) 2000	(6) 2010	(6) 2011	(a) 2012	(6) 2010	(i) rotal
·	membership fees received. (Do not						
	include any "unusual grants.")	1,327,676.	3,020,888.	851,929.	1,183,140.	874,612.	7,258,245.
2	Gross receipts from admissions,		. , ,	001,010		0.1,011	7-11-1
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	2,767,700.	4,291,648.	15,951,795.	13,334,443.	12,698,214.	49,043,800.
2	Gross receipts from activities that	2,707,700.	1,231,010.	13,331,733.	13,331,113.	12,030,211.	15,015,000.
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organization's benefit and either paid to						
	•						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	4 005 376	T 210 F26	16 002 504	14 515 503	12 550 006	F.C. 200 04F
	Total. Add lines 1 through 5	4,095,376.	7,312,536.	16,803,724.	14,517,583.	13,572,826.	56,302,045.
78	Amounts included on lines 1, 2, and						0
	3 received from disqualified persons						0.
r) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						56,302,045.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	4,095,376.	7,312,536.	16,803,724.	14,517,583.	13,572,826.	56,302,045.
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	477 501	460 406	206 120	204 057	260 247	
	and income from similar sources	477,521.	469,486.	306,120.	204,957.	269,347.	1,727,431.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	455 504	460 406	206 100	004 055	0.60 0.45	
	Add lines 10a and 10b	477,521.	469,486.	306,120.	204,957.	269,347.	1,727,431.
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.)	51,059.	53,219.	38,127.	18,221.		160,626.
13	Total support. (Add lines 9, 10c, 11, and 12.)	4,623,956.	7,835,241.	17,147,971.	14,740,761.	13,842,173.	58,190,102.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
							_
	ction C. Computation of Publi						06 86
	Public support percentage for 2013 (li			olumn (f))		15	96.76 %
	Public support percentage from 2012					16	96.15 %
	ction D. Computation of Inves					1	2 07
	Investment income percentage for 20					17	2.97 %
	Investment income percentage from 2					18	3.45 %
19a	33 1/3% support tests - 2013. If the	-					
	more than 33 1/3%, check this box ar						►\X
k	33 1/3% support tests - 2012. If the	-					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a l	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	>

Bort IV	(Form 990 or 990-EZ) 2013 CLEARWATER MARINE AQUARIUM, INC. 59-2086737 Page Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
rail IV	Supplemental information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).