Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

Inspection

A I	or the	2012 calendar year, or tax year beginning $$ OCT $$ $$ $$ 1 $$, $$ $$ $$ $$ $$ 2 $$ $$ $$ $$ and ending	SEP 30, 2013	
B	Check if applicable:	C Name of organization	D Employer identif	ication number
	Address change	CLEARWATER MARINE AQUARIUM, INC.		
	□Name □change	Doing Business As	59-2	086737
	Initial return Termin- ated	Number and street (or P.O. box if mail is not delivered to street address) 249 WINDWARD PASSAGE	uite E Telephone numbe	er - 441–1790
	Amende	City, town, or post office, state, and ZIP code	G Gross receipts \$	15,756,478.
	Applica- tion	CLEARWATER, FL 33767-2244	H(a) Is this a group r	eturn
	pending	F Name and address of principal officer: DAVID YATES	for affiliates?	Yes X No
		249 WINDWARD PASSAGE, CLEARWATER, FL 3376	7 H(b) Are all affiliates in	cluded? Yes No
		<u> </u>	527 If "No," attach a	a list. (see instructions)
		E ► WWW.SEEWINTER.COM	H(c) Group exemption	
			ear of formation: 1972	M State of legal domicile; \mathbf{FL}
Pá		Summary		13 D TITLE (
ë	1 B	triefly describe the organization's mission or most significant activities: CLEARWAT	ER MARINE AQU	DARIUM S
Jan		"CMA") MISSION IS TO PRESERVE OUR MARINE LI		
Governance		Check this box if the organization discontinued its operations or disposed of r	ı	ssets. 18
Ĝ	1		3	18
≪ ∨		lumber of independent voting members of the governing body (Part VI, line 1b)		304
ij		otal number of volunteers (estimate if necessary)		1000
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12		
Ă		let unrelated business taxable income from Form 990-T, line 34		
			Prior Year	Current Year
ø)	8 0	Contributions and grants (Part VIII, line 1h)	897,279.	
ŭ		rogram service revenue (Part VIII, line 2g)	12,673,458.	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-217,638.	
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,159,827.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,512,926.	13,856,134.
	13 G	Frants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 B	denefits paid to or for members (Part IX, column (A), line 4)	0.	-
es		salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,743,944.	
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ă		otal fundraising expenses (Part IX, column (D), line 25)	5 005 605	6 505 400
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,935,607.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,679,551.	
<u> </u>	19 F	levenue less expenses. Subtract line 18 from line 12	7,833,375.	-
Net Assets or Fund Balances		(7)	Beginning of Current Year 17,984,838.	End of Year
Asse Bala	20 T	otal assets (Part X, line 16)	1,329,614.	
let /	21 T	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20	16,655,224.	18,989,283.
P	art II	Signature Block	10,055,224	10,505,205
		ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	ntements, and to the best of m	ny knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of which prep		., memeage and zener, me
	1	\		
Sig	n	Signature of officer	Date	
Her		DAVID YATES, CEO		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	d C	CARR, RIGGS & INGRAM, LLC	it self-emplo	
		Firm's name CARR, RIGGS, & INGRAM, LLC	Firm's EIN ▶	72-1396621
Use	Only	Firm's address 2111 DREW STREET		
		CLEARWATER, FL 33765-3215	Phone no. 7	27-446-0504
May	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	EDUCATION: IN FY13, APPROXIMATELY 1,000 CAMPERS ATTENDED CMA'S
	EDUCATIONAL SUMMER CAMPS. OTHER SEASONAL (WEEKEND OR WEEK-LONG) CAMPS
	WERE DELIVERED IN OCTOBER, NOVEMBER, DECEMBER AND MARCH. OVER 10,000
	STUDENTS WERE PROVIDED OUTREACH PROGRAMS AT THEIR SCHOOLS, COMPRISING
	HANDS-ON EDUCATION REGARDING SEA LIFE AND THE ENVIRONMENT. THESE
	PROGRAMS MEET SUNSHINE STATE STANDARDS FOR FLORIDA SCHOOLS. OVER 22,000
	SCHOOL AND SCOUT GROUPS VISITED CMA AT REDUCED GROUP RATES. A NEW BOAT
	TOUR WAS OFFERED THIS YEAR INCORPORATING HANDS-ON LESSONS IN MARINE
	BIOLOGY. FREE MONTHLY LECTURES ON VARIOUS SEA LIFE AND ENVIRONMENTAL
	TOPICS ARE DELIVERED AT CMA BY SPEAKERS FROM ENVIRONMENTAL AND
	MARINE-ORIENTED ORGANIZATIONS. CMA TEAMED WITH USF TO SPONSOR AND
	OPERATE THE 2012 NATIONAL OCEAN SCIENCES BOWL REGIONAL COMPETITION. THE
4b	(Code:) (Expenses \$ 2,360,654. including grants of \$) (Revenue \$2,339,851.)
	RESCUE SERVICE: IN 2013, CMA'S STRANDING TEAM RESPONDED TO OVER 200 SICK
	AND INJURED ANIMALS, FROM DOLPHINS AND MANATEES TO OTTERS AND SEABIRDS.
	THE STRANDING TEAM ASSISTED WITH 5 MANATEE RESPONSES IN COLLABORATION
	WITH FWCC MARINE MAMMAL PATHOBIOLOGY LABORATORY, INCLUDING ONE
	SUCCESSFUL DISENTANGLEMENT AND RELEASE.
	CMA'S TURTLE DEPARTMENT RESPONDED TO 72 CALLS FOR SEA TURTLES, OF WHICH
	16 WERE TRANSPORTED TO CMA FOR REHABILITATION TOWARD EVENTUAL RELEASE.
	A TOTAL OF 19 SEA TURTLES WERE RELEASED DURING THE YEAR, AND 56 TURTLES
	WERE TREATED IN CMA'S SURGICAL LABORATORY, INCLUDING OUR RESIDENT AND
	REHABILITATING TURTLES (SOME RECEIVING MORE THAN ONE TREATMENT). CMA
	CARES FOR APPROXIMATELY 19 RESIDENT SEA TURTLES, UNRELEASABLE DUE TO
4c	(Code:) (Expenses \$
	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 9,762,409.
<u>4e</u>	Total program service expenses 7, 702, 403.

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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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		Х
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		Х
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		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		Х
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 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 assistance to any organization			
	or entity located outside the United States? 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 assistance to individuals			
	located outside the United States? 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? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	31 1			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	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		X
d	3 , 3 ,	24d		Х
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			37
	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			v
00	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	LI		
20	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	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,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
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	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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			77
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05,		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		Х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
	1			

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question 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 r		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	304						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		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?			За	Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Х				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity 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	Accou	nts.						
5а				5a 5b		X			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	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								
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-						
_	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).	n dooo r	royidad to the naver	_	Х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a 7b	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			70	-22				
С	to file Form 8282?	as rec	uireu	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe			7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	Х				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the s	upporting						
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.								
а	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:		1						
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:	Ι.	1						
а	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							
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	? 	12a					
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.			100					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
				14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b					
	, , , , , , , , , , , , , , , , , , ,				990	(2012)			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line da, db, of 10b below, describe the circumstances, processes, or charges in schedule 0. See instructions.									
	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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 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 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
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	X							
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	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►FL									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	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	d finar	icial							
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨								
	DAVID YATES - (727)441-1790									
	$2/0$ WINDWARD DACCACE CIEADWAMED EI $22767_{-}22/1/$									

232006 12-10-12

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	not cl unles	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN DRAHEIM	1.00	х		х				0.	0.	0
(2) CARLEN PETERSEN	1.00	Λ		Λ				0.	0.	0.
VICE CHAIR	1.00	х		х				0.	0.	0.
(3) ROSEMARY LONGNECKER	1.00	Λ		Λ				0.	· ·	
SECRETARY	1.00	Х		х				0.	0.	0.
(4) SUE CLARK	1.00	77		21				0.	0.	
DIRECTOR	1.00	x						0.	0.	0.
(5) STEPHEN FOWLER	1.00								•	
DIRECTOR	<u> </u>	x						0.	0.	0.
(6) MEREDITH GAUNCE	1.00									
DIRECTOR		х						0.	0.	0.
(7) LINDA GRIFFIN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) BRENT HOWIE	1.00									
DIRECTOR		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) SANDY STROYNE	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(14) THOMAS R. ORR	1.00									•
PASTCHAIR	1 00	Х						0.	0.	0.
(15) FRANK CHIVAS	1.00	,,								•
AT LARGE DIRECTOR	1.00	Х						0.	0.	0.
(16) ANDY BURWELL	1.00	х		х				0.	0.	0.
TREASURER (17) BRIAN J AUNGST JR.	1.00	^		Λ	-			0.	0.	<u> </u>
(17) BRIAN J AUNGST JR. DIRECTOR	1.00	х						0.	0.	0.
DIRECTOR		Δ			<u> </u>			1 0.	U •	- 000

232007 12-10-12

Par	t VII Section A. Officers, Directors, Trus								Compensated Employe		000			aye •
	(A)	(B)	(C)						(D) (E)					
	Name and title	Average	Position (do not check more than one						Reportable	Reportable	:	Es	(F) stimate	ed
		hours per week	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		ar	nount	of
		(list any	-	T				T	from the	from related organization		com	other pensa	tion
		hours for	direct				p		organization	(W-2/1099-MIS			om th	
		related	trustee or director	ustee			ensate		(W-2/1099-MISC)		,	org	anizat	ion
		organizations below	al tru	onal tr		loyee	comp						d relat	
		line)	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(18)	FRANK V. HIBBARD	1.00	드	=	0	<u>\$</u>	土市	Œ						
AT L	ARGE DIRECTOR		х						0.		0.			0.
(19)	DAVID YATES	40.00												
CEO		40.00			Х				399,422.		0.	2	5,4	89.
	FRANK DAME	40.00	ł		3,7				214 652		0		0 4	60
EVP/	BRUCE VEGHTE	40.00			Х		-		214,653.		0.		9,4	60.
CFO	BRUCE VEGNIE	40.00	ł		Х				116,121.		0.		5	76.
									110,1210		•			70.
			1											
			┨											
			1											
1b	Sub-total						▶		730,196.		0.	3	5,5	25.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)								730,196.		0.	3	5,5	25.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed al	bov	e) wl	10	received more than \$100	0,000 of reportab	le			3
	compensation from the organization												Yes	No
3	Did the organization list any former officer.	director or tri	ıste	e ke	ev er	mplo	ovee	or	highest compensated e	mplovee on				
_	line 1a? If "Yes," complete Schedule J for s	•		,	,	•	,	•		. ,		3		Х
4	For any individual listed on line 1a, is the si	um of reportab												
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J	for such individual			4	X	
5	Did any person listed on line 1a receive or							ela	ted organization or indiv	idual for services	;			
	rendered to the organization? If "Yes," con	plete Schedul	e J t	or s	uch	pers	son					5		X
_	tion B. Independent Contractors		al a .a .						#h-a#	\$100,000 of oo		-4:		
1	Complete this table for your five highest co the organization. Report compensation for	· ·	-								npens	ation	rom	
	(A)	trie Caleridar y	Cai	criui	ng v	VILII	OI W	10111	(B)	year.		((<u> </u>	
	Name and business	address	N	INC	E				Description of	services	С		nsatio	n
2	Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se li: 0	ste	d above) who received r	nore than				

59-2086737 CLEARWATER MARINE AQUARIUM, INC. Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) (C) **(D)** Revenue excluded Related or Unrelated Total revenue from tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 153.398. 1b **b** Membership dues 110,682. Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e 398,535 All other contributions, gifts, grants, and similar amounts not included above 655,657 g Noncash contributions included in lines 1a-1f: \$ 1,318,272, Total. Add lines 1a-1f **Business Code** Program Service Revenue GUEST ADMISSIONS 713110 7,047,135 7,047,135 MARINE LIFE INCOME 711300 2,287,499 2,287,499. EDUCATION INCOME 611600 266,907 266,907. PROGRAM REVENUE FROM SPONSORSHIPS 713110 6,501 6,501 е All other program service revenue 9,608,042. Total. Add lines 2a-2f Investment income (including dividends, interest, and 149,618 149,618. other similar amounts) 48,838 48,838. Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses Rental income or (loss) **d** Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of 47,464 assets other than inventory b Less: cost or other basis and sales expenses 33,432. 14,032. c Gain or (loss) d Net gain or (loss) 14,032. 14,032 8 a Gross income from fundraising events (not Other Revenue including \$ 110,682. of contributions reported on line 1c). See 59,764 Part IV, line 18 52,392. **b** Less: direct expenses 7,372 7,372. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See

10 a Gross sales of inventory, less returns and allowances a 3,696,813.

b Less: cost of goods sold b 1,814,520.
c Net income or (loss) from sales of inventory 1,882,293.

Miscellaneous Revenue Business Code
11 a FOOD SERVICE SHOP INCOME 713990 773,363.

Part IV, line 19 a

b Less: direct expenses b

c Net income or (loss) from gaming activities ...

Total revenue. See instructions.

232009 12-10-12 a FOOD SERVICE SHOP INCOME 713990 773,363. 773,363.
b MISCELLANEOUS 900099 54,304. 54,304.
c d All other revenue 827,667.

2,088,121. Form **990** (2012)

773,363.

13,856,134.

9,676,378.

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 to any question in this Part IX (B) (D) Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 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, 761,236. 761,236 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) 3,696,240. 3,392,422. 91,979. Other salaries and wages 211,839. 7 Pension plan accruals and contributions (include 1,418. 64,938. 40,777. 22,743. section 401(k) and 403(b) employer contributions) 62,190. 261,233. 5,180. Other employee benefits 193,863. 9 223,558. 143,739. 72,926. 6,893. Payroll taxes 10 Fees for services (non-employees): Management 108,296. 2.538. 105,758. 32,830. 32,830. Accounting Professional fundraising services. See Part IV. line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 268,573. 246,975. 17,092. 4,506. column (A) amount, list line 11g expenses on Sch O.) 1,269,289. 1,269,289. Advertising and promotion 12 164,585. 139,279. 7,597. 17,709. 13 Office expenses 60,058. 59,426. 632. Information technology 14 372,579. 372,579. Royalties 15 468,035. 448,655. 17,931. 1,449. 16 Occupancy 15,846. 15,846. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,018. 1,018. Conferences, conventions, and meetings 19 27,103. 27,103. 20 Payments to affiliates _____ 21 21,898. 608,191. 585,560. 733. 22 Depreciation, depletion, and amortization 216,445. 173,239. 39,543. 3,663. 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.) 2,137,414. 2,137,414. WDTA VARIOUS ANIMAL CARE EXPENSES 500,337. 500,337. 211,304. OSCELOA DEVELOPMENT 211,304. 34,424. FUNDRAISING EXPENSE 34,424. 31,171. 12,350. 18,821. All other expenses 11,534,703. 9,762,409. 1,603,708. 168,586. 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 to any question in this Part X (B) (A) Beginning of year End of year 5,363. 20,377. 1 Cash - non-interest-bearing 1 544,871. 408,623. 2 Savings and temporary cash investments 2 146,500. 231,140. 3 Pledges and grants receivable, net 3 85,052. 320,023. 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 Assets 7 7 Notes and loans receivable, net 1,017,102. 184,241. 1,047,236. Inventories for sale or use 8 8 237,395. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 21,672,608. basis. Complete Part VI of Schedule D ______ 10a 18,804,087. 13,418,851. b Less: accumulated depreciation 10b 2,868,521. 10c Investments - publicly traded securities 5,820. 2,496,487. 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 2,493,750. 3,180,512. Other assets. See Part IV, line 11 15 15 17,984,838. 26,662,592. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,276,966. 1,472,886. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 6,818. 25,355. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 45,830. 6,175,068. 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 1,329,614. 7,673,309. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 14,085,755. 16,216,960. 27 27 Unrestricted net assets 636,811. 839,665. Temporarily restricted net assets 28 28 1,932,658. 1,932,658. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 16,655,224. 18,989,283. 33 Total net assets or fund balances 33 17,984,838. 26,662,592. 34 34 Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
		i i						
1	Total revenue (must equal Part VIII, column (A), line 12)		13,85					
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,53					
3	Revenue less expenses. Subtract line 2 from line 1	3	2,32					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,65		$\frac{24.}{30.}$			
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	18,98	9,2	<u>85.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				Ш			
				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	Ο.						
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	d 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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	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 Audit						
	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 requ							
	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. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CLEARWATER MARINE AQUARIUM, INC.

Employer identification number 59-2086737

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	:.) See inst	ructions.					
he organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
1	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)						
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з 🗌			tal service organization		in section	170(b)(1)	(A)(iii).						
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter t	the h	nospita	l's nam	ne.
	city, and stat				•				•		•		ŕ
5	•		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed ir			
_	-	(b)(1)(A)(iv). (Comple	-	,	·	,	Ü						
6			ent or governmental unit	t describe	d in sectio	n 170(b)(I)(A)(v).						
7			eives a substantial part					r from the	general	nub	lic desc	cribed	in
• —	-	(b)(1)(A)(vi). (Comple	· · · · · · · · · · · · · · · · · · ·	o ou.pp		90.0			90	J 0.10			
8			section 170(b)(1)(A)(vi).	(Complete	Part II)								
	X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
• —	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
			axable income (less sect										
		509(a)(2). (Complete			,,, ,, o,,,, ,, o		zoquii ou b	y and orga	i ii Latioi i	u, to	ouno (50, 101	٥.
10			perated exclusively to te	st for publ	ic safety 9	See sectio	n 509(a)(4	1).					
11 🗔	-	-	perated exclusively for the		•			-	v out the	nur	noses (of one	or
—	-	-	•						•		-		0.
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
	a Type I			ype III - Fu			d	Tvp	e III - Nor	n-fur	nctional	llv inte	arated
е 🗌	,,	•	at the organization is not		-	•						•	•
-			han one or more publicly										
f		-	ten determination from t		-				,(4)(1) 01			- ()(-)	
•		rganization, check th											
g			organization accepted ar						sons?				
9			lirectly controls, either al									Yes	No
			upported organization?							Г	11g(i)	1.55	
	-		n described in (i) above?								11g(ii)		
			person described in (i) o								11g(iii)		
h			about the supported org							L	9()		
	Trovide the r	ollowing information	about the supported of	garnzation	(0).								
(i) Nama	of ourported	/::\ EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did voi	ı notify the	(vi) ls	the	(v::\	Amoun	t of mo	notony
` '	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your			Lorganizátic	on in col. I	(VII)	Amoun) Sun	port	i i c lai y
0.9	amzadon		above or IRC section	governing	document?	(i) of you	support?	(i) organiz U.S	.?		oup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No				
otal													

232021 12-04-12

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here	<u></u>				>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (•			14	%
	Public support percentage from 2011					15	%
16a	33 1/3% support test - 2012. If the o	-					
	stop here. The organization qualifies						
k	o 33 1/3% support test - 2011. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						. \square
	meets the "facts-and-circumstances"	_	-		-		
k	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
	organization meets the "facts-and-circ		ŭ		,		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s ▶∟

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.)

Sec	etion A. Public Support	ciow, picace comp	note i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	, ,	` '	()	, ,	` '	
	membership fees received. (Do not						
	include any "unusual grants.")	1,122,835.	1,327,676.	3,020,888.	851,929.	1,183,140.	7,506,468.
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	2,702,752.	2,767,700.	4,291,648.	15,951,795.	13,334,443.	39,048,338.
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						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	3,825,587.	4,095,376.	7,312,536.	16,803,724.	14,517,583.	46,554,806.
	Amounts included on lines 1, 2, and	3,023,307.	1,033,370.	7,312,330.	10,000,721.	11,317,303.	10,331,000.
10	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						46,554,806.
	Public support (Subtract line 7c from line 6.)						40,554,800.
	etion B. Total Support	() 0000	#1.0000	() 0040	/ N 0044	() 0040	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2008 3,825,587.	(b) 2009 4,095,376.	(c) 2010 7,312,536.	(d) 2011 16,803,724.	(e) 2012 14,517,583.	(f) Total 46,554,806.
	Amounts from line 6	3,023,307.	4,093,376.	7,312,330.	10,803,724.	14,517,565.	40,554,800.
IUa	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	210,979.	477,521.	160 106	306,120.	204 057	1 660 063
	and income from similar sources	410,979.	4//,341.	409,400.	300,120.	204,957.	1,669,063.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	210 070	477 FO1	160 106	206 120	204 057	1 660 060
	Add lines 10a and 10b	210,979.	477,521.	469,486.	306,120.	204,957.	1,669,063.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	20 206	F1 0F0	F2 210	20 107	10 001	102 010
	assets (Explain in Part IV.)	32,386.	51,059.	53,219.		18,221.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	4,068,952.	4,623,956.	7,835,241.	17,147,971.	14,740,761.	48,416,881.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
_	check this box and stop here						<u></u> ▶□
	ction C. Computation of Publ						06.15
	Public support percentage for 2012 (I					15	96.15 %
	Public support percentage from 2011					16	95.29 _%
	ction D. Computation of Inves						2 45
	Investment income percentage for 20			e 13, column (f))		17	3.45 %
	Investment income percentage from 2					18	4.17 %
19a	33 1/3% support tests - 2012. If the	organization did n	ot check the box of	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶ X
b	33 1/3% support tests - 2011. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	<u></u> ▶□