		PU	BLIC DISCLOSURE COPY - STATE REGIST	RATI	ON NO. CH11						
	Ω	00	Return of Organization Exempt Fro	om l	ncome Tax	OMB No. 1545-0047					
For	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ode (exc	ept private foundatio	^(ns) 2015					
Depa	artment	of the Treasury	Do not enter social security numbers on this form as i	-		Open to Public					
		enue Service	Information about Form 990 and its instructions is at			Inspection					
A	For th		lar year, or tax year beginning $OCT \ 1$, $\ 2015$ and end	ling S	EP 30, 2016						
B	Check if applicat		forganization		D Employer identifi	cation number					
	⊐Addr		h Florida Science Center and								
Address changeAquarium, Inc.Name changeDoing business as59-0915177											
F											
	r 832-1988										
L	⊥returi termi ated	n	Dreher Trail own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,201,722.					
		nded Wort	Palm Beach, FL 33405		H(a) Is this a group re						
			nd address of principal officer: Lewis Crampton		for subordinates						
	pend		as C above		H(b) Are all subordinates in						
		empt status:		527	If "No," attach a	list. (see instructions)					
			sfsciencecenter.org		H(c) Group exemptio						
				L Year of	of formation: 1959	A State of legal domicile: ${f FL}$					
Pa	art I	Summary									
ė	1	Briefly describ	be the organization's mission or most significant activities: To exc	ite	curiosity a	nd further					
anc			erstanding and appreciation of scien								
Activities & Governance	2		if the organization discontinued its operations or disposed								
ģ	3		ting members of the governing body (Part VI, line 1a) dependent voting members of the governing body (Part VI, line 1b)			21					
8	4		48								
ities	5	Total number	60								
ž	6		of volunteers (estimate if necessary)			1,913.					
Ă			business taxable income from Form 990-T, line 34			-459.					
	<u>۳</u>	Net difference		<u> </u>	Prior Year	Current Year					
đ	8	Contributions	and grants (Part VIII, line 1h)		2,375,908.	2,274,459.					
Revenue	9		ice revenue (Part VIII, line 2g)		1,318,684.	1,652,223.					
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		-133,565.	0.					
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	🗌	98,475.	62,767.					
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,659,502.	3,989,449.					
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14		to or for members (Part IX, column (A), line 4)		0.	0.					
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) b <u>103,967</u>		1,480,635.	1,593,862.					
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	🖵	0.	0.					
Ĕ	b	Total fundrais	Ing expenses (Part IX, column (D), line 25)	•	1,797,824.	1,628,832.					
			es (Part IX, column (A), lines 11a-11d, 11f-24e) es. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,278,459.	3,222,694.					
	18		expenses. Subtract line 18 from line 12		381,043.	766,755.					
or	19	1 10101100 1033			ginning of Current Year	End of Year					
ets - lanc	20	Total assets (I	Part X, line 16)		7,094,951.	7,945,005.					
Net Assets or Fund Balances	21		s (Part X, line 26)		1,022,597.	1,105,896.					
Fund	22		fund balances. Subtract line 21 from line 20		6,072,354.	6,839,109.					
Pa	art II	Signatur	e Block								
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of m	y knowledge and belief, it is					
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.						

Cian	Signature of officer	Date
Sign	Lewis Crampton, CEO	Buto
Here	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	David J. Thomas (Can Thoms CH 07/05/2	2017 self-employed P00002419
Preparer	Firm's name Holyfield & Thomas, LLC	Firm's EIN 65-1083521
Use Only	Firm's address 🖕 125 Butler Street	
	West Palm Beach, FL 33407	Phone no. (561)689-6000
May the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Form	South Florida Science Center and Aquarium, Inc.	59-0915177 _F	Page 2
	rt III Statement of Program Service Accomplishments		<u>g-</u>
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		
-	Open every mind to science.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		δNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser If "Yes," describe these changes on Schedule O.	vices?Yes 🛛	∐ No
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		ł
_	revenue, if any, for each program service reported.	1 164 55	72 .
4a	(Code:)(Expenses \$ 1,324,206. including grants of \$) The Center welcomed in excess of 210,000 visitors.	(Revenue \$ 1,164,57) The Science Cente	
	offers permanent and traveling exhibitions, salt and	fresh water	
	aquariums, a planetarium, a performance theater, and science-themed trail and includes a volunteer staffe		
	that allows visitors to communicate with operators t		εr.
	world.		
4b	(Code:) (Expenses \$ 836,456. including grants of \$) Provided educational science-based programming to ov	$(\text{Revenue}) = \frac{487,65}{2000}$	
	students at SFSC&A, and held summer science camps fo		
	children ages 4-12 years old. The Center also held		
	development workshops for over 100 teachers througho		
	Almost 40% of the students we serve are from under-s through free programming. Our education department		
	largest school district in the nation under a distri		
		<u> </u>	
4c	(Code:) (Expenses \$294,099. including grants of \$)	(Revenue \$ 138,82	
	Provided guest services, a museum store and membersh	ips to enhance th	<u>le</u>
	visitor's experience. Hosted monthly science-themed including adult lectures.	community events	3
4d	Other program services (Describe in Schedule O.)		
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 2,454,761.)	
40	Total program service expenses ► 2,454,761.	Form 990	(2015)
53200 12-16-			,_010)
540	2 0705 784176 0584200 2015.06000 South Florida Sci	ience Cente 058/2	001

11540705 784176 0584200

Form	1990 (2015) Aquarium, Inc. 59-0915	177	Р	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in 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			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
-	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?			v
10	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	10		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	~	
19	complete Schedule G, Part III	19		x

Form **990** (2015)

532003 12-16-15

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Form	990 (2015) Aquarium, Inc. 59-092	L5177	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	. 23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	. 24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25 a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	. 25b		X
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 "Yes,"			
	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			
	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	28 a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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			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			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1			X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		A
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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
c =	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			x
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	. 37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O	38		

Form 990 (2015)

532004 12-16-15

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South	Flor	ida	Science	Center	and
Aquari	um,	Inc			

Form	990 (2015) Aquarium, Inc.		59-0915	177	P	age 5						
Pai	t 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	5									
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	eporta	Ible 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	48									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	<u> </u>						
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	X	 						
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 account)?											
b	If "Yes," enter the name of the foreign country:											
	See instructions for filing requirements for FinCEN Form 114, 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		X						
	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 t					v						
	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 contribu		-									
_	were not tax deductible?			6b								
7	Organizations that may receive deductible contributions under section 170(c).		way side of the the manual of	7a	x							
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?											
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X							
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
ام	to file Form 8282?			7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year			70		x						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization file F			7g								
g b	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711								
0	sponsoring organizations maintaining donor advised funds. Die a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	-		8								
٩	Sponsoring organizations maintaining donor advised funds.			Ŭ								
ă				9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b								
10	Section 501(c)(7) organizations. Enter:			0.0								
	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:											
	Gross income from members or shareholders	11a										
	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a								
	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.		•									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a								
	Note. See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans	13b										
с	Enter the amount of reserves on hand	13c										
				14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b								

Form **990** (2015)

532005 12-16-15

 Form 990 (2015)
 Aquarium, Inc.
 59-0915177
 Page 6

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

	tion A. Governing Body and Management		-							
			Yes	1						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21									
	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 0.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21									
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								
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								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5								
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	6								
74	more members of the governing body?	7a								
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		+						
b		76								
~	persons other than the governing body?	7b								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v							
	The governing body?	8a	X							
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								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_						
			Yes							
0a	Did the organization have local chapters, branches, or affiliates?	10a								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			Γ						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	\square						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
		12a	х							
	 2a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> 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		v							
	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	Х							
b	Other officers or key employees of the organization	15b								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
6a	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								
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Tou								
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
		401								
	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed $igar{PL}$									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website I 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 finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
1	Andy Palmer - (561) 832-1988									
	4801 Dreher Trail North. West Palm Beach. FL 33405									
12004	4801 Dreher Trail North, West Palm Beach, FL 33405	Form	990	(2)						
32006	4801 Dreher Trail North, West Palm Beach, FL 33405	Form	990	(

Form 990	(2015)	A	quarium	n,	Inc.						59-0
Part VI	l Co	mpensatio	on of	Officers,	Dir	rectors,	Trustees,	Key	Employees,	Highest	Compen	sated
	_ Em	plovees, a	and I	ndepende	ent	Contrac	ctors					

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 report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Pos			thon	000	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		h an	compensation compensatio		amount of		
	week		cer an	nd a d I	irecto	or/trus	itee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	suadu		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	ional) yoldr	t con /ee				organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Matthew B. Lorentzen	6.00		_		×	1 0	<u> </u>			
Chairman		X		X				0.	0.	0.
(2) Daniel Cane	4.00									
Vice-Chairman		X		X				0.	0.	0.
(3) Harvey Oyer	4.00									
Secretary		X		Х				0.	0.	0.
(4) Robb Allan	4.00									
Treasurer		Х		Х				0.	0.	0.
(5) Mary Freitas	1.00									
Trustee		Х						0.	0.	0.
(6) Alex Coleman	1.00									_
Trustee		х						0.	0.	0.
(7) Julie Holmes	1.00									-
Trustee		X						0.	0.	0.
(8) David Nicholson	1.00									
Trustee		X						0.	0.	0.
(9) Frances Fisher	1.00									
Trustee		Х						0.	0.	0.
(10) Janie Fogt	1.00									
Trustee	1 00	X						0.	0.	0.
(11) Elizabeth Gordon	1.00									
Trustee	1 00	X						0.	0.	0.
(12) Dan Fountain	1.00									0
Trustee	1 00	X						0.	0.	0.
(13) John F. Niblack	1.00									0
Trustee	1 00	X						0.	0.	0.
(14) Dr. A Carter Pottash	1.00							0.	0	0
Trustee	1.00	X						0.	0.	0.
(15) Heath Randolph	1.00	x						0.	0.	0.
Trustee (16) Carolyn Sasso	1.00	<u> </u>		<u> </u>		-	<u> </u>	0.	0.	0.
(16) Carolyn Sasso Trustee	1.00	x						0.	0.	0.
(17) Eric Stonestrom	1.00	<u>^</u>	-			-		0.	0.	0.
Trustee	1.00	x						0.	0.	0.
	I	1 27	L	L		L	I	. 0.	0.	Eorm 990 (2015)

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7

Form 990 (2015)

South	Floi	rida	Science	Center	and
Aquari	lum,	Inc.	•		

59-0915177 Page 8

	990 (2015) Aquarium	, Inc.								59-091	L <u>5</u> :	177	Page 8
Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	rees	, an	d H	ighe	st (Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle	Pos heck ss pe	erson	1 e than is bot or/trus	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation	
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organiz and rel organiza	the ation ated
(18) Trus	Rhys L. Williams tee	1.00	x						0.	().		0.
(19)	Jon Schmidt	1.00									╡		
Trus	tee		X						0.	().		0.
(20)	Mei Sze Greene	1.00											•
Trus		1 00	X						0.	().		0.
	Dale Hedrick	1.00							0				0
Trus	tee Katherine Arrizza	40.00	X					_	0.).		0.
(22) COO	Katherine Arrizza	40.00			x				72,000.	().		0.
	Lewis Crampton	40.00							,2,000.		··		••
CEO	-				х				86,500.	().		0.
											_		
						-					\dashv		
											$ \downarrow$		
	Sub-total								158,500.).		0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								158,500.).		0.
2	Total number of individuals (including but							no r	-		<u> </u>		
	compensation from the organization												0
_											г	Ye	s No
3	Did the organization list any former officer											2	x
4	line 1a? <i>If "Yes," complete Schedule J for</i> For any individual listed on line 1a, is the s	such individual	 Ie co		 	atio	 n and	 1 ot	her compensation from	the organization		3	
•	and related organizations greater than \$15									and organization		4	x
5	Did any person listed on line 1a receive or									idual for services			
	rendered to the organization? If "Yes," cor	nplete Schedul	e J f	for su	ıch	per	son .					5	X
	tion B. Independent Contractors												
1	Complete this table for your five highest contract the organization. Report compensation for	-									ensa	ation from	
	(A)	the calendar y	car	enui	ng v	VILII			(B)			(C)	
	Name and busines	s address	N	ONE	3				Description of s	ervices	C	ompensat	ion
2	Total number of independent contractors \$100,000 of compensation from the organ		ot li	mite	d to		ose li: 0	steo	d above) who received n	nore than			
												Form 990	(2015)

532008 12-16-15

Form	990	(2015) Aquariu	m, Inc	•			59-0915	177 Page 9
Pa	rt VI	II Statement of Revenue						
		Check if Schedule O contains	a response	or note to any lir	ne 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
nts nts	1 a	Federated campaigns	1a					
our		Membership dues		220,283.				
Å, G		Fundraising events		289,268.				
aift lar		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)	1e	278,684.				
tion S	f	All other contributions, gifts, grants, an	d 🗌					
the		similar amounts not included above	1f 1 ,	486,224.				
d d t	g	Noncash contributions included in lines 1a-1f:	\$					
a S	h	Total. Add lines 1a-1f		▶	2,274,459.			
				Business Code				
e l	2 a	Admissions			1,164,573.	1,164,573.		
Program Service Revenue	b	Educational Progra	ams	611710	487,650.			
ŝnu	с	· · · · · · · · · · · · · · · · · · ·						
am	d							
2 B B B B B B B B B B B B B B B B B B B	е							
<u>م</u>	f	All other program service revenue						
		Total. Add lines 2a-2f			1,652,223.			
	3	Investment income (including divid						
		other similar amounts)						
	4	Income from investment of tax-exe						
	5	Royalties	· · ·					
			(i) Real	(ii) Personal				
	6 a		<u>0,350.</u>					
	b		8,437.					
		Rental income or (loss)	1,913.					
				►	1,913.		1,913.	
			Securities	(ii) Other				
	-	assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)						
en		Gross income from fundraising eve	nts (not					
Other Revenue		including \$ 289,268						
Re		contributions reported on line 1c).		58,145.				
Jer		Part IV, line 18		136,120.				
₹		Less: direct expenses		130,120.	_77 075			-77,975.
		Net income or (loss) from fundraisin	-	▶	-77,975.			-11,913.
	9 а	Gross income from gaming activitie						
		Part IV, line 19						
		Less: direct expenses		`				
		Net income or (loss) from gaming a		>				
	10 a	Gross sales of inventory, less retur		165,647.				
		and allowances						
			Less: cost of goods sold b 67,716.			07 021		
ŀ	С	Net income or (loss) from sales of i			97,931.	97,931.		
ŀ		Miscellaneous Revenue		Business Code		22 205		
		Birthday Parties		722320	22,295.	22,295.		
		Other Income		900099	18,603.	18,603.		
	С							
		All other revenue						
		Total. Add lines 11a-11d			40,898.	1 701 050	1 01 2	77 075
	12	Total revenue. See instructions.		>	3,989,449.	⊥,/YI,U5Z•	I,913.	-77,975.
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9

	990 (2015) Aquarium, In			59-09	15177 Page 10
	t IX Statement of Functional Expens				
Sect	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respor	ise or note to any line in (A)	this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	175,339.	125,103.	40,485.	9,751.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,211,267.	864,227.	279,678.	67,362.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	102,249.	78,043.	19,987.	4,219. 4,333.
10	Payroll taxes	105,007.	80,148.	20,526.	4,333.
11	Fees for services (non-employees):				
	Management				
	Legal	00 011	<u> </u>	20.040	
	Accounting	98,911.	68,063.	30,848.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	101,326.	100,374.	952.	
10	column (A) amount, list line 11g expenses on Sch 0.)	121,802.	83,213.	38,300.	289.
12	Advertising and promotion	132,801.	43,775.	88,007.	1,019.
13 14	Office expenses	152,001.	45,7750		1,019.
14	Information technology Royalties				
16	Occupancy	148,934.	126,091.	21,874.	969.
17	Travel	7,461.	3,588.	3,356.	517.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	35,329.		35,329.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	179,298.	153,798.	25,500.	
23	Insurance	77,896.	66,324.	11,572.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Exhibit Fees & Rentals	465,524.	326,593.	2,782.	136,149.
b	Materials & Supplies	363,459.	315,586.	32,394.	15,479.
c	Other Expenses	32,211.	19,835.	12,376.	.,
d	Special Events	-136,120.			-136,120.
	All other expenses				<u> </u>
25	Total functional expenses. Add lines 1 through 24e	3,222,694.	2,454,761.	663,966.	103,967.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
5000 d	12 16 15				Form 990 (2015)

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10

Form **990** (2015)

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15177 Page **11**

		South Florida Science Center a	nd					
Fo	Form 990 (2015) Aquarium, Inc. 5							
F	Part X Balance Sheet							
		Check if Schedule O contains a response or note to any line in this Part X						
			(A) Beginning of year					
	4	Cash papintareat bagring	2 603	1				

(B) End of year ~ 01

	1	Cash - non-interest-bearing	2,603.	1	2,011.
	2	Savings and temporary cash investments	301,189.	2	850,545.
	3	Pledges and grants receivable, net	120,000.	3	193,067.
	4	Accounts receivable, net	45,111.	4	1,200.
	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	
	6	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			
Ś		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	11,743.	8	12,388.
	9	Prepaid expenses and deferred charges	217,674.	9	150,179.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,098,091.			
	ь	Less: accumulated depreciation 10b 1,556,450.	4,227,861.	10c	4,541,641.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,168,770.	15	2,193,974.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,094,951.	16	7,945,005.
	17	Accounts payable and accrued expenses	199,511.	17	204,026.
	18	Grants payable		18	
	19	Deferred revenue	136,774.	19	262,599.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
iliti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	660 214	22	
	23	Secured mortgages and notes payable to unrelated third parties	662,314.	23	596,154.
	24	Unsecured notes and loans payable to unrelated third parties	23,998.	24	43,117.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1 000 507	25	1 105 006
	26	Total liabilities. Add lines 17 through 25	1,022,597.	26	1,105,896.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ces	07	complete lines 27 through 29, and lines 33 and 34.	5,804,004.	07	6,494,990.
llan	27	Unrestricted net assets	268,350.	27 28	344,119.
IBa	28 29	Temporarily restricted net assets Permanently restricted net assets	200,550.	20 29	544,115.
oun	25	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ►		23	
Ľ		and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	6,072,354.	33	6,839,109.
	34	Total liabilities and net assets/fund balances	7,094,951.	34	7,945,005.
			, ,		Form 990 (2015)

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 A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) A 6,072,354. 		South Florida Science Center and				
Part XI Reconciliation of Net Assets Check if Schedule Q contains a response or note to any line in this Part XI 1 Total expenses (must equal Part VIII, column (A), line 25) 2 Total expenses (must equal Part VII, column (A), line 25) 2 3, 222, 694. 3 Revenue less expenses Subtract line 2 from line 1 4 6, 072, 354. 5 4 6 6 7 766, 775. 4 6, 072, 354. 5 5 6 6 7 7 7 7 8 7 9 0. 9 0. 10 6, 839, 1.09. 9 0. 11 4 11 4 12 6, 839, 1.09. 9 0. 13 Accounting method used to prepare the Form 90: 14 Accounting method used to prepare the Form 90: 14 Accounting method used to prepare the Form 90: 15 But ever the organization changed its method of accounting from a prior year or checked "Other," explain	Form	Aquarium, Inc.	59-0	915177	Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 3,989,449. 2 Total expenses (must equal Part IX, column (A), line 25) 2 3,222,694. 3 Revenue less expenses. Subtract line 2 from line 1 3 766,755. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 6,072,354. 5 Net uncertaized gain (losses) on investments 6 7 7 6 7 Investment expenses 7 7 7 8 9 0. 9 0. 10 Net assets or fund balances (explain in Schedule O) 9 0. 10 6,839,109. Part XII Financial Statements and Reporting X X X Yes No 11 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 11 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No	Pa	rt XI Reconciliation of Net Assets				2
1 Total revenue (must equal Part VIII, column (A), line 12) 1 3,989,449. 2 Total expenses (must equal Part IX, column (A), line 25) 2 3,222,694. 3 Revenue less expenses. Subtract line 2 from line 1 3 766,755. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 6,072,354. 5 Net uncertaized gain (losses) on investments 6 7 7 6 7 Investment expenses 7 7 7 8 9 0. 9 0. 10 Net assets or fund balances (explain in Schedule O) 9 0. 10 6,839,109. Part XII Financial Statements and Reporting X X X Yes No 11 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 11 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 222, 694. 3 Revenue less expenses. Subtract line 2 from line 1 3 766, 755. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 6, 072, 354. 5 Net unrealized gains (losses) on investments 6 6 6 7 7 7 7 8 70 of 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 6, 839, 109. Yes 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) 10 6, 839, 109. Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other						
2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 222, 694. 3 Revenue less expenses. Subtract line 2 from line 1 3 766, 755. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 6, 072, 354. 5 Net unrealized gains (losses) on investments 6 7 7 6 7 7 8 9 0. 7 7 8 9 0. 9 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 6, 839, 109. Part XII Financial Statements and Reporting X X X X 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the form 990: Cash A Accrual Other 2a X 1 Accounting method used to prepare the form 990: Cash A Accrual Other <t< th=""><td>1</td><td>Total revenue (must equal Part VIII, column (A), line 12)</td><td>1</td><td></td><td></td><td></td></t<>	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 6,072,354. 5 Net unrealized gains (losses) on investments 5 6 0 7 7 8 6 9 Other changes in net assets or fund balances (explain in Schedule 0) 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 6,839,109. Part XII Financial Statements and Reporting X Xes Yes Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Yes No If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Za X If "Yes," to line 2a or 2b, does the organization's financial statements and selection or an independent accountant? Ze X If "Yees" to line 2a or 2b, does the organization ha	2		2			
5 Net unrealized gains (losses) on investments 6 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in the performance of the regulation in Schedule O. 2a 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis b Were the organization's financial statements and separate basis consolidated basis, or both: Separate basis Consolidated basis Consolidated basis b Were the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 3a b Were the organization independent accountant? <td>3</td> <td>Revenue less expenses. Subtract line 2 from line 1</td> <td>3</td> <td></td> <td></td> <td></td>	3	Revenue less expenses. Subtract line 2 from line 1	3			
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 6 , 839 , 109 . Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash Accrual Other	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,07	2,3	54.
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 0. 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 6, 839, 109. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule O. 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 on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b <	5	Net unrealized gains (losses) on investments	5			
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9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 6,839,109. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash A Accounting method used to prepare the Form 990: Cash A Account Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required audit or audits? If the organization due or undergo the required audit or audits? If	7	Investment expenses	7			
9 Other changes in net assets or fund balances (explain in Schedule 0) 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)) 6,839,109. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: 2b X If "Yes," to line 2 a or 2b, does the organization	8	Prior period adjustments	8			
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		or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2015)

532012 12-16-15

SCHEDULE A			Dublic Cha	rity Status an		slia Su	innort		OMB No. 1545-0047
(Form §	990 or 990-EZ)			rity Status an					2015
				nization is a section 50 47(a)(1) nonexempt cha			or a section		2010
	t of the Treasury			Attach to Form 990 or I	orm 990-	EZ.			Open to Public
	/enue Service			n about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.					Inspection
Name o	f the organizati		h Florida Science Center and					identification number	
			rium, Inc.						9-0915177
Part I	Reason	for Public	Charity Status (All organizations must c	omplete th	is part.) Se	e instruction	S.	
The orga	nization is not a	a private found	lation because it is:	(For lines 1 through 11, o	check only	one box.)			
1 📙	ר ⁻			on of churches describe)(A)(i).		
2	7			Attach Schedule E (Forr					
3	۰ ۲	-		anization described in s			-		
4 📖		÷	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	.)(III). Enter	the hospital's name,
	city, and stat					+		unit al consulta	a al in
5 🗆	•	-		llege or university owne	d or opera	ted by a go	overnmental	unit describ	ed in
6	7		Complete Part II.)	nental unit described in	saction 17	70(6)(1)(4)	(v)		
7 X	ר ⁻		-	intial part of its support				the general	nublic described in
,	5		omplete Part II.)	initial part of its support	nom a gov	erninentai		ine general	
8	י ^י			(1)(A)(vi). (Complete Par	t II.)				
9	י ר			than 33 1/3% of its sup		contributio	ons. member:	ship fees. a	nd aross receipts from
	•		•	ct to certain exceptions	-			-	•
	income and ι	Inrelated busi	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
10	An organizati	on organized	and operated exclus	ively to test for public sa	afety. See	section 50	9(a)(4).		
11 📖	-	-	-	ively for the benefit of, t	-			-	
				ed in section 509(a)(1) o					heck the box in
Г		-	• •	of supporting organizatio		-		-	
a ∟				supervised, or controlled	•			••••••	
		-		gularly appoint or elect	a majority	of the alrea	ctors or truste	ees of the s	upporting
ь□			complete Part IV, Se	d or controlled in connect	tion with it	te sunnorte	ad organizativ	on(e) by ba	vina
			-	anization vested in the s			-		-
		-	t complete Part IV,					.gee esp	P
c [-	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,
		-		s). You must complete				, 0	
d 🗌	Type III no	n-functionally	y integrated. A supp	oorting organization oper	rated in co	nnection w	vith its suppo	rted organi	zation(s)
	that is not t	functionally inf	tegrated. The organi	zation generally must sa	tisfy a dist	ribution rea	quirement an	d an attenti	veness
_	requiremen	it (see instruct	ions). You must cor	nplete Part IV, Section	s A and D,	and Part	v .		
e				written determination fro			. Туре I, Туре	e II, Type III	
				nally integrated support					
g Pr	ovide the follow (i) Name of supp		n about the supporte	ed organization(s).	(iv) Is the o	rganization	(v) Amount o	fmonetary	(vi) Amount of
	organization		(,	(described on lines 1-9	listed i	in your	support	-	other support (see
				above (see instructions))	governing of Yes	No No	instruct	ions)	instructions)
Total									
	Paperwork Re	duction Act N	lotice, see the Insti	ructions for			Sche	dule A (For	m 990 or 990-EZ) 2015
	0 or 990-EZ.		,				20.00		,,_

Schedule A (Form 990 or 990 EZ) 2015 Aquarium, Inc. Part II

59-0915177 Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1478771.	5129951.	1804867.	2375908.	1985191.	12774688.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	100,000.	100,000.	100,000.	100,000.	100,000.	500,000.
4	Total. Add lines 1 through 3	1578771.	5229951.	1904867.	2475908.		13274688.
	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)						788,815.
6	Public support. Subtract line 5 from line 4.						12485873.
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	1578771.	5229951.	1904867.	2475908.	2085191.	13274688.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	14,583.	6,300.	6,600.	6,050.	10,350.	43,883.
9	Net income from unrelated business		.,	.,	.,		
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	11,330.	21,867.	20,540.	37,029.	40 898.	131,664.
44	Total support. Add lines 7 through 10	11,550.	21,007.	20,510.	57,025.		13450235.
		oto (oco instructio	200)				,525,077.
12	First five years. If the Form 990 is for		,	d found or fifth to			,525,077.
13		-			-		
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
-	Public support percentage for 2015 (I			olumn (f)		14	92.83 %
	Public support percentage for 2013 (Public support percentage from 2014					15	92.37 %
	33 1/3% support test - 2015. If the c						, -
104							
h	stop here. The organization qualifies33 1/3% support test - 2014. If the organization						····· ·
U		-					
47-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						,
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		nd see instruction	

Schedule A (Form 990 or 990-EZ) 2015

532022 09-23-15

Schedule A (Form 990 or 990 EZ) 2015 Aquarium, Inc.

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

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

Section A. Public Su	pport								
Calendar year (or fiscal year l	beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	015	(f) Total	
1 Gifts, grants, contribut	tions, and								
membership fees rece	eived. (Do not								
include any "unusual g	grants.")								
2 Gross receipts from ac merchandise sold or s formed, or facilities fur any activity that is rela organization's tax-exel	ervices per- mished in ated to the								
3 Gross receipts from a	· · · ⊢								
are not an unrelated tr									
iness under section 51									
4 Tax revenues levied for									
ization's benefit and e	ů.								
or expended on its be									
5 The value of services of									
furnished by a govern									
the organization witho									
6 Total. Add lines 1 thro									
7a Amounts included on									
3 received from disqua	alified persons								
b Amounts included on lines 2 a from other than disqualified p exceed the greater of \$5,000 d amount on line 13 for the year	ersons that or 1% of the								
c Add lines 7a and 7b									
8 Public support. (Subtract									
Section B. Total Sup	port			•					
Calendar year (or fiscal year l	· · · ⊢	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	J15	(f) Total	
9 Amounts from line 6									
10a Gross income from int dividends, payments r securities loans, rents and income from simil	received on , royalties								
b Unrelated business taxab	le income								
(less section 511 taxes) f acquired after June 30, 1									
c Add lines 10a and 10b	»Г								
11 Net income from unrel activities not included whether or not the bus regularly carried on	lated business in line 10b,								
12 Other income. Do not or loss from the sale o assets (Explain in Part	of capital								
13 Total support. (Add lines 9									
14 First five years. If the	-	the organization's	first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	ation,	
check this box and st	op here	<u></u>					<u></u>	▶[
Section C. Computa	tion of Public	c Support Per	rcentage						
15 Public support percen	tage for 2015 (lir	ne 8, column (f) di	vided by line 13,	column (f))		15			%
16 Public support percen	tage from 2014 States	Schedule A, Part	III, line 15			16			%
Section D. Computa	tion of Invest	tment Incom	e Percentage						
17 Investment income pe	ercentage for 201	15 (line 10c, colun	nn (f) divided by li	ne 13, column (f))		17			%
18 Investment income pe						18			%
19a 33 1/3% support test								r	
more than 33 1/3%, c	heck this box and	d stop here. The	organization qua	lifies as a publicly	supported organiz	ation		Þ[
b 33 1/3% support test	t s - 2014. If the c	organization did n	ot check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33	3 1/3%, a	and ,	
line 18 is not more tha	in 33 1/3% , chec	k this box and st	op here. The org	anization qualifies	as a publicly supp	orted orga	inization	Þļ	
20 Private foundation. If	the organization	i did not check a	box on line 14, 19	a, or 19b, check t				Þl	
532023 09-23-15				15	Sch	edule A (F	orm 990	or 990-EZ) :	2015

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Schedule A (Form 990 or 990 EZ) 2015 Aquarium, Inc. Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

532024 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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16

South Florida Science Center and Schedule A (Form 990 or 990 EZ) 2015 Aquarium, Inc.

59-0915177 Page 5

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
	tion B. Type I Supporting Organizations			
000	tion B. Type Toupporting Organizations		Vee	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
-	Ware a majority of the argenization's directors of tructors during the tay year also a majority of the directors		163	NU
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
800	tion E. Type III Functionally-Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions). I	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
h		Ja		
U	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			0045
53202	5 09-23-15 Schedule A (Form 9	90 01 95	JU-EZ	2013
	± /			

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South Florida Science Center and Schedule A (Form <u>990 or 990 EZ) 2015</u> Aquarium, Inc.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 5 Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

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Sche	dule A (Form 990 or 990-EZ) 2015 Aquarium, Inc	•		9-0915177 Page 7
Pa		(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions	<u>(,(-,,,, </u>		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets		•	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	3	
•	(provide details in Part VI). See instructions.		, ,	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
-	Applied to 2015 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
-	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			
<u>`</u>				

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 99	90 or 990-EZ) 2015 A	outh Florida quarium, Inc	2.		59-09151	
Part VI Suppl Part IV, line 1; F Section	emental Informa Section A, lines 1, 2, 3 Part IV, Section D, lines	t ion. Provide the expl 3b, 3c, 4b, 4c, 5a, 6, 9a s 2 and 3; Part IV, Secti	anations required , 9b, 9c, 11a, 11b on E, lines 1c, 2a,	o, and 11c; Part IV, So , 2b, 3a and 3b; Part	art II, line 17a or 17b; Part III, line ection B, lines 1 and 2; Part IV, S V, line 1; Part V, Section B, line 1 for any additional information.	e 12; Section C,
32028 09-23-15			20		Schedule A (Form 990 or	⁻ 990-EZ)

**	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

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

Employer identification number

Schedule B

(Form 990, 990-F7.

Department of the Treasury Internal Revenue Service

or 990-PF)

South Florida Science Center and Aquarium, Inc.

59-0915177

Organization	type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

59-0915177

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$84,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$57,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$186,191.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$80,815.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
523452 10-26	GI -0	Schedule B (FORM	990, 990-EZ, or 990-PF) (2015)		

22 2015.06000 South Florida Science Cente 05842001

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

59-0915177

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$67,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$115,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-26		\$\$	Person Payroll Occupation Payroll Payroll Payroll Part II for noncash contributions.)

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23

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

59-0915177

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

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

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	B (Form 990, 990-EZ, or 990-PF) (2015)		Page 4						
Name of org	•	-	Employer identification number						
	Florida Science Center	and							
Aquar: Part III	ium, Inc.	tributions to organizations described	<u>59-0915177</u> d in section 501(c)(7), (8), or (10) that total more than \$1,000 for						
Fartin	the year from any one contributor. Complete	columns (a) through (e) and the follo	Owing line entry. For organizations						
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition		or less for the year. (Enter this info. once.) \$						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-									
		(e) Transfer of git	ft						
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee						
f									
(a) No.									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
		(e) Transfer of gift							
ŀ	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	((-, 3							
		(e) Transfer of git	ft						
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(2) Fullpoor of gift	(0) 000 01 girt							
Ī		(e) Transfer of gift							
ļ	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
523454 10-26	6-15		Schedule B (Form 990, 990-EZ, or 990-PF) (2015						
		25							

(Forn	SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.					
Nam	e of the organizati	Aquarium, Inc.	nce center and	Emple	oyer identification number 59-0915177	
Par	t I Organiza		d Funds or Other Similar Funds			
1 41		n answered "Yes" on Form 990, Part IV, lin				
	organizatio	Tanswered Tes Ofform 990, Partiv, in	(a) Donor advised funds	(b) Fund	s and other accounts	
4	Total number at or	ad of year				
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year		ما قريبه ما م		
5	-		writing that the assets held in donor advised		Yes No	
6			exclusive legal control?			
6	•	C	dvisors in writing that grant funds can be us			
			or donor advisor, or for any other purpose co	0		
Par			ganization answered "Yes" on Form 990, Pa		Yes No	
				art IV, line 7.		
1		servation easements held by the organizat			and loss of success	
		of land for public use (e.g., recreation or e				
		f natural habitat	Preservation of a certific	ed historic st	ructure	
•		of open space				
2	•	• •	fied conservation contribution in the form of			
	day of the tax year				leld at the End of the Tax Year	
-						
b						
c			ucture included in (a)			
d			after 8/17/06, and not on a historic structure			
-						
3		vation easements modified, transferred, re	leased, extinguished, or terminated by the c	organization of	during the tax	
	year ►					
4		where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·			
5	•	tion have a written policy regarding the pe				
•			t holds?			
6	Staff and voluntee	r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation ease	ments during the year	
-						
7	· · ·	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easement	s during the year	
•	►\$					
8			ve satisfy the requirements of section 170(h			
•						
9		•	ion easements in its revenue and expense s	-		
		-	tion's financial statements that describes th	ie organizatio	on's accounting for	
Dai	conservation ease		f Art, Historical Treasures, or Oth	or Simila	r Accate	
I u		the organization answered "Yes" on Form				
10			SC 958), not to report in its revenue stateme	ont and balan	an aboat works of art	
Id	0		,, 1		,	
			hibition, education, or research in furtherand		ervice, provide, in Part Alli,	
h		note to its financial statements that description	SC 958), to report in its revenue statement a	and balanco d	boot works of art historical	
D	-					
			ducation, or research in furtherance of public	ic service, pr	ovide the following amounts	
	relating to these it			•		
	 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X ▶ \$ 					
0						
2			asures, or other similar assets for financial (yain, provide		
-	-	unts required to be reported under SFAS 1		•		
		eduction Act Notice, see the Instruction	s for Form 990		chedule D (Earm 000) 2015	
53205		equention Act Notice, see the instruction	5 IVI FUIII 330.	3	chedule D (Form 990) 2015	
11-02-	10		26			

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		lorida Sci	ence	Cente	er and				_
	dule D (Form 990) 2015 Aquariu							091517	
Par	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	at are a sign	ificant use o	f its collectior	n items
	(check all that apply):								
а	X Public exhibition	d			hange progr				
b	X Scholarly research	e	• 🗆 0	ther					
С	X Preservation for future generations								
4	Provide a description of the organization's co							Part XIII.	
5	During the year, did the organization solicit o							—	V
Do	to be sold to raise funds rather than to be ma								X No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the c	organizatio	on answered	"Yes" on Fo	orm 990, Par	t IV, line 9, or	
10			diam (far a	optribution	a ar athar a	acto not inc	ludad		
Ia	Is the organization an agent, trustee, custod							Yes	
h	on Form 990, Part X?								
D	If "Yes," explain the arrangement in Part XIII	and complete the lo	nowing ta	ible.				Amount	
-	Decipning belonce						10	Amount	
	Beginning balance						1c		
	Additions during the year						1d 1e		
f	Distributions during the year						le 1f		
	Ending balance Did the organization include an amount on F							Yes	No
	If "Yes," explain the arrangement in Part XIII.					-		•	
Par									
		(a) Current year		or year	(c) Two yea		Three years b	ack (e) Four	years back
1a	Beginning of year balance	((jeu.	(0)	(,	(0)	28,000.
	Contributions								,
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
-	and programs								
f	Administrative expenses								28,000.
	End of year balance								,
2	Provide the estimated percentage of the cur	rent vear end baland	e (line 1a	. column (a	a)) held as:				
а	Board designated or guasi-endowment	,	%	, (
b	Permanent endowment	%							
с	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	and administe	ered for the	organization	l	
	by:	C C					•	Γ	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sc	hedule R?)			3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	owment fu	unds.					
Par	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV,	line 11a. S	See Form 990	0, Part X, lin	e 10.		
	Description of property	(a) Cost or o			t or other	.,	imulated	(d) Book	value
		basis (investr	ment)	basis	(other)	depre	ciation		
	Land				0 010				
	Buildings			4,66	8,212.	88	7,267.	3,780),945.
	Leasehold improvements			4 🗖			0 700		
	Equipment				9,825.		8,798.		L,027.
-	Other				0,054.	39	0,385.		9,669.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columi	n (B), line 1	10c.)		🕨	4,54.	L,641.

Schedule D (Form 990) 2015

532052 09-21-15

South	Flor	rida	Science	Center	and
Aquari	11m	Tnc			

Schedule D (Form 990) 2015 Aquaritum, III		5.	9-0915177 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	ad of year market value
	(b) BOOK value	(c) Method of Valuation. Cost of el	iu-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests(3) Other			
(A) (D)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV lin	e 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1)	((-,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. lin	e 11d. See Form 990. Part X. line 15.	
	escription		(b) Book value
(1) Exhibits	•		2,193,974.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		2,193,974.
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) ►		
2. Liability for uncertain tax positions. In Part XIII, provide t		to the organization's financial statements	s that reports the
organization's liability for uncertain tax positions under F			

<u></u>	D /F	000	0045
Schedule	D (Form	990)	2015

532053 09-21-15

	South Florida Science Cent	er and			
Sche	dule D (Form 990) 2015 Aquarium, Inc.			59-	0915177 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	Returr	ı.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	4,237,057.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	_ 2a			
b	Donated services and use of facilities	2b	35,335.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	212,273.		
е	Add lines 2a through 2d			2e	247,608.
3	Subtract line 2e from line 1			3	3,989,449.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,989,449.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	3,470,302.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	_ 2a	35,335.		
b	Prior year adjustments	_ 2b			
С	Other losses	_ 2c			
d	Other (Describe in Part XIII.)	2d	212,273.		
е	Add lines 2a through 2d			2e	247,608.
3	Subtract line 2e from line 1			3	3,222,694.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	3,222,694.
Pa	rt XIII Supplemental Information.				

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

Part III, line 4:

The	Center	capitalizes	its	exhibits	and	collections	which	are	held	for
-----	--------	-------------	-----	----------	-----	-------------	-------	-----	------	-----

public exhibition and educational purposes.

Part X, Line 2:

The	Center	is	exempt	from	income	taxes	under	Section	501(c)(3)	of	the	
-----	--------	----	--------	------	--------	-------	-------	---------	-----------	----	-----	--

Internal	Revenue	Code	of	1986	and	has	been	classified	as	publically	
----------	---------	------	----	------	-----	-----	------	------------	----	------------	--

supported organizations that are not private foundations under Section

509(a) of the Code. Income determined to be unrelated business taxable

income (UBTI) would be taxable. In connection with rent received from an

independent vendor at the expanding facility, there was approximately

\$1,038 of unrelated business income for the year ended September 30, 2016. Schedule D (Form 990) 2015 29

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The Center follows FASB ASC 740-10, Accounting for Uncertainty in Income Taxes. This pronouncement seeks to reduce the diversity in practice associated with certain aspects of measurement and recognition in accounting for income taxes. It prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position that an entity takes or expects to take in a tax return. An entity may only recognize or continue to recognize tax positions that meet a "more likely than not" threshold. The Center assesses its income tax positions based on management's evaluation of the facts, circumstances and information available at the reporting date. The Center uses the prescribed "more likely than not" threshold when making its assessment. For the year ended September 30, 2016, the Center did not accrue any interest expense or penalties related to tax positions, and there are no open federal or state tax years currently under audit.

Part XI, Line 2d - Other Adjustments:	
Cost of Sales	67,716.
Special Event Expenses	136,120.
Rental Expenses	8,437.
Total to Schedule D, Part XI, Line 2d	212,273.
Part XII, Line 2d - Other Adjustments:	
Cost of Sales	67,716.
Special Event Expenses	136,120.
Rental Expenses	8,437.
Total to Schedule D, Part XII, Line 2d	212,273.

Schedule D (Form 990) 2015

532055 09-21-15

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization	Complete if the o	ntal Information Regarding organization answered "Yes" on l organization entered more than \$1 Attach to Form 990 <u>bout Schedule G (Form 990 or 990-EZ)</u> lorida Science Cen	Form § 5,000 (or Fo and its	990, P on Fo rm 99 instru	art IV, lines 17, 18, rm 990-EZ, line 6a. 0-EZ. uctions is at www.irs.g	or 19), or if the prm990.	OMB No. 1545-0047 2015 Open to Public Inspection dentification number
	Aquariu	m, Inc.					59-091	L5177
	ng Activities. complete this part	Complete if the organization answe t.	red "Y	es" oi	n Form 990, Part IV,	line 1	7. Form 990	-EZ filers are not
 a Mail solicitation b Internet and e c Phone solicitation d In-person soli 2 a Did the organization key employees lister 	ons email solicitations ations citations n have a written c d in Form 990, P highest paid indi	f ☐ Solicitat g ☐ Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	ion of ion of fundra (incluo rofess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	<u> </u>	Yes No to be
(i) Name and address or entity (fundr		(ii) Activity	(iii) fundr have cr or con contribu	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained b fundraiser ted in col. (i)	y) to (or retained by)
			Yes	No				
Total								
3 List all states in whic or licensing.	h the organizatio	n is registered or licensed to solicit o	contrib	ution	s or has been notified	d it is	exempt fror	n registration
LHA For Paperwork Re	duction Act Noti	ice, see the Instructions for Form	990 or	990-l	EZ. 9	Sche	dule G (Forr	n 990 or 990-EZ) 2015

532081 09-14-15

South Florida Science Center and Schedule G (Form 990 or 990 EZ) 2015 Aquarium, Inc.

59-0915177 Page 2

FC	irt I	Fundraising Events. Complete if the of fundraising event contributions and gr	-			
			(a) Event #1 Gala	(b) Event #2 Young Friends	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	287,700.	45,416.	14,297.	347,413.
	2	Less: Contributions	240,200.	38,891.	10,177.	289,268.
	3	Gross income (line 1 minus line 2)	47,500.	6,525.	4,120.	58,145.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				136,120. 136,120.
	10		()			-77,975.
Pa						,
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Å	1	Gross revenue				
ses	2	Cash prizes				
zpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		▶	
9	Fn	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a 'No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re 'Yes," explain:			/ear?	Yes No
	_					
5320	82 09	9-14-15			Schedule G (For	m 990 or 990-EZ) 2015

South Florida Science Center and Schedule G (Form 990 or 990-EZ) 2015 Aquarium, Inc. 59-0915	177 Dr	age 3
	Yes	No
 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed 		
	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility 13a		%
b An outside facility 13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address ▶	Yes	No
 b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: 		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation 🕨 \$		
Description of services provided		
Director/officer Employee Independent contractor		
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 	Yes	No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	9b, 10b, 1	5b,
532083 09-14-15 Schedule G (Form 990 of 33	or 990-EZ)	2015

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	South Flor	rida	Science	Center	and
Schedule G (Form 990 or 990-EZ)	Aquarium,		•		
	· · · · · · · · · · · · · · · · · · ·				

Part IV	Supplemental Information (continued)		
			Schedule G (Form 990 or 990-EZ)
532084 04-01-15		31	. ,

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.)-EZ	OMB No. 1545-0047 2015 Open to Public Inspection
Internal Revenue Service Name of the organization	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/f South Florida Science Center and A manual and a science Center and	Employer ider	ntification number
	Aquarium, Inc.	59-091	51//
Form 990, Par	t VI, Section B, line 11:		
The board of	trustees empowered the executive committee t	o review	and
approve the 9	90 for submission. The executive committee	approves	the 990
and provides	a copy of the final form to the board prior	to submi	ssion.
Form 990, Par	t VI, Section B, Line 12c:		
The organizat	ion monitors the conflict of interest policy	by way	of an
annual review	by the board of directors.		
	t VI, Section B, Line 15a: proves the salary of the CEO.		
Form 990, Par	t VI, Section C, Line 19:		
The organizat	ion makes its governing documents, conflict	of inter	est
policy, and f	inancial statements available to the public	upon req	uest.
Part XII Line	2C		
The audit rep	ort is reviewed annually at the annual audit	report	review
meeting as pr	esented by the independent accountant to an	independ	ent
audit committ	ee. The process has not changed from the pri	or year.	
LHA For Paperwork Rev 532211 09-02-15	duction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	Jule O (Form 99	0 or 990-EZ) (2015)

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35

Form	8868
(Rev.	January 2014

Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

► X

Department of the Treasu	r
Internal Revenue Service	

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

And the second s		
A corpora	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and	d complete
Part I only	·	►
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requi	est an extension of time
to file inco	ome tax returns.	Enter filer's identifying number
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	South Florida Science Center and	
File by the due date for filing your return. See instructions.	Aquarium, Inc.	59-0915177
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	4801 Dreher Trail	5 22 M
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	West Palm Beach, FL 33405	

	-	1	
Enter the Return code for the return that this application is for (file a separate application for each return)	 0	11	
Enter the retain order of the retain that the application is for the a separate application for each retain)	 0	1 4	•

Application		Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Andy Palmer

•	The books are in the care of	4801 Dreher	<u> Trail North - West</u>	Palm Beach, FL 33405
	Telephone No. ► (561)	832-1988	Fax No. 🕨	

If the organization does not have an office or place of business in the United States, check this box .

. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this

box 🕨	If it is for part of the group	, check this box 🕨	and attac	h a list with the names a	and EINs of all memb	ers the extension is for
-------	--------------------------------	--------------------	-----------	---------------------------	----------------------	--------------------------

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 1

May 15, 2017	, to file the exempt organization return for the organization named above. The extension
is for the organization's return for:	

calendar year _____ or

X tax year beg	inning _	OCT	1,	2015	, and endir	Ig_	SEP

2	If the tax year entered in line 1 is for less than 12 months, check reason:	Initial return	Final return
	Chapte in accounting period		

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	Зb	\$ 0.
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,		
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

30, 2016

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 8868	(Rev. 1-2014)
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If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Page 2 X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, comple Part II Additional (Not Automatic) 3-Month E			al (no c	opies needed)				
					tructions			
Enter filer's identifying number, see instructions. Suppor Name of exempt organization or other filer, see instructions.								
print South Florida Science Cente:			Linployo	ndominioation nam				
File by the Aquarium, Inc.				59-091517	77			
due date for Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SSN				
filing your return. See 4801 Dreher Trail			000101 00		•)			
instructions. City, town or post office, state, and ZIP code. For a fe	oreign add	Iress, see instructions.						
West Palm Beach, FL 33405	0	nan na na mar ina na manana na na manana na na na mar n						
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			01			
Application	Return	Application			Return			
Is For	Code	Is For			Code			
Form 990 or Form 990-EZ	01				Code			
Form 990-BL	02	Form 1041-A			08			
Form 4720 (individual)	03	Form 4720 (other than individual)			09			
Form 990-PF	04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above)	06	Form 8870			12			
STOP! Do not complete Part II if you were not already granted			iously file	d Form 8868				
Andy Palmer			iouoly me					
• The books are in the care of ► 4801 Dreher Tra	ail N	orth - West Palm B	each.	FT, 33405				
Telephone No. ► (561) 832-1988		Fax No.						
If the organization does not have an office or place of business	s in the Ur			>				
• If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	r the whole aroun	check this			
box ▶ . If it is for part of the group, check this box ▶								
4 I request an additional 3-month extension of time until			airmonno					
5 For calendar year, or other tax year beginning			a SEP	30, 2016				
6 If the tax year entered in line 5 is for less than 12 months, c			Final r		·			
Change in accounting period				otani				
 7 State in detail why you need the extension 								
Additional time is needed to g	rathe	r information.						
	<u></u>							
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax less any						
nonrefundable credits. See instructions.	,,		8a	\$	0.			
 b If this application is for Forms 990-PF, 990-T, 4720, or 6069 	enter an	v refundable credits and estimated	04					
tax payments made. Include any prior year overpayment all	02. Georgenieren 1999-0	• • • • • • • • • • • • • • • • • • • •						
previously with Form 8868.		credit and any amount paid	Oh	\$	0.			
 Balance due. Subtract line 8b from line 8a. Include your pa 	8b	Φ	<u> </u>					
EFTPS (Electronic Federal Tax Payment System). See instru	80	\$	0.					
		st be completed for Part II of		φ	0.			
Under penalties of perjury, I declare that I have examined this form, includ				of my knowledge and h	elief			
it is true, correct, and complete, and that I am authorized to prepare this fo	orm.	,,			, on only			
Signature Title	CPA-		Date	5.15.201	7			
				Form 8868 (R	ev. 1-2014)			
\leq 1								
\geq								
N								

PUBLIC DISCLOSURE COPY

(Not for IRS Filing)

		Public Discl	losur	e Copy			
	Ext	ended to Au	gus	t 15, 2017			
Form 990-T	Exempt Orga		-		ax Returr	ιL	OMB No. 1545-0687
		nd proxy tax und				Г	
	For calendar year 2015 or other tax year	ear beginning OCT 1,	20	15 , and ending SE	P 30, 201	.6	2015
Department of the Treasury	Information about F	orm 990-T and its instruc	ctions is	s available at www.irs.g	ov/form990t.		
Internal Revenue Service	Do not enter SSN number	ers on this form as it may	be ma	de public if your organiz	ation is a 501(c)(3)	. 5	open to Public Inspection for 01(c)(3) Organizations Only
A Check box if		Check box if name cl					yer identification number byees' trust, see
address changed		da Science	Cen	ter and		instruc	,
B Exempt under section	Print Aquarium, I	inc.					9-0915177
X 501(c)(3)		n or suite no. If a P.O. box	k, see in	structions.			ted business activity codes structions.)
408(e) 220(e)	Type 4801 Dreher	Trail					
408A 530(a)		vince, country, and ZIP or					
529(a)		each, FL 3	340	5		5313	390
C Book value of all assets at end of year	F Group exemption number (See	instructions.)	▶				
4,538,058.	G Check organization type ►	X 501(c) corporation		501(c) trust	401(a) trust		Other trust
	n's primary unrelated business act						V.
•	the corporation a subsidiary in an	• • •	nt-subsi	diary controlled group?	► L	Yes	s X No
	and identifying number of the pare Andy Palmer	nt corporation.		Talaala		561	832-1988
	d Trade or Business Ind	0000		(A) Income	one number 🕨 ((B) Expenses		(C) Net
 1 a Gross receipts or sa b Less returns and allo 		c Balance ►	10				
	Schedule A, line 7)	-	1c 2				
2 Cost of goods sold (3 Gross profit. Subtract			2				
-	me (attach Schedule D)		4a				
	1 4797, Part II, line 17) (attach Forr		4b				
	n for trusts		40 4c				
	partnerships and S corporations (at		5				
	ule C)		6				
	ced income (Schedule E)		7	1,565.	3	83.	1,182.
	yalties, and rents from controlled of		8	1,2031			1,1021
	of a section 501(c)(7), (9), or (17) c	- , , , , , , , , , , , , , , , , , , ,	-				
	ivity income (Schedule I)	- , ,	10				
	Schedule J)		11				
	istructions; attach schedule)		12				
	s 3 through 12		13	1,565.	3	83.	1,182.
	ons Not Taken Elsewhe		or limita				<u> </u>
	contributions, deductions mus				s income.)		
14 Compensation of o	ficers, directors, and trustees (Sch	edule K)				14	
	· · · · · · · · · · · · · · · · · · ·					15	
	nance					16	
						17	
	edule)					18	
						19	
20 Charitable contribu	ions (See instructions for limitatior	n rules)				20	
	1 Form 4562)				1,641.		
22 Less depreciation of	laimed on Schedule A and elsewhe	re on return		22a		22b	1,641.
23 Depletion						23	
	ferred compensation plans					24	
25 Employee benefit p	rograms					25	
26 Excess exempt exp	enses (Schedule I)					26	
	costs (Schedule J)					27	
	ttach schedule)					28	
	s. Add lines 14 through 28					29	1,641.
	taxable income before net operatin					30	-459.
31 Net operating loss	leduction (limited to the amount or	l line 30)		See Stat	ement 1	31	
	taxable income before specific ded					32	-459.
	Generally \$1,000, but see line 33 in					33	1,000.
	s taxable income. Subtract line 33		•	•			450
	nominale Daduction Act Nation and					34	-459.
01-06-16 LHA For Pa	perwork Reduction Act Notice, se	e instructions.	26	•			Form 990-T (2015)

⁹⁰⁻¹ (2015)

South	Florida	Science	Center	and

Form 990-T	(2015) Aquarium, Inc.	59-09	15177		Page 2
Part II	I Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here See instructions and:				
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
	(1) \$ (2) \$ (3) \$				
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$				
	(2) Additional 3% tax (not more than \$100,000)				
	Income tax on the amount on line 34		35c		Ο.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from	m.			
	Tax rate schedule or Schedule D (Form 1041)		36		
37	Proxy tax. See instructions		37		
	Alternative minimum tax				
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies				0.
	I Tax and Payments				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a				
	Other credits (see instructions) 40b		-		
c c	General business credit. Attach Form 3800 40c		-		
b h	Credit for prior year minimum tax (attach Form 8801 or 8827) 40d		-		
	Total credits. Add lines 40a through 40d		40e		
	Subtract line 40e from line 39				0.
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	Pr (attach schedule)	42		
	Total tax. Add lines 41 and 42	,			0.
44 a	Payments: A 2014 overpayment credited to 2015 44a				
	2015 estimated tax payments 44b		-		
	Tax deposited with Form 8868 44c		-		
	Foreign organizations: Tax paid or withheld at source (see instructions) 44d		-		
	Backup withholding (see instructions)		-		
	Credit for small employer health insurance premiums (Attach Form 8941) 44f				
	Other credits and payments:				
Ĩ	□ Form 4136 □ Other Total ► 44g				
45	Total payments. Add lines 44a through 44g		45		
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗌		46		
	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47		0.
	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48		0.
		Refunded 🕨	49		
Part V		ructions)			
1 At ar	ny time during the 2015 calendar year, did the organization have an interest in or a signature or other authority	over a financial a	ccount (bank,	Yes	No
secu	rities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Fore	eign Bank and Fin	ancial		
Acco	ounts. If YES, enter the name of the foreign country here 🕨				Х
2 Durin If YES	punts. If YES, enter the name of the foreign country here g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? S, see instructions for other forms the organization may have to file.			. –	Х
	r the amount of tax-exempt interest received or accrued during the tax year > \$				
Sched	ule A - Cost of Goods Sold. Enter method of inventory valuation 🕨 N/A				
1 Inve	ntory at beginning of year 1 6 Inventory at end of year		6		
2 Purc	hases 7 Cost of goods sold. Subtract line 6				
3 Cost	of labor from line 5. Enter here and in Part I,	line 2	7		
	ional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with re	espect to		Yes	No
b Othe	r costs (attach schedule)	esale) apply to			
5 Tota					
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know	to the best of my kr	nowledge and belief	, it is true,	
Sign		-	May the IRS discus	s this return	with
Here	CEO		the preparer shown		
	Signature of officer Date Title		instructions)?	Yes 🗌	No
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN		
Paid) · An MA	self- employe			
Prepa	rer David J. Thomas Jan / Mms 107/05/2017			02419	
Use O	nly Firm's name Folyfield & Thomas, LLC	Firm's EIN	▶ 65-1	08352	1
	125 Butler Street				
	Firm's address 🕨 West Palm Beach, FL 33407	Phone no.	(561)68		
523711 01-			Forn	990-T	(2015)
	37				

16070629 784176 0584200

	South	Floi	rida	Science	Center	and
Form 990-T (2015)	Aquari	ium,	Inc	•		

59-0915177

(a) From personal property of the percentage of reference of the reference of					
(3) (4) 2. Fent received or accrued (6) From personal property (if the percentage of intervention property (if the percentage of intervention between the based on profile or income) (7)					
(4) 2. Refit received or accrued 3(a) Deductions due courses of reference and on personal property (if the percentage of reference and on personal property (if the percentage of reference and on personal property (if the percentage of reference and on personal property (if the percentage of reference and on personal property (if the percentage of reference and on personal property (if the percentage of reference and on personal property (if the percentage of reference and on personal property if the percentage of reference and on personal property (if the percentage of reference and on personal property if the percentage of reference and on personal property if the percentage of reference and on personal property if the percentage of reference and on personal property if the percentage of reference and on personal property if the percentage of reference and on personal property if the percentage of reference and on personal property if the percentage of the perc					
2. Best received or accurd 3(a) From seasoid property the part settings of rent to personal property with the part settings of rent to personal property is more than 50%. 3(a) Deductions di columna 2 (1) (2) (3) (2) (3) (3) (4) (3) (3) (4) (3) (3) (4) (3) (3) (4) (3) (3) (5) Total income. Add totals of columns 2(a) and 2(b). Enter (3) (3) (1) (3) (3) (3) (1) (3) (3) (3) (3) (1) (4) (3) (3) (3) (3) (1) (4) (4) (3) (3) (3) (3) (1) (4) (5) (4) (5) (4) (6) (2) (6) (2) (6) (6) (6) (6) (6) (6) (6)					
(a) rent to personal property is more than 50%; (b) of rent to personal property and a bit of rent is pased on profit or income) (b) of rent to personal property and a bit of rent is pased on profit or income) (c) of rent to personal property and a bit of rent is pased on profit or income) (c) of rent to personal property and a bit of rent is pased on profit or income) (c) of rent to personal property and a bit of rent is pased on profit or income) (c) of rent to personal property and a bit of rent is pased on profit or income) (c) of rent to personal property and a bit of rent is pased on profit or income) (c) of rent to personal property and a bit of rent is pased on profit or income) (c) of rent to personal property and a bit of rent is pased on profit or income) (c) of rent to personal property is rince in personal property and a bit of rent is pased on profit or income) (c) of rent to personal property is rince in personal property					
(2) (3) (4) Total 0. Total 0. (c) Total income. Add totals of columns 2(a) and 2(b). Enter there and on page 1, Part I, line 6, column (b) (b) Total deduction (b) (b) Total deduction (b)	ง directly าร 2(a) ar	- 3(a)Dec	ons directly connected with the in mns 2(a) and 2(b) (attach scheduk	come in e)	
(3) Total 0. Total 0. (4) 0. Total 0. (1) Total deductions (a) 0. Total 0. (1) Total deductions (a) 0. Total 0. (1) Total deductions (a) 0. Interface 0. (1) Total deductions Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly income from or allocable to debt. (1) Statight line depreciable to debt. (1) Rental of retail space 10,350. (2) (3) (3) (3) (1) 662,792. 4,382,961. 15.12% 1,56 (2) 0 9% (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (5) (5) (7)					
(4) Total 0. Total 0. Total 0. Total 0. Enter here and on page state here here here here here here here he					
Total 0. Total 0. c) Total income. Add totals of columns 2(a) and 2(b). Enter lines and on page 1, Part I, line 6, column (A) 0. Enter here and on page 1, Part I, line 6, column (B) Schedule E - Unrelated Debt-Financed Income (see instructions) 0. 3. Deduction direction distance dinome direction direction direction distancon					
c) Total income. Add totals of columns 2(a) and 2(b). Enter rear and on page 1, Part I, line 6, column (A) (b) Total daductions fibre here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 0. (a) 1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property 3. Deductions directly to debt-financed property (1) Rental of retail space 10,350. (a) (b) Total advections (attach schedule) (2) (a) (b) Column (A) (c) (c) (3) (c) (c) (c) (c) (4) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)					
	lione		ations		
Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly to debt-financed property 1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property 3. Deductions directly to debt-financed property (1) Rental of retail space 10,350. (a) (2) 10,350. (a) (3) 0 0 (4) 0 (b) (4) 0 (c) (4) 0 (c) (5) Average acquisition of allocable to debt-financed property 8. Statement 3 Statement 3 Statement 3 (c) (1) 662,792. 4,382,961. 15.12% 1,56 (2) 9% 1 5.12% 1,56 (3) 9% 9% 1.5.5.12% 1,56 (4) 9% 1.5.5.12% 1,56 (5) 15.12% 1,56 1.5.5 (2) 9% 1.5.5.12% 1,56 (3) 9% 1.5.5.12% 1,56 Checkule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations organizations organizations 1.5.8	age 1,	Enter house	n page 1,	,	
1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property 3. Deductions directly to debt-financed property (1) Rental of retail space 10,350. (2) (3) (3) (4) (4) (5. Average adjusted basis of or allocable to debt-financed property Statement 3 (7. Gross income reportable (column 6) (1) 66. Column 4 divided by column 5 7. Gross income reportable (column 6) (2) (1) 662,792. 4,382,961. 15.12% 1,56 (2) % % (4) % (1) 1,56 (2) % (2) % (2) (3) (4)	n (B)	Part I, line 6	imn (B) 🕨	(
1. Description of debt-financed property 2. Gross income for or allocable to debt- financed property 10 (350). (1) Rental of retail space 10 , 350. (2) 10 , 350. (3)		2 Doducti	lineatly connected with or allocab		
1. Description of debt-financed property financed property (1) Stalight the deptedual (attach schedule) (1) Rental of retail space 10,350. (2)		J. Deducu	debt-financed property	le	
(2) (3) (3) (4) 4. Amount of average acquisition debt financed property (attach schedule) 5. Average adjusted basis of a allocable to debt financed property (attach schedule) 7. Gross income reprotable (column 5) Statement 3 Statemicified (Column 5) 4 (1) 662,792. 4,382,961. 15.12% 1,56 (2) % 9% 1 5. (3) % % 1.5.12% 1,56 (4) % 9% 1.5.12% 1.5.12% 1.5.50 (4) % % 1.5.50 1.5.75 1.5.75 Totals % 1.5.75 </td <td></td> <td></td> <td>e) (attach sch</td> <td colspan="2">(b) Other deductions (attach schedule) Statement 2</td>			e) (attach sch	(b) Other deductions (attach schedule) Statement 2	
(2) (3) (4) (4) (4) (5). Average adjusted basis of or allocable to debt-financed property (attach schedule) Statement 3 (6). Column 4 divided by column 5 7. Gross income reports (bit of column 2 x column 6) (1) 662,792. (4),382,961. 15.12% 1,56 (2) % (1)				$\frac{10}{2,530}$	
(3)				-, 550	
(4) Amount of average acquisition debt of allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 reportable (column 2 x column 6) (1) 662,792. 4,382,961. 15.12% 1,56 (2) % % % (3) % % % (4) % % 1,56 (3) % % 1,56 (4) % % 1,56 (4) % % 1,56 (4) % 1,56 % (5) 1,56 % 1,56 (4) % 1,56 % 1,56 Total dividends-received deductions included in column 8 % 1,56 % Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see 1 1,56 % 1,56 1. Name of controlled organization 2. % 1,50 % 1,50 (1) 2. % 1,50 % 1,50 % 1,50 (3) 1. 1. <td></td> <td></td> <td></td> <td></td>					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 7. Gross income reportable (column 5) Statement 3 Statement 4, 382, 961. 15.12% 1,56 (1) 662,792. 4,382,961. 15.12% 1,56 (2) % % % 1,56 (3) % % % 1,56 (4) % % 1,56 % Total dividends-received deductions included in column 8 % 1,56 % 1,56 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) % 1,56 % 1,56 1. Name of controlled organization 2. % % 1,56 %					
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(2) % (3) % (4) % Totals % Totals 1, 56 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) 1, 56 1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) 4. Total of specified payments made 5. Part of column included in the column's gross income (1) 1 (2) 1 (3) 1 (4) 1 Ionexempt Controlled Organizations 9. Total of specified payments made 7. Taxable Income 8. Net unrelated income (loss) 9. Total of specified payments made 10. Part of column 9 that is included in the coring in the controlling organization's gross income (1) 1 1 1				0(0))	
(2) % (3) % (4) % (4) % (4) % Interview of the second of the s	565		,565.	383	
(3) % (4) % (4) % (4) % Totals % Totals 1, 56 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see 1. Name of controlled organization 2. Employer identification number 3. 1. Name of controlled organization 2. (1) 2. (2) 3. (3) 4. (4) 5. Part of column included in the conorganizations (see instructions) (1) 2. (3) 4. (4) 4. (4) 4. (4) 4. (4) 4. (5. Part of column for an a specified payments made (6) 5. (7. Taxable Income 8. Net unrelated income (loss) (see instructions) (10. 9. (11. 4. (12. 4. (13. 4. (14. 5. (15. 9. (16. 10. (17. <td></td> <td></td> <td></td> <td></td>					
Totals Enter here and on page 1, Part 1, line 7, column (A). Total dividends-received deductions included in column 8 1, 5 € Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see 1). 1, 5 € 1. Name of controlled organization 2. Employer identification number 3. 4. 5. Part of column (I). 5. Part of column organization's gross (1) . . (2) . . (3) . . (4) . . Ionexempt Controlled Organizations 9. Total of specified payments made 10, Part of column 9 that is included in the controlling organization's gross income (1) (1) (1) (1) (1) (2) (2) (2) <t< td=""><td></td><td></td><td></td><td></td></t<>					
Part I, line 7, column (A). 1. Name of controlled organization 1. Name of controlled organization Exempt Controlled Organizations (see instructions) 1. Name of controlled organization Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) 1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5. Part of column organization's gross (1)					
1, 5 d Totals 1, 5 d Total dividends-received deductions included in column 8 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see Instruction number Exempt Controlled Organizations 1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5. Part of column included in the column organization's gross (1) (2) (1) (2) (3) (4) (5) (7) (7) Total of specified payments made (10) Part of column 9 that is included in the column organization's gross (1) 9. Total of specified payments made 10. Part of column 9 that is included in the column 9 that is included in t					
Total dividends-received deductions included in column 8 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see Interest, Annuities, Royalties, and Rents From Controlled Organizations (see Interest, Annuities, Royalties, and Rents From Controlled Organizations (see Interest, Annuities, Royalties, and Rents From Controlled Organizations (see Interest, Annuities, Royalties, and Rents From Controlled Organizations (see Interest, Annuities, Royalties, and Rents From Controlled Organizations (see Interest, Annuities, Royalties, and Rents From Controlled Organizations (see Interest, Annuities, Royalties, and Rents From Controlled Organizations (see Interest, Annuities, Royalties, and Rents From Controlled Organizations (see Interest, Annuities, Royalties, Interest, Annuities, Royalties, and Rents From Controlled Organizations (see Interest, Annuities, Royalties, Interest, Interest, Annuities, Royalties, Interest, Annuities, Royalties, Interest, Int	. ,	Part I, line 7, c	.,	. ,	
Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see 1. Name of controlled organization 2. Employer identification number 3. 4. Total of specified payments made 5. Part of column organization's gross (1) (2) (3) (3) (4) (4) Ionexempt Controlled Organizations (1) 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made (1) (1) (1) (1) (2) (2) (2) (3) (4) (4) (4) (5) Ionexempt Controlled Organizations (1) (1) (1) (1) (2) (2) (3) (3) (1) (2) (3) (4) (5) (1) (2) (3) (4) (5) (1) (2) (3) (2) (3) (3) (4) (4) (5) (6) (7) (7) (1) (2) (3) (3) (3) (4) (4) (1)				383	
1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5. Part of column included in the col organization's gross (1) (1) (2) (2) (3) (4) (4) (2) (3) (4) (4) (4) (4) (4) Ionexempt Controlled Organizations 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income (1) (1) (1) (1) (1) (1) (1)	····· •	opization	······		
1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5. Part of column included in the col organization's gross (1) (2) (2) (2) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (5) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (5) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (5) (6) (1) <	e inst	anizatioi	(see instructions)		
Employer identification number Net unrelated income (loss) (see instructions) Total of specified payments made included in the course organization's gross (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (5) (6) (1)		5 -			
(2) (3) (4) (4) (4) Ionexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income (1) (1) (1) (1) (1)	e control	include	the controlling connected w	ith income	
(2) (3) (4) (4) (5) Ionexempt Controlled Organizations (6) (7) (7) Taxable Income (8) Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10, Part of column 9 that is included in the controlling organization's gross income (1) (1) (1) (1) (1) (1) (1)					
(3) (4) Image: Controlled Organizations Ionexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income (1) Image: Control of the co					
(4) Indexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income (1) (1) (1) (1)					
7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income (1)					
(see instructions) made in the controlling organization's gross income (1)					
	ided s	ontrolling organ	n's 11. Deductions direct with income in colu		
	+				
	-+				
(3)	-+				
(4)	-+				
Add columns 5 and 10. Enter here and on page 1, Part I,	I,	re and on page		ge 1, Part I	
otals		ne o, column (A	line 8, column	(B).	

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59-0915177

Page 4

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	 Deductions directly connected (attach schedule) 	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals 🕨 🕨	0.	0.				0.

Schedule J - Advertising income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		culation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
Totals from Part I 🛛 🕨	0.	0.					0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) 🕨	0.	0.					0.
Schedule K - Compensatio	n of Officers,	Directors, and	d Trustees (see ir	nstructior	ns)		
1. Name			2. Title		3. Percent of time devoted business	- . Com	pensation attributable related business
(1)						%	
(2)						%	
(3)						%	
(4)						%	
Total. Enter here and on page 1, Part II, li	ine 14					. 🕨	0.

523731 01-06-16

ALTERNATIVE MINIMUM TAX/ACE DEPRECIATION REPORT

ASSET NUMBER		DESCRIPTION	AMT METHOD	AMT LIFE	REGULAR DEPRECIATION	AMT DEPRECIATION	ACE DEPRECIATION
	bUILDing	(rental					
411	portion) Building	•	SL	40.00	655.	655.	65
	Building	(Rental					
431	Portion)		SL	40.00	986.	986.	98
	Totals				1,641.	1,641.	1,64
	IOCAIS				1,041.	1,041.	1,04

59-0915177

Form 990-T	Net	Operating Lo	oss Deduc	tion	Statement	1
Tax Year	Loss Sustained	Loss Previously Applied		Loss emaining	Available This Year	
09/30/13 09/30/15	65. 920.	(55. 0.	0. 920.	92	0.
NOL Carryov	er Available This	Year		920.	92	0.
Form 990-T	Schedu	le E - Other	Deductic	ns	Statement	2
Description			Activity Number	, Amount	Total	
Accounting Advertising Office Occupancy Other Costs Interest Insurance				327. 406. 934. 232. 123. 375. 133.		
		- SubTotal -	1		2,5	30.
Total of Fo	rm 990-T, Schedul	e E, Column 3	3(b)		2,5	30.
Form 990-T		Acquisition to Debt-Fina			Statement	3
Description			Activity Number	Amount	Total	
Description Average Adj	usted Debt	- SubTotal -				92.

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Form 990-T	Statement	4			
Description		Activity Number	Amount	Total	
Average Adjusted	Basis - SubTotal -		4,382,961.	4,382,96	51.
Total of Form 990	-T, Schedule E, Column	5		4,382,96	51.

4562	1	Deprec	iation and	Am	ortizatio			OMB No. 1545-0172
Form TUUL		(Including	Information of			/) 990		2015
Department of the Treasury			Attach to your					Attachment Seguence No. 179
Internal Revenue Service (99 Name(s) shown on return		about Form 456	2 and its separat		ess or activity to which			Identifying number
South Florid	la Science	Center a	nd					
Aquarium, In				For	m 990 Pa	age 10		59-0915177
Part I Election To E		rty Under Section 1	79 Note: If you hav				V before y	
1 Maximum amount		-	,					500,000.
2 Total cost of section								
3 Threshold cost of s								2,000,000.
4 Reduction in limita								
_	ar. Subtract line 4 from line						-	
6	(a) Description of pro	operty	(b) C	Cost (busin	ness use only)	(c) Elected	d cost	
7 Listed property. Er	ter the amount from	line 29			7			
8 Total elected cost							8	
9 Tentative deductio								
10 Carryover of disallo								
11 Business income li								
12 Section 179 expen								
13 Carryover of disallo								
Note: Do not use Part					•			
Part II Special D	epreciation Allowa	nce and Other D	epreciation (Do n	ot inclu	de listed proper	ty.)		
14 Special depreciation	on allowance for qua	lified property (otl	her than listed prop	perty) pl	laced in service	during		
	······			••••		-	14	
15 Property subject to								
16 Other depreciation								179,298.
Part III MACRS	Depreciation (Do no							
			Section	Α				
17 MACRS deduction	s for assets placed i	n service in tax ye	ears beginning bef	ore 201	5		17	
18 If you are electing to grou								
	Section B - Assets	Placed in Servic	e During 2015 Ta	x Year	Using the Gene	eral Deprecia	ation Syste	em
(a) Classificatio	n of property	(b) Month and year placed	(c) Basis for depred (business/investme		(d) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
(d) Classificatio	in or property	in service	only - see instruct		period	(e) Convention	(I) Method	(g) Depreciation deduction
19a 3-year property	/							
b 5-year property	/	-						
c 7-year property		-						
d 10-year proper		-						
e 15-year proper	•	-						
f 20-year proper	•	-						
g 25-year proper	•	-			25 yrs.		S/L	
		/			27.5 yrs.	MM	S/L	
h Residential ren	tal property	/			27.5 yrs.	MM	S/L	
		/			39 yrs.	MM	S/L	
i Nonresidential	real property					MM	S/L	
S	ection C - Assets F	Placed in Service	During 2015 Tax	Year U	sing the Altern			stem
20a Class life						1	S/L	
b 12-year		-			12 yrs.		S/L	
c 40-year		/			40 yrs.	MM	S/L	
	(See instructions.)		1				0,2	
21 Listed property. Er		28					21	
22 Total. Add amount								
	the appropriate lines	-					22	179,298.
23 For assets shown a							···· · ···	
	above and placed in attributable to sect		e current year, ent		23			
516251 LUA Far Da	perwork Reduction							Form 4562 (2015)
12-28-15 LHA FOR Pa				42				

F			th Flor arium,			ence	Cent	er	and			50_	0915	177	D 0
_	m 4562 (2015) art V Listed Proper					clos cor	tain aircr	off co	ntain com	nutore a	nd pror				
P	recreation, or a		Itomobiles, ce	ertain Oti	ler verno	Jies, cei	lan anci	an, ce	rtain com	puters, a	na prop	Jerty use		lerlainin	ent,
	Note: For any (a) through (c)	of Section A,	all of Section	B, and	Section	C if app	licable.		_						imns
		-	on and Other			aution: S	See the i	_							
<u>24a</u>	Do you have evidence to s			ent use cla	aimed?	<u> </u>	es 🗋	No	24b If "Y			nce writ	ten?	∐ Yes ∟	<u>No</u>
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or her basis	(bu	(e) sis for depre siness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	Depr	(h) eciation uction	Ele sectio	(i) cted on 179
05	Chaosial depression all			<u> </u>	(placed	in convi		,							ost
25	Special depreciation all	•		,	•						25				
26	used more than 50% in Property used more that										25				
20	Toperty used more that	i i				1			1	1		1			
		: :	-	%											
		: :	-	%											
07	Property used 50% or l		,	-											
21	Property used 50% or i	ess in a quain								S/L -		r – –			
			-	%											
		: :	-	%						S/L ·					
		(h) lines 05 (%						S/L -	00				
	Add amounts in column														
29	Add amounts in column	1 (I), IINE 26. E								<u></u>	<u></u>		. 29		
0							on Use								_
	mplete this section for ve														S
to y	our employees, first ans	wer the ques	tions in Secti	on C to s	see if yo	u meet a	an excep	tion to	o completi	ng this s	ection f	or those	e venicles	6.	
									()		n				-
~~	Total husiness (investment	ممالمم والبابية وما	unite en Alle e		a) sists		b)		(c)	(C	-		e)	(f	-
30	Total business/investment		0	Ver	nicle	Vei	hicle	V	'ehicle	Veh	icle	Vel	hicle	Veh	licle
	year (do not include com														
	Total commuting miles														
32	Total other personal (no	-													
	driven														
33	Total miles driven during	0 ,													
	Add lines 30 through 32	<u>2</u>			1		1					ļ			
34	Was the vehicle availab	•		Yes	No	Yes	No	Yes	i No	Yes	No	Yes	No	Yes	No
	during off-duty hours?								_						
35	Was the vehicle used p	, ,													
	than 5% owner or relate	-							_						
36	Is another vehicle availa	able for perso	nal												
	use?														
		Section C	 Questions f 	for Emp	loyers V	Vho Pro	vide Vel	icles	for Use b	y Their E	Employe	ees			
Ans	swer these questions to	determine if y	/ou meet an e	xceptior	n to com	pleting	Section I	B for v	ehicles us	ed by en	nployee	s who a	re not m	ore than	n 5%
	ners or related persons.														-
37	Do you maintain a writte	en policy stat	ement that pr	ohibits a	all perso	nal use o	of vehicle	es, inc	luding cor	nmuting,	by you	r		Yes	No
38	Do you maintain a writte														
	employees? See the ins														
39	Do you treat all use of v	ehicles by en	nployees as p	ersonal	use?										
40	Do you provide more th														
	the use of the vehicles,	and retain th	e information	received	d? ?t										
41	Do you meet the require	ements conce	erning qualifie	d autom	obile de	monstra	ation use	?							
_	Note: If your answer to	37, 38, 39, 40	0, or 41 is "Ye	es," do n	ot comp	olete Sec	ction B fo	or the o	covered v	ehicles.					
Pa	art VI Amortization														
	(a) Description o	f costs	Data	(b)		(c) Amortizat	ale		(d) Code		(e)		٨٢	(f)	
	Description o	COSIS	Date	amortization begins		amount			section		Amortiza period or per		fc	nortization r this year	
42	Amortization of costs th	nat begins du	ring your 201		ar:										
				: :											
				: :											
43	Amortization of costs th	at began bef	ore your 2015	5 tax yea	ar							43			
	Total. Add amounts in a														
_	Total. Aud amounts in t	column (f). Se	e the instruct	ions for	where to	o report	<u></u> .	<u></u>	<u></u>	<u></u>	<u></u>	44			

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4500	l	Denrec	iation and A	mortizatio	n		OMB No. 1545-0172
			Information on			י 1	2015
			Attach to your ta	-	,		
Department of the Treasury Internal Revenue Service (99)	Information		2 and its separate in		vw.irs.gov/for	m4562.	Attachment Sequence No. 179
Name(s) shown on return				Business or activity to whi			Identifying number
South Florid		Center a	nd				
Aquarium, In				Rent Reven			59-0915177
Part I Election To Ex	pense Certain Proper	ty Under Section 1	79 Note: If you have a	ny listed property, o	complete Parl	i	-
1 Maximum amount (s	,						500,000
2 Total cost of section							2 000 000
3 Threshold cost of se							2,000,000
4 Reduction in limitati						-	
			-0 If married filing separate		(c) Electer	····] ~	
6	(a) Description of pro	perty	(b) Cost	(business use only)	(C) Electer		
7 Listad property Ent	ar the emount from	line 20		7			
7 Listed property. Ent8 Total elected cost o			in column (c) lince 6			8	
9 Tentative deduction							
10 Carryover of disallo							
11 Business income lin							
12 Section 179 expens							
13 Carryover of disallov						12	
Note: Do not use Part II							
			epreciation (Do not	include listed prope	rtv.)		
14 Special depreciation	•						
	•			571	Ũ	14	
15 Property subject to						····	
16 Other depreciation (16	1,641
			roperty.) (See instruct				
			Section A				
17 MACRS deductions	for assets placed ir	n service in tax ye	ears beginning before	2015		17	
18 If you are electing to group							
5	Section B - Assets	Placed in Servic	e During 2015 Tax Y	ear Using the Gen	eral Deprecia	ation Syste	em
(a) Classification	of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment u only - see instructions	se (a) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property							
c 7-year property							
d 10-year property	/						
e 15-year property	/						
f 20-year property	/						
g 25-year property	/			25 yrs.		S/L	
b Desidential rent		/		27.5 yrs.	MM	S/L	
h Residential rent	arproperty	/		27.5 yrs.	MM	S/L	
i Nonrosidantial r	ad property	/		39 yrs.	MM	S/L	
i Nonresidential r	-	/			MM	S/L	
Se	ction C - Assets P	laced in Service	During 2015 Tax Ye	ar Using the Alterr	ative Depred	ciation Sys	tem
20a Class life						S/L	
b 12-year				12 yrs.		S/L	
c 40-year		/		40 yrs.	MM	S/L	
	(See instructions.)					,	
21 Listed property. Ent						21	
22 Total. Add amounts		-					
			artnerships and S cor			22	1,641
23 For assets shown al							
portion of the basis	attributable to section	on 263A costs		23			

516251 12-28-15 LHA For Paperwork Reduction Act Notice, see separate instructions.

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_			th Flor			ence	Cent	er	and			E 0	0015	1 7 7	
_	rm 4562 (2015)		arium,			-1		- 4					0915		
P	art V Listed Proper recreation, or a		utomobiles, ce	ertain ot	her veni	cles, ce	rtain airci	raft, ce	ertain com	puters, ar	nd prop	perty use	ed for en	tertainm	ent,
	Note: For any (a) through (c)	vehicle for wi of Section A,	all of Section	n B, and	Section	C if app	olicable.		-						mns
		-	on and Other			aution:	See the i	_							
24a	a Do you have evidence to s			ent use cl	aimed?	<u> </u>	/es	No	24b If "Y	es," is the	e evide	nce writ	ten?	Yes	No
	_ (a)	(b) Date	(c) Business/		(d)	Ba	(e) sis for depre	eciation	(f)	(g			(h)		(i) cted
	Type of property (list vehicles first)	placed in	investment	t o	Cost or ther basis	(hi	usiness/inve	estment	Recovery period	Meth Conve			eciation uction		n 179
	(service	use percenta	ge		,	use only	/)	period		1			CC	ost
25	Special depreciation all							•	-						
	used more than 50% in										25				
26	Property used more that	in 50% in a q							i	i		. <u> </u>			
		: :		%											
		: :		%											
	D			%											
27	Property used 50% or le	ess in a quali													
		: :		%						S/L -					
		: :		%						S/L -					
		<u> </u>		%	<u> </u>					S/L -					
	Add amounts in column										28				
29	Add amounts in column	i (i), line 26. E											. 29		
<u> </u>							on Use								_
	mplete this section for ve														5
10 9	your employees, first ans	wer the ques	stions in Secti	on C to	see if yo	u meet	an excep	DTION TO	o completi	ng this se	ection t	or those	venicies	5 .	
					(a)		(b)		(c)	(d	<u>, </u>		e)	(f	1
20	Total business/investment	miles driven di	uring the		hicle		hicle		(C) /ehicle	Vehi	-	-	-) nicle	Veh	-
30	year (do not include com		0	VC			,111010			Von				VCII	
21	Total commuting miles														
	Total other personal (no														
32		-	-												
33	driven Total miles driven during														
00	Add lines 30 through 32	5 5													
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
0.	during off-duty hours?	•		100		100				100	110	100		100	110
35	Was the vehicle used p														
00	than 5% owner or relate	, ,													
36	Is another vehicle availa	-													
	use?	-													
			- Questions	for Emp	lovers V	Vho Pro	vide Vel	nicles	for Use b	v Their E	mplove	es			
An	swer these questions to			-	-					-			re not m	ore than	5%
	ners or related persons.	,		•		1 0				,	. ,				
37	Do you maintain a writte	en policy stat	ement that p	rohibits a	all perso	nal use	of vehicle	es, inc	luding cor	nmuting,	by you	r		Yes	No
	employees?														
38	Do you maintain a writte	en policy stat	ement that p	rohibits _l	personal	l use of	vehicles,	excep	ot commut	ing, by yo	bur				
	employees? See the ins	structions for	vehicles used	d by cor	porate o	fficers,	directors	, or 1%	6 or more	owners					
39	Do you treat all use of v	ehicles by en	nployees as p	personal	use?										
	Do you provide more th														
	the use of the vehicles,	and retain th	e information	receive	d?										
41	Do you meet the require	ements conce	erning qualifie	ed autom	nobile de	emonstr	ation use	?							
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	es," do r	not comp	olete Se	ction B for	or the	covered v	ehicles.					
Ρ	art VI Amortization		i					-							
	(a) Description o	f costs	Date	(b) amortization		(c) Amortiza	able		(d) Code		(e) Amortiza	tion	Ar	(f) nortization	
				begins		amour			section	р	eriod or per		fo	nortization r this year	
42	Amortization of costs th	at begins du	ring your 201	5 tax ye	ar:										
				: :											
40	Amortization of acate the	at bages k - f		E tourse						[43			
	Amortization of costs the Total. Add amounts in a											43			
	252 12-28-15						• • • • • • • • • • • • • • • • • • • •					[F	orm 456 2	2 (2015)
010															- (2010)

Form 4562			iation and A	Listed Proper		т	OMB No. 1545-0172
Department of the Treasury Internal Revenue Service (99)		a ah aut Faire AFG	Attach to your ta				Attachment Sequence No. 179
Internal Revenue Service (99) Name(s) shown on return		1 about Form 450	2 and its separate i	Business or activity to w			Identifying number
South Florid	la Science	Center a	nd				
Aquarium, In				Form 990-1	Page 1		59-0915177
		rty Under Section 1	79 Note: If you have				
1 Maximum amount (-	4	500,000
2 Total cost of section	,						,
3 Threshold cost of s							2,000,000
4 Reduction in limitat							
5 Dollar limitation for tax yea							
6	(a) Description of pr			t (business use only)	(c) Electe		
7 Listed property. Ent	ter the amount from	line 29	I	7			
8 Total elected cost of			s in column (c) lines (·····		8	
9 Tentative deduction							
10 Carryover of disallo							
11 Business income lir							
12 Section 179 expense			•	,			
12 Section 179 expense 13 Carryover of disallo						12	
Note: Do not use Part I				🕨 13			
D · · · ·			epreciation (Do not	includo listod prop	orty)		
obeerer 5	•						
14 Special depreciation	-				-		
15 Property subject to	(1,641
16 Other depreciation Part III MACRS D						16	1,041
	epreciation (Do no		reports () (Cas instrue	tione)			
		bi include listed p	roperty.) (See instruc	,			
			Section A	,		47	
		in service in tax y	Section A ears beginning before	e 2015		17	
18 If you are electing to group	o any assets placed in ser	in service in tax you	Section A ears beginning before into one or more general as	e 2015	>		
18 If you are electing to group	o any assets placed in ser	in service in tax yo vice during the tax year Placed in Servic	Section A ears beginning before into one or more general as the During 2015 Tax	e 2015	neral Deprecia		em
18 If you are electing to group	o any assets placed in ser Section B - Assets	in service in tax your vice during the tax year Placed in Service (b) Month and year placed	Section A ears beginning before into one or more general as ce During 2015 Tax (c) Basis for depreciat (business/investment	e 2015 set accounts, check here Year Using the Ger ion use (d) Recovery	neral Deprecia	ation Syst	em (g) Depreciation deduction
18 If you are electing to group (a) Classification	o any assets placed in ser Section B - Assets n of property	in service in tax your vice during the tax year Placed in Service (b) Month and	Section A ears beginning before into one or more general as ce During 2015 Tax (c) Basis for depreciat	e 2015 set accounts, check here Year Using the Ger ion use (d) Recovery	neral Deprecia	ation Syst	
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18 If you are electing to group (a) Classification 19a 3-year property b 5-year property	o any assets placed in ser Section B - Assets n of property	in service in tax your vice during the tax year Placed in Service (b) Month and year placed	Section A ears beginning before into one or more general as ce During 2015 Tax (c) Basis for depreciat (business/investment	e 2015 set accounts, check here Year Using the Ger ion use (d) Recovery	neral Deprecia	ation Syst	
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 18 If you are electing to group (a) Classification 19a 3-year property b 5-year property c 7-year property d 10-year propert e 15-year propert f 20-year propert 	o any assets placed in ser Section B - Assets n of property y y y	in service in tax your vice during the tax year Placed in Service (b) Month and year placed	Section A ears beginning before into one or more general as ce During 2015 Tax (c) Basis for depreciat (business/investment	e 2015 set accounts, check here Year Using the Ger ion use (d) Recovery	neral Deprecia	(f) Method	
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 18 If you are electing to group (a) Classification 19a 3-year property b 5-year property c 7-year property d 10-year propert e 15-year propert f 20-year propert g 25-year propert 	b any assets placed in ser Section B - Assets n of property y y y y y y	in service in tax your vice during the tax year Placed in Service (b) Month and year placed	Section A ears beginning before into one or more general as ce During 2015 Tax (c) Basis for depreciat (business/investment	e 2015 set accounts, check here Year Using the Ger ion use (d) Recovery period	neral Deprecia	(f) Method	
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 If you are electing to group (a) Classification Gassification G	o any assets placed in ser Section B - Assets n of property y y y y y y zal property real property	in service in tax year s Placed in Servic (b) Month and year placed in service // // //	Section A ears beginning before into one or more general as ce During 2015 Tax (c) Basis for depreciat (business/investment	e 2015 set accounts, check here Year Using the Ger (d) Recovery period (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention (e) Convention (e) Convention (e) Convention (f) Co	(f) Method (f) Method S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
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 If you are electing to group (a) Classification Gassification Ga	o any assets placed in ser Section B - Assets n of property y y y y y y zal property real property	in service in tax year s Placed in Servic (b) Month and year placed in service // // //	Section A ears beginning before into one or more general as ce During 2015 Tax (c) Basis for depreciat (business/invess/entertion only - see instruction	e 2015 set accounts, check here Year Using the Ger (d) Recovery period (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ear Using the Alter 12 yrs.	Ineral Deprecia (e) Convention (e) Convention MM MM MM MM MM MM MM MM MM M	if) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
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 18 If you are electing to group (a) Classification 19a 3-year property b 5-year property c 7-year property d 10-year property d 10-year propert e 15-year propert f 20-year propert g 25-year propert h Residential rent i Nonresidential rent i Nonresidential rent i Nonresidential rent c 40-year c 40-year c 40-year Part IV Summary 21 Listed property. En 22 Total. Add amounts Enter here and on t 23 For assets shown a 	any assets placed in ser Section B - Assets n of property y y y y y tal property real property ection C - Assets F (See instructions.) ter amount from line s from line 12, lines he appropriate lines bove and placed in	in service in tax year Placed in Service (b) Month and year placed in service / / / / Placed in Service / / / Placed in Service / / Placed in Service / / Placed in Service	Section A ears beginning before into one or more general as the During 2015 Tax Y (c) Basis for depreciat (business/investment only - see instruction During 2015 Tax Ye bes 19 and 20 in colu artnerships and S co	e 2015 set accounts, check here Year Using the Ger (d) Recovery period (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ear Using the Alter 12 yrs. 40 yrs. mn (g), and line 21. rporations - see ins the	Ineral Depreciation I (e) Convention (f) Con	stion Syst (f) Method S/L S/L	(g) Depreciation deduction

South Florida Science Center and		F 0	001 5	1 0 0	
Form 4562 (2015) Aquarium, Inc.				177	
Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, a recreation, or amusement.)	nd prope	erty use	d for en	tertainm	ent,
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expens (a) through (c) of Section A, all of Section B, and Section C if applicable.	se, compl	lete on l	y 24a, 2	24b, colu	mns
Section A - Depreciation and Other Information (Caution: See the instructions for limits for p	assenge	er auton	nobiles.)		
24a Do you have evidence to support the business/investment use claimed? U Yes No 24b If "Yes," is th	e evidenc	ce writt	en?	Yes	No
(a) (b) (c) (d) (e) (f) (g	a) (h)		(i)
Type of property (list vehicles first) Date Business/ vehicles first) Date Business/ placed in service use percentage other basis Basis for depreciation (business/investment use only) Recovery Methods Conversion of the basis basis basis for depreciation (business/investment use only)			ciation ction	sectio	cted in 179
				CL	ost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and					
used more than 50% in a qualified business use	25				
26 Property used more than 50% in a qualified business use:					
27 Property used 50% or less in a qualified business use:					
::: % S/L-					
::: % S/L -					
<u> </u>					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1	-				
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1	·····	<u></u>	29		
Section B - Information on Use of Vehicles					
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related					5
to your employees, first answer the questions in Section C to see if you meet an exception to completing this se	ection for	r those	vehicles	6.	
					-
(a) (b) (c) (d		(e	-	(f	-
30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle	cle	Veh	icle	Veh	icle
year (do not include commuting miles)					
31 Total commuting miles driven during the year					
32 Total other personal (noncommuting) miles					
driven					
33 Total miles driven during the year.					
Add lines 30 through 32					
34Was the vehicle available for personal useYesNoYesNoYes	No	Yes	No	Yes	No
during off-duty hours?					
35 Was the vehicle used primarily by a more					
than 5% owner or related person?					
36 Is another vehicle available for personal					
use?					
Section C - Questions for Employers Who Provide Vehicles for Use by Their E	mployee	es			
Answer these questions to determine if you meet an exception to completing Section B for vehicles used by en	nployees	who ar	e not m	ore than	5%
owners or related persons.					
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting,	by your			Yes	No
employees?					
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by ye					
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners					
39 Do you treat all use of vehicles by employees as personal use?					
40 Do you provide more than five vehicles to your employees, obtain information from your employees about					
the use of the vehicles, and retain the information received?					
41 Do you meet the requirements concerning qualified automobile demonstration use?					
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.					
Part VI Amortization					
				(f)	
(a) (b) (c) (d) Description of costs	(e)		Δr		
Description of costs Date amortization Amortizable Code	(e) Amortization period or percer		Ar fo	nortization r this year	
Description of costs Date amortization Amortizable Code	Amortization		Ar fo	r this year	
Description of costs Date amortization Amortizable Code begins amount section p	Amortization		Ar fo	r this year	
Description of costs Date amortization Amortizable Code begins amount section p	Amortization		Ar fo	r this year	
Description of costs Date amortizable Code begins amount section p	Amortization period or percer		Ar fo	r this year	
Description of costs Date amortization begins Amortizable amount Code section 42 Amortization of costs that begins during your 2015 tax year:	Amortization period or percer	ntage	Ar fo	r this year	

Form	8868
(Rev.	January 2014

Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

► X

Department of the Treasu	r
Internal Revenue Service	

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

	j						
A corpora	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and	d complete					
Part I only	·						
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requi	est an extension of time					
to file inco	ome tax returns.	Enter filer's identifying number					
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or					
print	South Florida Science Center and						
Elle hardhar	Aquarium, Inc.	59-0915177					
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)					
filing your return. See	4801 Dreher Trail						
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	West Palm Beach, FL 33405						

	-	1	
Enter the Return code for the return that this application is for (file a separate application for each return)	 0	11	
Enter the retain order of the retain that the application is for the a separate application for each retain)		1 -	•

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Andy Palmer

•	The books are in the care of	4801 Dreher	<u> Trail North - West</u>	Palm Beach, FL 33405
	Telephone No. ► (561)	832-1988	Fax No. 🕨	

If the organization does not have an office or place of business in the United States, check this box .

. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this

box 🕨	If it is for part of the group	, check this box 🕨	and attac	h a list with the names	and EINs of all m	embers the extension is for
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I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 1

May 15, 2017	, to file the exempt organization return for the organization named above. The extension
is for the organization's return for:	

calendar year _____ or

X tax year beg	inning _	OCT	1,	2015	, and ending	SEP

2	If the tax year entered in line 1 is for less than 12 months, check reason:	Initial return	Final return
	Chapte in accounting period		

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	Зb	\$ 0.
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,		
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

30, 2016

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 8868	(Rev. 1-2014)
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If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Page 2 X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complet					
Part II Additional (Not Automatic) 3-Month Ex	xtensio				
		Enter filer's	identifyir	ng number, see ins	tructions
Type or Name of exempt organization or other filer, see instruct			Employe	r identification numb	ber (EIN) or
print South Florida Science Center and					
File by the Aquarium, Inc.				59-091517	
filing your	ee instruc	tions.	Social se	curity number (SSN	.)
return. See 4801 Dreher Trail					
City, town of post office, state, and ZIP code. For a fo	preign add	ress, see instructions.			
West Palm Beach, FL 33405					
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			01
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				Code
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a prev	iously file	d Form 8868.	
Andy Palmer					
• The books are in the care of A801 Dreher Tra	ail No	orth - West Palm B	each,	FL 33405	
Telephone No. ► (561) 832-1988		Fax No. ►			
• If the organization does not have an office or place of business	s in the Ur	ited States, check this box			
• If this is for a Group Return, enter the organization's four digit C	Group Exe	emption Number (GEN) I	f this is fo	r the whole group, c	heck this
box ▶ If it is for part of the group, check this box ▶	and atta	ch a list with the names and EINs of	all memb	ers the extension is	for.
4 I request an additional 3-month extension of time until					
5 For calendar year, or other tax year beginningC	DCT 1	, 2015 , and endin	g_SEP	30, 2016	
6 If the tax year entered in line 5 is for less than 12 months, ch	heck rease	on: Initial return	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension					
Additional time is needed to g	gather	r information.			
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069,	 Sectoralizes (2005). 				
tax payments made. Include any prior year overpayment allo	owed as a	a credit and any amount paid			
previously with Form 8868.			8b	\$	0.
C Balance due. Subtract line 8b from line 8a. Include your pay	-	h this form, if required, by using			1020
EFTPS (Electronic Federal Tax Payment System). See instru			80	\$	0.
\		st be completed for Part II of			
Under penalties of perjury, I declare that I have examined this form, includi it is true, correct, and complete, and that I am authorized to prepare this for	ing accomp	panying schedules and statements, and to	o the best c	of my knowledge and b	elief,
Atot	-				
Signature Title	YA-		Date	► 5·15·201	
				Form 8868 (Re	эv. 1-2014)
N					

Form 8	868
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(Rev. January 2014)

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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Form 8868 (Rev. 1-2014)

\$

Department of the Treasury Internal Revenue Service

•	If you are filing	o for an Automatic	3-Month Extension.	complete only	y Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. South Florida Science Center and	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	Aquarium, Inc.	59-0915177
	Number, street, and room or suite no. If a P.O. box, see instructions. 4801 Dreher Trail	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. West Palm Beach, FL 33405	

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		\mathbf{n}
Fotor the Daturn and for the return that this application is for (file a constate application for each return	(m)	0.1
Enter the Return code for the return that this application is for (file a separate application for each return		υ,

Application		Application		
Is For		Is For	Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07	
Form 990-BL	02	Form 1041-A	08	
Form 4720 (individual)	03	Form 4720 (other than individual)	09	
Form 990-PF	04	Form 5227	10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11	
Form 990-T (trust other than above)	06	Form 8870	12	
Andy Palmer				
• The books are in the care of ► 4801 Dreher Trail North - West Palm Beach, FL 33405				

	l elephone No. 🕨	(201)	027-730	Fax	No. 🕨		_	
٠	If the organization	does not ha	ve an office or	lace of business in the United S	tates, check this box	<	Þ L	

	-	-		
•	If this is for a Group Return	, enter the organization's four digit Grou	p Exemption Number (GEN)	. If this is for the whole group, check this

. If it is for part of the group, check this box 🕨 🛄 and attach a list with the names and EINs of all members the extension is for.

1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

August 15, 2017	, to file the exempt organization return for the organization named above. The extension
is for the organization's return for:	

Calendar year or

► X tax year beginning OCT 1,

, and ending	SEP	30,	2016
, and chung		,	

Initial return Final return 2 If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period

2015

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$
h	If this application is far Forme 200 DF 200 T 4720, ar 6060, optar application deble aredite and		

D	It this application is for Forms 990-PF, 990-1, 4720, or 6069, enter any refundable credits and	1
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,	

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA 52384 i 04-01-15

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