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A For the 2009 calendar year, or tax year beginning 01-01-2009

DLN: 93493307014020

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

and ending 12-31-2009

2009

Open to Public Inspection

	return n pending label or print or type. See Specific Instructions.	Doing Business As Number and street (or P O box if mail is not 225 Baker Street NE City or town, state or country, and ZIP + 4 Atlanta, GA 30313	t delivered to street addres	ss) Room/suite	58-2574918 E Telephone nur (404) 581-4 G Gross receipts \$	nber 000			
Initial returnate Terminate Amended Application	type. See Specific Instructions. return n pending F Nar David k	225 Baker Street NE City or town, state or country, and ZIP + 4 Atlanta, GA 30313	t delivered to street addres	ss) Room/suite					
Terminate Amended Application	return n pending F Nar David k	225 Baker Street NE City or town, state or country, and ZIP + 4 Atlanta, GA 30313	t delivered to street addres	s) Room/suite	G Gross receipts \$	67,824,618			
Amended Application	return n pending F Nar David F	Atlanta, GA 30313							
Application	n pending F Nar David k	Atlanta, GA 30313							
Tax-exen	F Nar	no and address of principal efficer							
	David I		1						
	225 Ba	ne and address of principal officer Kimmel PresidentC		H(a) Is thi affilia	s a group return tes?	for			
	A 41 4 -	ker Street NE							
	Atlanta	,GA 30313			l affiliates include				
	npt status 🔽 501(c) (3) ◀ (insert no)	527		o," attach a list i ip exemption nun	(see instructions)			
was a bait.				H(c) G100	ip exemption num	ibei F			
	e: ► http://www.ge								
		ion Trust Association Other ►		L Year of fo	rmation 2000 M	State of legal domicile GA			
Part I	Summary	e organization's mission or most signifi							
a coverillative	PROGRAMS OF T THE CONSERVAT ACCREDITED ME PARKS AND AQU		G ENGAGING AND E HROUGHOUT THE W OS AND AQUARIUM	XCITING GU ORLD THE O S AND THE O	EST EXPERIENC GEORGIA AQUA ALLIANCE OF M	CES PROMOTING RIUM IS AN ARINE MAMMAL			
	•	if the organization discontinued its op							
3	=	nembers of the governing body (Part V	•			23			
		ident voting members of the governing)		502			
5		nployees (Part V, line 2a)							
6		lunteers (estimate if necessary)				1,61			
	-	ted business revenue from Part VIII, c ness taxable income from Form 990-T	, ,,	•	7a 7b				
	Tree america past	ness taxable income nomi cini soo i	,	Prio	r Year	Current Year			
8	Contributions and	d grants (Part VIII, line 1h)		1 110	10,467,976	11,605,485			
		revenue (Part VIII, line 2g)			56,498,980	52,937,822			
9 10 11 11 11 11 11 11 11 11 11 11 11 11		me (Part VIII, column (A), lines 3, 4, a			1,930,364	1,821,441			
å 11 −	Other revenue (P	art VIII, column (A), lines 5, 6d, 8c, 9	c, 10c, and 11e)		34,210	-21,317			
12		dd lınes 8 through 11 (must equal Part		:	68,931,530	66 242 421			
13		ar amounts paid (Part IX, column (A), li			1,707,942	66,343,431			
14		or for members (Part IX, column (A), II	•		1,707,942	0			
15		empensation, employee benefits (Part I		_					
8 13	10)	impensation, employee benefits (Fart 1	X, column (A), mes 5		16,584,713	17,440,494			
\$ ⊕ 16a b	Professional fund	raising fees (Part IX, column (A), line 1	l1e)		1,141,000	1,125,000			
ੜੀ ⊳	Total fundraising exp	enses (Part IX, column (D), line 25) $\blacktriangleright 5,902,26$	1						
L 17		(Part IX, column (A), lines 11a-11d, 1			39,842,414	34,876,817			
18	Total expenses /	Add lines 13–17 (must equal Part IX, c	olumn (A), line 25)		59,276,069	54,004,324			
19	Revenue less exp	penses Subtract line 18 from line 12			9,655,461	12,339,107			
8 0 8 0 8 0					g of Current ear	End of Year			
S	Total assets (Pag	t X, line 16)			413,591,544	475,306,651			
20 22 21		Part X, line 26)			66,241,598	114,635,024			
		d balances Subtract line 21 from line 2			347,349,946	360,671,627			
Part II					317,313,310	300,0,1,027			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ****** 2010-11-01								
_	Matthew Hodado	1 341/010							
_	Matthew Hodgdor Type or print nam								
Sign Here	Preparer's signature Gregor	e and title Da V W Hayes	Se	heck if elf- mpolyed •	Preparer's identify (see instructions)	ing number			
Here Paid Preparer's	Preparer's signature Gregori	e and title Da V W Hayes	Se	elf-		ing number			
Here Paid	Preparer's signature Gregor	e and title Da V W Hayes	Se	elf-	(see instructions)	ing number			

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The organization was formed to construct, own, and operate a world-class Aquarium facility for the benefit of the general public. The mission of the Georgia Aquarium is to be an entertaining, educational and scientific institution featuring exhibits and programs of the highest standards, offering engaging and exciting guest experiences promoting the conservation of aquatic biodiversity throughout the world

2	Did the organization unde				which were not listed on	☐ Yes 🔽 No
	If "Yes," describe these n					, ,
3	Did the organization ceas	e conducting, or m	ake significan		nducts, any program	┌ Yes ┌ No
	If "Yes," describe these o	hanges on Schedu	e O			
4)1(c)(4) organizatio	ons and section	on 4947(a)(1) trusts a	largest program services by re required to report the am service reported	
4a	(Code) (Expenses \$	37,168,573	ıncludıng grants of \$	562,013) (Revenue \$	52,937,822)
	Activities in connection with o					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
		, (Enpended 4			, (1.01.01.00 \$	
4d	Other program services	•	•			
	(Expenses \$	ınclu	ding grants of	f \$) (Revenue \$)
4e	Total program service ex	kpenses ⊩ \$	37,168,57	3		

art TV	Check	dist 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance										

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 49			
	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 reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
•	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
3	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)?	4a		Νο
b	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	_		
	required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	-24		
_	year 12b			

225 Baker Street NE Atlanta, GA 30313 (404) 581-4000

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

Se	ection A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body 1a 23								
b	Enter the number of voting members that are independent 1b 23]							
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	Yes						
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		Νο					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo					
6	6 Does the organization have members or stockholders?								
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
	ection B. Policies (This Section B requests information about policies not required by the Internal								
Re	evenue Code.)		Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b							
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes						
	116 Describe in Schodule O the process of any wood by the argonization to recover the Form 200								
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990								
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	126	٧٥٥						
c	to conflicts?	12b	Yes						
13	describe in Schedule O how this is done	12c	Yes Yes						
14	Does the organization have a written document retention and destruction policy?	14	Yes						
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?	14	165						
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
	Other officers or key employees of the organization	15b	Yes						
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes						
b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the								
- C -	organization's exempt status with respect to such arrangements?	16b		Νo					
<u>5e</u> 17	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶GA								
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply								
19	Own website Another's website VUpon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n -					
	Matthew Hodgdon SV PCFO								

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

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. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee		
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data											

1 b	Total .									•	2,052,929	0	22,801

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 10

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3	Yes			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	Yes	i		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		N _O		

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Peckham Guyton Albers & Viets 200 N Broadway Ste 1000 St Louis, MO 63102	Archtectual Services	4,340,417
Heery International 999 Peachtree St Atlanta, GA 30309	Construction Management	2,628,852
WowWorks International 614 E Hwy 50 Ste 405 Clermont, FL 34711	Construction Management	1,959,783
Fitzgerald & Co PO Box 7247-7826 Philadelphia, PA 10170	Advertising Research	1,003,712
Infinite Deminsions 2375 Button Gwinnett Dr Doraville, GA 30340	Computer Consulting	823,168
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►20) who received more than	

Page 8

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
维维	1a	Federated campaigns 1a					
夏夏	ь	Membership dues 1b					
ું.≝	С	Fundraising events 1c	98,692				
焦	d	Related organizations 1d	2,411				
<u>يَّ نَي</u>	e	Government grants (contributions) 1e					
준	f		1,504,382		i		
돌	l _	similar amounts not included above					
필급	g	Noncash contributions included in 754,585 Innes 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶-	11,605,485			
<u> </u>			ss Code				
Ξe	2a	Admissions	713,990	44,831,439	44,831,439		
ie.	Ь	Auxilliary Services			, ,		
2 <u>4</u>			713,990	3,525,597	3,525,597		
Š	c .	Ballroom Events	713,990	3,186,548	3,186,548		
Š	d	4D Theatre - Ptrshp Sh	713,990	1,037,056	1,037,056		
Ę	e	4D Theatre - Rental Re	531,120	284,184	284,184		
Program Service Revenue	f	All other program service revenue		72,998	72,998		
ΔŤ	g	Total. Add lines 2a-2f	. ▶	52,937,822			
	3	Investment income (including dividends, interes	st				
		and other similar amounts)	▶ [1,334,581			1,334,581
	4	Income from investment of tax-exempt bond proceeds .	. ► [
	5	Royalties	▶				
		(I) Real (II) Pe	rsonal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	. ▶				
		(i) Securities (ii) C	ther				
	7a	Gross amount from sales of	1,600,000				
		assets other					
	Ь	than inventory Less cost or	1,113,140				
		other basis and sales expenses					
	c	Gain or (loss)	486,860				
	d	Net gain or (loss)		486,860			486,860
ά	8a	Gross income from fundraising events (not including					
Ē		\$98,692					
>-		of contributions reported on line 1c) See Part IV, line 18					
œ		a	346,730				
Other Revenue	ь	Less direct expenses b	368,047				
ᅙ	c	Net income or (loss) from fundraising events .	. ▶	-21,317			-21,317
	9a	Gross income from gaming activities					
		See Part IV, line 19					
		a					
	Ь	Less direct expenses b	<u> </u>				
	100	Net income or (loss) from gaming activities .	• •				
	lua	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	_ c	Net income or (loss) from sales of inventory .	. 🕨				
		· · ·	ss Code				
	11a						
	ь						
	c						
	d	All other revenue					
		Total. Add lines 11a-11d					
			►				
	12	Total revenue. See Instructions	▶	EE 242 424	E2 027 022	0	1 000 121
	i		I	66,343,431	52,937,822	U	1,800,124

	990 (2009)				Page 10
Pari	t IX Statement of Functional Expenses				
Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	562,013	562,013		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and	2.075.724	1 500 022	262.272	122.626
6	key employees Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	2,075,731	1,589,822	362,273	123,636
7	Other salaries and wages	11,932,950	8,597,272	1,929,992	1,405,686
8	Pension plan contributions (include section 401(k) and section	141,758		141,758	
	403(b) employer contributions)		066 533	 	110.005
9 10	Other employee benefits	2,236,897	966,523	 	118,865
	Payroll taxes	1,053,158	761,930	182,936	108,292
11	Fees for services (non-employees)	24.000		24.000	
a	Management	24,000		24,000	
D .	Legal	92,593		92,593	
с	Accounting	61,630		61,630	
d	Lobbying			1	
e	Professional fundraising See Part IV, line 17	1,125,000			1,125,000
f	Investment management fees				
g	Other	2,175,149	894,708	958,269	322,172
12	Advertising and promotion	1,911,947			1,911,947
13	Office expenses			1	
14	Information technology				
15	Royalties				
16	Occupancy	164,392		164,392	
17	Travel	649,618	340,973	79,967	228,678
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,543,372		1,543,372	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,166,874	13,349,409	817,465	
23	Insurance	771,999		771,999	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Utilities & Telephone	4,548,291	4,214,467	332,321	1,503
b	Office & Operating Supp	2,526,956	2,344,941	98,331	83,684
c	Repairs & Maint	1,271,555	1,088,273	182,377	905
d	Collection Costs	1,044,665	1,030,409	14,256	
e	Bank, Credit Card & Fin	915,781	4,278	911,503	
f	A II other expenses	3,007,995	1,423,555	1,112,547	471,893
25	Total functional expenses. Add lines 1 through 24f	54,004,324	37,168,573	10,933,490	5,902,261
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
		•	•	·	

Pa	rt X	Balance Sheet					
					(A)		(B)
	Ι.				Beginning of year		End of year
	1	Cash—non-interest-bearing			40.000.550	1	40.400.000
	2	Savings and temporary cash investments	•		46,300,559		46,196,326
	3	Pledges and grants receivable, net	•		16,052,529		20,779,694
	4	Accounts receivable, net			1,644,308	4	2,059,812
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			523,354	9	589,825
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	439,347,324			
	ь	Less accumulated depreciation	10b	56,512,084	316,631,308	10c	382,835,240
	11	Investments—publicly traded securities			30,177,827	11	19,764,496
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			933,564	13	1,432,073
	14	Intangible assets			348,989	14	633,899
	15	Other assets See Part IV, line 11			979,106	15	1,015,286
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			413,591,544	16	475,306,651
	17	Accounts payable and accrued expenses .			4,947,371	17	16,643,695
	18	Grants payable				18	
	19	Deferred revenue			20,602,923	19	23,685,482
	20	Tax-exempt bond liabilities			23,100,000	20	62,500,000
68	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	•				
<u> </u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties			17,591,304	24	11,805,847
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			66,241,598	26	114,635,024
- N		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
Ф		through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			318,988,893	27	333,123,480
8	28	Temporarily restricted net assets			3,811,053	28	2,998,147
2	29	Permanently restricted net assets			24,550,000	29	24,550,000
Fund Balance		Organizations that do not follow SFAS 117, check here ► □ and	ıd con	ıplet e			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
Net	33	Total net assets or fund balances			347,349,946		360,671,627
l	34	Total liabilities and net assets/fund balances			413,591,544	34	475,306,651

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

Inspection **Employer identification number**

Georg	a Aqua	rium Inc &	Subsidiary								
		Daga	f D!	blic Charity Ctat	/All aua			laka khia a	58-257491		
	rt I			blic Charity Stat e foundation because						structions	
1	/ ga			on of churches, or as:					·^ /		
2	<u>'</u>			in section 170(b)(1)				/\-/\r\/\·/\			
3	,			perative hospital serv			•	n 170(b)(1)	(A)(iii).		
4	Ė	A medi	cal research	organization operate ty, and state	_)(A)(iii). Er	nter the
5 6 7	Г Г	section A feder	1 70(b)(1)(al, state, or anization tha	erated for the benefit A)(iv). (Complete Palocal government or outline to the contract of the	rt II) governmenta	al unit desci	ribed in sectio	on 170(b)(1)(A)(v).		
		section	170(b)(1)(A)(vi) (Complete Pa	rt II)						
8	Γ	A comr	nunity trust	described in section	170(b)(1)(A	(vi) (Com	plete Part II)			
9 10 11 e f g		receipt: its supple acquire An orgation or it the box a By check the section If the ocheck the section (i) a period and (iii) a fail (iiii) a fail (iiiii) a fail (iiiii) a fail (iiiiii) a fail (iiiiii) a fail (iiiiii) a fail (iiiiiii) a fail (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	s from activity port from group of the organization organization organization organization from the following that describes and foundation of the following persons? I style of the following persons? I style of the following member of the foundation of the following persons? I style of the following person who did in the following persons of the following member of the following person of the following member of the following person of the following perso	it normally receives ities related to its exi- coss investment incom- anization after June 3 anized and operated anized and operated by supported organiza- cost the type of supported by Type II cox, I certify that the organizar con managers and other areceived a written defined and the cost of	empt function in and unrelated in (i) above described in (i) above described in (ii) above described in (ii) above described in (ii) above in the unrelation of the support and in (ii) above described in (iii) above described in (iii) above in the unrelation (iii) above described in (iiii) above described in (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	ns—subject ated busines ae section 5 to test for p for the bene bed in section and c Type III is not contr or more pub from the IRS ted any gift r alone or to ted organization or (i) or (ii) a	to certain exists taxable incompletely. (Consultation of the performance of the performan	come (less somplete Parisseesection Section Se	nd (2) no more section 511 ta till) 509(a)(4). Itions of, or to 509(a)(2) Second 11h It do y by one or more one described at the first table a	carry out the section 50 Type Type ore disqualif	a% of inesses ne purposes of 9(a)(3). Check III - Other fied persons 509(a)(1) or g organization, Yes No i)
h		Provide	the followin	ig information about t	he supporte	d organızatı	on(s)				
	(i) Name Suppo rganiz	e of	ed EIN lines 1-9 abo		(iv) Is the organizat col (i) list your gove docume	e ion in ted in irning	(v) Did you no organiza col (i) o suppo	otify the tion in f your	(vi) Is th organiza col (i) org in the U	ie tion in janized	(vii) A mount of support?
				(see instructions))	Yes	No	Yes	No	Yes	No	
						ļ					
Total											

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	19,082,460	13,272,470	10,818,602	10,467,976	12,036,215	65,677,72
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt	8,309,927	89,214,083	67,597,127	56,563,707	52,937,822	274,622,66
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	27,392,387	102,486,553	78,415,729	67,031,683	64,974,037	340,300,38
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	6,108,092	3,755,282	501,000	758,160	589,700	11,712,23
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the						
c	year Add lines 7a and 7b	6,108,092	3,755,282	501,000	758,160	589,700	11,712,23
8	Public Support (Subtract line 7c			·		·	328,588,15
	from line 6)						320,300,13
	ction B. Total Support ndar year (or fiscal year						
	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6	27,392,387	102,486,553	78,415,729	67,031,683	64,974,037	340,300,38
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	377,230	1,966,831	3,560,812	2,349,406	1,334,581	9,588,86
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	377,230	1,966,831	3,560,812	2,349,406	1,334,581	9,588,86
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			212,072	120,684		332,75
13	Total support (Add lines 9, 10c, 11 and 12)	27,769,617	104,453,384	82,188,613	69,501,773	66,308,618	350,222,00
14	First Five Years If the Form 990 is check this box and stop here	_		, third, fourth, or f	fifth tax year as a	501(c)(3) organ	ızatıon, ▶┌
<u>Se</u> 15	ection C. Computation of Pub Public Support Percentage for 200			13 column (fl)		15	02.020.0
16	Public support percentage from 20	•	•	15 Column (1))		15	93 820 %
10	i abiic support percentage noili 20	55 Schedule A, P	arciii, mie 15			16	94 410 %
Se	ction D. Computation of Inv						
17	Investment income percentage for	2009 (line 10c co	olumn (f) dıvıded b	y line 13 column	(f))	17	2 740 %

Investment income percentage from 2008 Schedule A, Part III, line 17

17	2 740	%
18	2 850	%

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 58-2574918

Name: Georgia Aquarium Inc & Subsidiary

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		tion (hat a	che	′)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Bernie Marcus Chairman/CEO	10 00	Х		Х				0	0	0
Billi Marcus	0 00	Х						0	0	0
Director MArk P Becker PhD										
Director	0 00	Х						0	0	0
Francis Blake Director	0 00	X						0	0	0
Dennis Cooper Director	0 00	Х						0	0	0
AD Correll Director	0 00	Х						0	0	0
Robert L Fornaro	0 00	Х						0	0	0
Director James S Grien										
Director/Treasurer	0 00	Х		Χ				0	0	0
G Edison Holland Jr Director	0 00	X						0	0	0
Paul M Houghton Director	0 00	Х						0	0	0
Phil Jacobs	0 00	X						0	0	0
Director Jim Jacoby Director	0 00	X						0	0	0
Steven Richard Koonin Director	0 00	Х						0	0	0
Conrad Lautenbacher Ph Director	0 00	X						0	0	0
Michael A Levin Director	0 00	X						0	0	0
John K Morgan Director	0 00	X						0	0	0
Mıchael Morrıs Dırector	0 00	X						0	0	0
Timothy J Pakenham Director/Secretary	0 00	Х		X				0	0	0
Gary Peacock Director	0 00	X						0	0	0
Ray Robinson Director	0 00	X						0	0	0
Frederick Slagle Director	0 00	Х						0	0	0
Derek Smith Director	0 00	X						0	0	0
Kathleen Walters Director	0 00	Х						0	0	0
Anthony Godfrey President/COO	40 00			Х				286,861	0	3,834
Matthew P Hodgdon SVP/CFO	40 00			Х				131,450	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Former CEO

Compensated Employees,	una macpen									
(A) Name and Title	(B) A verage hours	l .)) Ition (that a	•		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Greg Bossart SVP/Chief Veterinary Off	40 00		•	×		•		383,192	0	2,100
William HURLEY IV SVP/Chief Animal Officer	40 00			Х				228,570	0	0
Bruce Carlson VP Audio Visual Svcs	40 00					X		126,247	0	3,843
Beach Clark VP IT	40 00					X		177,167	0	4,741
Joseph Handy VP Guest Experience	40 00					X		120,378	0	3,258
Timothy Mullican VP Veterinary Svcs	40 00					X		255,956	0	0
Carey Roundtree SVP/Group Sales	40 00					×		222,616	0	5,025
Michael A Levin Former Former CEO	0 00						Χ	120,492	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Admissions	713,990	44,831,439	44,831,439		
Auxilliary Services	713,990	3,525,597	3,525,597		
Ballroom Events	713,990	3,186,548	3,186,548		
4D Theatre - Ptrshp Sh	713,990	1,037,056	1,037,056		
4D Theatre - Rental Re	531,120	284,184	284,184		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Utilities & Telephone	4,548,291	4,214,467	332,321	1,503
Office & Operating Supp	2,526,956	2,344,941	98,331	83,684
Repairs & Maint	1,271,555	1,088,273	182,377	905
Collection Costs	1,044,665	1,030,409	14,256	
Bank, Credit Card & Fin	915,781	4,278	911,503	

DLN: 93493307014020

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-EZ)

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.

	ection 527 organizations. Complete Part I-A only	picto i	uit i B			
	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47	7 (Lob)	bvina	Activ	ities), the	n
	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part I	•			• •	· -
	ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete			•		II-A
f th	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, lin	e 35a (regar	ding	proxy tax)	, then
▶ Se	ection 501(c)(4), (5), or (6) organizations Complete Part III					
	me of the organization orgia Aquarium Inc & Subsidiary	Employ	eride	ntıfıca	ation numbe	er
Geo	,	58-257	74918	!		
Par	t I-A Complete if the organization is exempt under section 501(c) or is a s				janizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV				
2	Political expenditures)	\$		
3	V olunteer hours					
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955		>	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		•	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	┌ No
4a	Was a correction made?				┌ Yes	┌ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c) except s	ectio	n 50	1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ivities	►	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5 exempt funtion activities	27		_		
				≯		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b	•	\$		
4	Did the filing organization file Form 1120-POL for this year?				┌ Yes	┌ No
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization or a political action committee (PAC). If additional space is needed, provide information in P	Also on, suc	enter	the a	mount of po	litical

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election			
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,					
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	(a) Filing Organization's Totals	(b) Affiliated Group Totals						
1a	Total lobbying expenditures to influence public o								
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)						
c	Total lobbying expenditures (add lines 1a and 18	b)							
d	Other exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines 1	c and 1d)							
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both						
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00					
	Over \$17,000,000	\$1,000,000							
		•							
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)							
h	Subtract line 1g from line 1a If zero or less, enter	er -0-							
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -							
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No			
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)								
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı			
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots non-taxable amount								

	·			
Part II-B	Complete if the organization is exempt under section 501(c)(3)	and has	NOT filed Fo	rm 5768
	(election under section 501(h)).			

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		90,00	
j	Total lines 1c through 1:			90,00	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
·	Activities	The Aquarum pays a retainer to a Law Firm with offices in Atlanta and Washington, DC for "State and Governmental Affairs" representation in Georgia as well as nationally that includes lobbying efforts related to the exempt purpose of the Aquarium

1

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b Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

As Filed Data -

DLN: 93493307014020

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions. Employer identification number

eorgia A qu	uarium Inc & Subsidiary			
art I	Organizations Maintaining Donor A	dvised Funds or Other Similar Fu	58-2574918 58-2574918	Complete if the
uit I	organization answered "Yes" to Form 99		ands of Accounts	· complete ii tik
		(a) Donor advised funds	(b) Funds and o	ther accounts
Total	number at end of year			
	egate contributions to (during year)			
Aggre	egate grants from (during year)			
Aggre	egate value at end of year			
	he organization inform all donors and donor adv s are the organization's property, subject to the	•	or advised	┌ Yes ┌ No
used	he organization inform all grantees, donors, and only for charitable purposes and not for the ber erring impermissible private benefit		•	┌ Yes ┌ No
	Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part I\	/, line 7.
☐ F ☐ F ☐ Comp	ose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space plete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of an Preservation of a c	certified historic struc	•
ease	ment on the last day of the tax year	r		
T - 4 - 1	l			End of the Year
	I number of conservation easements		2a	
	l acreage restricted by conservation easements	ŀ	2b	
	ber of conservation easements on a certified his	` '	2c	
Numi	ber of conservation easements included in (c) a	cquired aπer 8/1//06	2d	
	ber of conservation easements modified, transfe axable year ┡	errea, releasea, extinguisnea, or terminate	d by the organization	auring
Numb	ber of states where property subject to conserv	ation easement is located ►		
	the organization have a written policy regarding cement of the conservation easements it holds		dling of violations, and	┌ Yes ┌ No
Staff	and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents during the year l	• <u> </u>
A mot	unt of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during the year 🟲 🕏 🛚	
	s each conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No
balan	art XIV, describe how the organization reports c nce sheet, and include, if applicable, the text of t irganization's accounting for conservation easer	the footnote to the organization's financial	•	
rt III	Organizations Maintaining Collection Complete if the organization answered		or Other Similar	Assets.
art, h	e organization elected, as permitted under SFA S historical treasures, or other similar assets held ide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	ch in furtherance of pu	
hısto	e organization elected, as permitted under SFAS rical treasures, or other similar assets held for ide the following amounts relating to these items	public exhibition, education, or research ii		•
(i) _R	evenues included in Form 990, Part VIII, line 1		► \$	
(ii) _A	ssets included in Form 990, Part X		> \$	
Ifthe	e organization received or held works of art, hist wing amounts required to be reported under SFA	The state of the s		
Reve	nues included in Form 990, Part VIII, line 1		► \$	
_	, ,			

Cat No 52283D

Schedule D (Form 990) 2009

ar	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	asures, or	Othe	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	at are a sıgnıfı	cant u	ıse of its co	llection	ו	
а	Public exhibition		d	\sqcap	Loan or	exchange pro	grams	;			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y further	the organization	on's ex	xempt purpo	se in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t			,				nılar	Г	Yes	┌ No
aı	tt IV Escrow and Custodial Arrang						ed "Y	es" to For	m 990),	
	Part IV, line 9, or reported an ar				•						
а	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for c	ontributi	ons or other as	ssets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing ta	able			1			
									A mou	ınt	
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
3	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?						Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\	1									
a	rt V Endowment Funds. Complete										
		(a)Current Year	(b)	Prior \	rear	(c)Two Years Bac	k (d)	Three Years B	ack (e)Four Ye	ears Back
•	Beginning of year balance						+		_		
)	Contributions						+				
3	Investment earnings or losses						_				
d	Grants or scholarships						+				
е	Other expenditures for facilities and programs										
f	Administrative expenses						+				
g	End of year balance										
9	Provide the estimated percentage of the yea	r end halance held:									
	Board designated or quasi-endowment	%	45								
a	•										
b	Permanent endowment - %										
C -	Term endowment • %				والمامين			. 44			
а	Are there endowment funds not in the posse organization by	ssion of the organiz	ationi	tnata	are neid a	and administer	ea for	tne		Yes	No
	(i) unrelated organizations							[3a(i)		
	(ii) related organizations							[3a(ii)		
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R?				3b		
	Describe in Part XIV the intended uses of th										
a	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 99	0, Part X, lin	e 10.	1			
	Description of investment				Cost or oth			(c) Accumul depreciation		(d) Boo	ok value
3	Land					41,5	82,276			4:	1,582,276
b	Buildings					251,1	86,031	26,86	8,697	224	4,317,334
c	Leasehold improvements										
d	Equipment					59,9	40,667	29,64	3,387	30	0,297,280
e	Other					86,6	38,350			86	5,638,350

382,835,240

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

	Reconclination of Change in Net Assets from Form 990 to Financial Statemen	165	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	66,343,431
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	54,004,324
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,339,107
4	Net unrealized gains (losses) on investments	4	471,614
5	Donated services and use of facilities	5	1,049,507
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-538,547
9	Total adjustments (net) Add lines 4 - 8	9	982,574
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,321,681
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Rei	
1	Total revenue, gains, and other support per audited financial statements	1	64,902,488
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	1,521,121
3	Subtract line 2e from line 1	3	63,381,367
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 XIV)		
c	Add lines 4a and 4b	4c	2,962,064
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	66,343,431
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial statements	₁	52,810,975
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 368,047	1	
e	Add lines 2a through 2d	2e	368,047
3	Subtract line 2e from line 1	3	52,442,928
4	A mounts 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 4a		
ь	Other (Describe in Part XIV) 4b 1,561,396		
c	Add lines 4a and 4b	4c	1,561,396
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	54,004,324
<u>Par</u>	t XIV Supplemental Information		· · · · · ·

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		Big Fish K-1 Taxable Income Adjustment -538547
Part XII, Line 4b - Other Adjustments		Realized Investment Income 2319950 Big Fish K-1 Taxable Income Adjustment 538547 Fundraising Events 103567
Part XIII, Line 2d - Other Adjustments		Fundraising Event Expenses 368047
Part XIII, Line 4b - Other Adjustments		Interest Expense 1543372 Other/Misc 18024

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493307014020

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization
Georgia Aquarium Inc & Subsidiary

Employer identification number
58-2574918

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities Check all that apply
- a Mail solicitations e Solicitation of non-government grants
- Internet and e-mail solicitations

 f V Solicitation of government grants
- c Phone solicitations q Special fundraising events
- d 🔽 In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?
 - If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
Grey Worldwide Services Inc	In 2005, Co negotiated Sponsorships payable over 5 years		No	8,571,429	1,125,000	7,446,429	
Total					1,125,000	7,446,429	

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

GA

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ed
			(a) Event #1 "Fish & Chips" Golf Tournament (event type)	(b) Event #2 "Aqua Vino" Wine Tasting (event type)	(c) O ther Events 2 (total number)	(Add col	tal Ever (a) thr I (c))	
<u>Ф</u>	1	Cross resemble	198,48		12,237		445	5,422
Revenue	2	Gross receipts Less Charitable contributions	98,69		12,237			3,692
~	3	Gross income (line 1 minus line 2)	99,79	5 234,698	12,237		346	5,730
	4	Cash prizes						
မှာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
ă	7	Food and beverages						
Direct	8	Entertainment						
Ξ	9	Other direct expenses .	99,79	252,541	15,711		368	3,047
	10	Direct expense summary Add lin	nes 4 through 9 ın columr	n (d)			368	3,047
	11	Net income summary Combine li	nes 3, column d, and line	10			-21	L,317
Par	t III	Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col	tal gamı (a) thr I (c))	-
_	1	Gross revenue						
<u>ရှာ</u>	2	Cash prizes						
sesued	3	Non-cash prizes						
<u>ភ</u>	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	☐ Yes% ☐ No	Г Yes%			
	7	Direct expense summary Add line	s 2 through 5 in column ((d)				
	8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7				
9 a	Is th	er the state(s) in which the organiza the organization licensed to operate No," Explain				· 9a	Yes	No
Ь	11 1	NO, Explain						
10a b		e any of the organization's gaming 'es," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10a		
				2]		
11 12	Is th	s the organization operate gaming he organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnersh	ıp or other entıty	11		
	form	ned to administer charitable gaming] ⁷			. 12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
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		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493307014020

expenses

Employer identification number

OMB No 1545-0047

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

St Augustine, FL 32080

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Inspect ion

Georgia Aquarium Inc & Subsidi	orgia Aquarium Inc & Subsidiary							
Part I General Inform	nation on Grants	and Assistance				l .		
Does the organization mainstrain the selection criteria usedDescribe in Part IV the organization	d to award the grants o	rassistance?					✓ Yes	
Form 990, Part I	V, line 21 for any re	Governments and ecipient that received) if additional space	d more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	000. Use	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Dolphin Conservation Field Station9600 Ocean Blvd	262679576	501(c)(4)	562,013				Construction and	

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The current year grant was to the Dolphin Conservation Field Station, Inc. of which the Aquarium held 2 of the 4 BOD positions. In 2010, DCFS, Inc. was dissolved and all of the assets were transferred to a single member LLC of which the Aquarium is the member.

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OMB No 1545-0047

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization Georgia Aquarium Inc & Subsidiary **Employer identification number**

58-2574918

Pa	rt I Questions Regarding Compensation	1				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro- 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	\vdash	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses described.			1b		
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all th		y			
	Compensation committee	<u></u>	Written employment contract			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	a Receive a severance payment or change-of-control payment?					
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
c	c Participate in, or receive payment from, an equity-based compensation arrangement?					Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?					Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a	Yes	
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		, , , , , , , , , , , , , , , , , , , ,	7		Νo
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in in Part III	Regs	section 53 4958-4(a)(3)? If "Yes," describe	_		l
_				8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable			
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Anthony Godfrey	(I) (II)	286,861 0	0	0	3,834 0	0	290,695 0	0	
Greg Bossart	(I) (II)	266,614 0	0	116,578 0	2,100	I .	385,292 0	C	
WIIIAM HURLEY IV	(1) (11)	175,802 0	0	52,768 0	0	1	228,570	C	
Beach Clark	(1) (11)	177,167 0	0	0	4,741 0	0	181,908	C	
Timothy Mullican	(I) (II)	180,863 0	0	75,093 0	0	1	255,956 0	0	
Carey Roundtree	(I) (II)	222,616 0	0	0	5,025 0	0	227,641 0	0	
Michael A Levin (Former Officer)	(I) (II)	120,492 0	0	0	0	1	120,492	C	
ı		 		!					
			<u> </u>	<u> </u>					
	-								
	\longrightarrow		<u> </u>	<u> </u>	 				
			 	<u> </u>					
	+	 		 					
				·					

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	· ·	None of the above applied Only general business expenses are reimbursable by the organization, and an accountable plan is in place for all expense reimbursements
		Certain employees of a Manager level and above are eligible to receive Incentive Compensation in an amount up to 18% of their salary based on targeted Attendence and Operating Income goals set in the budgeting process. The employee must reach 80% of the target to be eligible for participation, and the actual incentive compensation paid is on a sliding scale between 80% and 100% of the set goal.

Schedule J (Form 990) 2009

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DLN: 93493307014020

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Georgia Aquarium Inc & Subsidiary 58-2574918 **Bond Issues** (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No Aguarium Parking Deck LLC Construction of Parking Deck for Х 58-2574918 04-26-2005 27.800.000 Х Aguarium The Atlanta Development Expansion of GAI facilities for Х Х 58-2322663 04780NFZ5 01-29-2009 80.000.000 Authority Dolphin Exhibit **Proceeds** В C D Е Α Total proceeds of issue 27,800,000 80,000,000 Gross proceeds in reserve funds 2 Proceeds in refunding or defeasance escrows 3 1,015,286 Other unspent proceeds Issuance costs from proceeds 139,000 552,542 Working capital expenditures from proceeds Capital expenditures from proceeds 27.661.000 79.447.458 Year of substantial completion 2005 Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Х Х 9 Were the bonds issued as part of an advance refunding issue? Х Х 10 11 Has the final allocation of proceeds been made? Χ Х Does the organization maintain adequate books and records to support 12 Χ Х the final allocation of proceeds? Part III **Private Business Use** В С D Ε Α Yes No No No Yes No Yes Yes Yes No Was the organization a partner in a partnership, or a member of an LLC, Χ which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Χ

which may result in private business use?

				A B					С	D			E
			Yes	No	Yes	N	lo	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?			X									
3b	Are there any research agreements with respect to the financed prop which may result in private business use?	erty		X									
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	2		X									
4	Enter the percentage of financed property used in a private business by entities other than a section $501(c)(3)$ organization or a state or legovernment												
5	Enter the percentage of financed property used in a private business as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or loc government Total of lines 4 and 5												
6													
7 Dog	Has the organization adopted management practices and procedures ensure the post-issuance compliance of its tax-exempt bond liabilities. IV Arbitrage			X									
Fall	Aibitiage		Δ		В			С .		D		E	
	v	es	n No	Yes		o	Yes		ło	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	CS	X	ies	.,		163	•		ies	110	res	No
			^										
2	Is the bond issue a variable rate issue?		Х										
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and												
	records?		Х										
b	Name of provider												
С	Term of hedge												
4a	Were gross proceeds invested in a GIC?		×										
ь	Name of provider												
c	Term of GIC												
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?												
5	Were any gross proceeds invested beyond an available temporary period?		x										
6	Did the bond issue qualify for an exception to rebate?		X										

DLN: 93493307014020

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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

Open to Public Inspection

	f the organization Aquanum Inc & Subsidiary					Eı	nployer ic	lent if ica	tion numb	er		
ooo.g.a.	quariant 200 or outside and					5	8-25749	18				
Part I	Excess Benefit Tr	ansactions (section 501(c)(3) a	nd section 501 ((c)(4)	organi	zations d	nly).				
	Complete if the organi	zatıon answered	"Yes" on Form 990, P	art IV , line 25a or	· 25b, o	r Form	990-EZ,	Part V , I				
1	(a) Name of di	squalified persoi	n	(b) Descr	iption o	ftransa	action		(c) Correcte			
_				(2, 2 3 3 3)					Yes	No		
2 Ent	ter the amount of tax ımp	osed on the orga	anızatıon managers or	disqualified perso	ns durır	ng the y	ear under	-				
	ction 4958							\$				
3 Ent	ter the amount of tax, ıf a	ny, on line 2, ab	ove, reimbursed by th	e organization .			🟲	\$				
Part I	Loans to and/o	r Erom Intor	acted Parcons									
Paill			ed "Yes" on Form 990	. Part IV . line 26.	or Form	990-F	7 Part V	. line 38	a			
	o o mproto m tino o rga			, r are 11 , 2 0 ,	01 1 01111		(f)					
- > N	£ .	(b) Loan to	(-)O		(e)	In	Appro		(g) Wri	tten		
a) Name	e of interested person an purpose	organization?	(c)O riginal principal amount	(d)Balance due	defau	ılt?	by boa		agreem	ent?		
	parpose		amount				commit					
		To From			Yes	No	Yes	No	Yes	No		
he Marc	cus Foundation Inc											
Support :	Sponsor & Vendor											
	and the 4D Theatre	X	43,262,429	11,805,847		Νo	Yes		Yes			
otal .			🕨 \$	11,805,847								
Part II			ting Interested F	Persons.			•					
	Complete if the or	ganızatıon ans	swered "Yes" on Fo	rm 990, Part IV,	line 2	7.						
	(a) Name of interested pe	areon	(b) Relationship betwe	en interested pers	on	(c) 4 m	ount of a	ant or to	ype of assi	stance		
,	(a) Name of miterested po	213011	and the org	ganızatıon		(0)/////	ount or gi	dire or t	ype or assi	stance		

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

No Yes

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Georgia Aquarium Inc & Subsidiary

SCHEDULE M

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

58-2574918

	TTI Types of	Property							
			(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of de reven	etermın	ıng	
1	Art-Works of art								
2	Art—Historical trea	sures .							
3	Art—Fractional inte	rests							
4	Books and publicati	ons							
5	Clothing and housel	hold							
	goods								
	Cars and other vehi								
	Boats and planes .								
	Intellectual propert	•							
	Securities—Publicly								
	Securities—Closely		·						
	Securities—Partner or trust interests								
	Securities—Miscella								
13	Qualified conservat contribution—Histo structures	ric							
14	Q ualified conservat contribution—O the								
15	Real estate—Reside	ential .							
16	Real estate—Comm	ercial							
17	Real estate—Other								
18	Collectibles								
19	Food inventory .								
20	Drugs and medical :	supplies .							
21	Taxidermy								
22	Historical artifacts								
	Scientific specimen								
24	Archeological artifa								
	Computer	,		4	724 110	Cook			
25	Other ► (Software Computer	,	X	1	734,110	Cost			
26	Other ► (Hardware		l x	1	20,475	Cost			
	Other ►(,				
	O ther ▶ (
29	Number of Forms 8	283 received	d by the org	anızatıon durıng the tax yea	ar for contributions				
	for which the organ	ızatıon compl	leted Form 8	3283, Part IV, Donee Ackr	owledgement	29			
								Yes	No
30a		_			rty reported in Part I, lines				
		•			on, and which is not require	d to be used			
				eriod?			30a		No
b	If "Yes," describe t	the arrangem	ent in Part I	I					
31					eview of any non-standard		31	Yes	
32a	Does the organizat	ion hire or us	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		N o_
b	If "Yes," describe i	ın Part II							
33		dıd not report	t revenues ı	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II								

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

▶ Attach to Form 990.

2009

Open to Public Inspection

Name of the organization Georgia Aquarium Inc & Subsic		Employer identification number
Scorgia / quantum The & Subsic	•	58-2574918

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Bernard Marcus, Chairman Frederick Slagle, Director Mr. Marcus is Chairman of the Marcus Foundation of w hich Frederick Slagle is Executive Director. Bernard Marcus, Chairman Billi Marcus, Director Mr. and Mrs. Marcus are husband and wife. Bernard Marcus, Chairman Billi Marcus, Director Michael Morris, Director Mr. Morris is Mrs. Marcus'son and Mr. Marcus'stepson.
Form 990, Part VI, Section B, line 11		The Form 990 is reviewed by all the members of the Finance & Audit committee
Form 990, Part VI, Section B, line 12c		Annual monitoring is achieved through Related Party questionnaires that each Board Member and Officer must complete and which are reviewed by the Governance Committee of the Board of Directors
Form 990, Part VI, Section B, line 15		The organization uses compensation surveys to determine pay ranges for all positions. Organizational pay increases and individual Officer increases are reviewed and approved by the Leadership Development & Compensation Committee.
Form 990, Part VI, Section C, line 18		The organization makes the Form 990 available for public inspection upon request through its Public Relations Department. The organization also makes a copy of its IRS Determination Letter awarding them tax-exempt status available for public inspection upon request.
Form 990, Part VI, Section C, line 19		Governing documents and internal policiles are given to employees when they are hired by the organization and the policies are available within the organization's office to those who fall under their covenants, but as proprietary information of the organization, they and the financial statements are not made available to the general public
		The process by which the Organization's Board of Directors reviews the audited financials has not changed from the prior year

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DLN: 93493307014020

OMB No 1545-0047

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SCHEDULE R

Department of the Treasury

Internal Revenue Service

(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ► Attach to Form 990.

Name of the organization Georgia Aquarium Inc & Subsidiary **Employer identification number**

58-2574918

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Name, address, and EIN of disregarded entity

Primary activity

Legal domicile (state or foreign country)

Total income

End-of-year assets

Direct controlling entity

Aquarium Parking Deck Inc 225 Baker Street Atlanta, GA 30313 58-2574918

Parking Deck operations for the Aquanum

GΑ

2,586,072

28,533,871

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Name, address, and EIN of related organization

(b) Primary activity

Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

Dolphin Conservation Field Station Inc

9600 Oceanshore Blvd

St Augustine, FL 32080 26-2679576

Study, rescue, treatment & rehabilitaion of Marine Mammals

FL

501(c)(4)

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	, Part IV,	, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations?

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (j) General or managing partner?

Yes No

Yes No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(3)

(4)

(5)

(6)

Schedule R (Form 990) 2009			Рa	ge 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part I	IV, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II	I-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1	1a		No
b Gift, grant, or capital contribution to other organization(s)	Ţ	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1	1c		No
d Loans or loan guarantees to or for other organization(s)	[1	1d		No
e Loans or loan guarantees by other organization(s)] -	1e		No
f Sale of assets to other organization(s)	1	1f		No
g Purchase of assets from other organization(s)	_1	1g		No
h Exchange of assets	[1	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1 -	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	<u>.</u>	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	_1	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	L ¹	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	[1	1m		No
n Sharing of paid employees	<u> </u>	1n		No
• Reimbursement paid to other organization for expenses	1	10	Yes	
p Reimbursement paid by other organization for expenses	<u>1</u>	1p		No
q O ther transfer of cash or property to other organization(s)	1	1q		No
r Other transfer of cash or property from other organization(s)	[1	1r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relations	ships and transaction thresholds			
(a) Name of other organization	(b) Transaction Amo type(a-r)	(c ount i	:) involve	ed
(1) Dolphin Conservation Field Station Inc	В		56	2,01
(1) See Additional Data Table (2)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)**Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

DLN: 93493307014020

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service	•	See separa	te instructions	Attachment Sequence No 67					
Name(s) shown on return Georgia Aquarium Inc & S	ubsidiary		Business or a	nt if y in	fying number				
			Form 990 Pa				58-	25749	918
	To Expense (ata Dart I		
-	ou have any li					ппри	ele Parl I.	Τ.	750,000
1 Maximum amount See		-				•		1	250,000
2 Total cost of section 1			•	•		•		2	
3 Threshold cost of sect	tion 179 property	y before red	uction in limit	atıon (see ınstr	uctions)	•		3	800,000
4 Reduction in limitation	n Subtract line 3	from line 2	If zero or les	s, enter -0-				4	
5 Dollar limitation for ta	x year Subtract	lıne 4 from	lıne 1 Ifzero	or less, enter - 0	0- Ifmarrı	ed fili	ng		
separately, see instru	ctions					•		5	
6 (a)	Description of pr	operty		• •	(business i	ıse	(c) Elected	cost	
6				·	omy)				
									7
7 Listed property Enter					. 7				4
8 Total elected cost of s	section 179 prop	erty Adda	mounts in coli	umn (c), lines 6	and 7.	•		8	
9 Tentative deduction E	nter the smaller	of line 5 or	line 8 .					. 9	
10 Carryover of disallowe	d deduction from	line 13 of	your 2008 Fo	rm 4562 .				. 10	
11 Business income limitation	Enter the smaller of	business inco	me (not less tha	n zero) or line 5 (se	ee instructions	5)		11	
12 Section 179 expense	deduction Add li	ines 9 and	10 but do not	enter more that	n line 11			12	
·			ŕ			.			
13 Carryover of disallowe									
Note: Do not use Part									
				-					ty) (See instructions)
14 Special depreciation a tax year (see instruction)		lified prope	rty (other than	ilisted property) placed in	servi	ce during the	14	
15 Property subject to se	.,,,	election				•		15	
16 Other depreciation (in								16	
Part IIII MACRS De	epreciation (I	Do not inc			ee instruct	ions.	.)		
				ction A					Т
17 MACRS deductions fo	•			= =		•		17	14,113,469
18 If you are electing	to group any a	ssets plac	ed in servic	e during the t	ax year ır	ito oi	ne or mo <u>re</u>		
general asset accou	·						▶		
Section B—Ass	ets Placed in	Service	During 200	08 Tax Year	Using th	e Ge	neral Dep	recia	ation System
(a) Classification of property	(b) Month and year placed in	depro (business	esis for eciation /investment	(d) Recovery period	(e) Conve	ntion	(f) Meth	nod	(g)Depreciation deduction
	service		use instructions)						
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		
h Residential rental				27 5 yrs	ММ		S/L		
property				27 5 yrs	ММ		S/L		
i Nonresıdentıal real				39 yrs	мм		S/L		
property					мм		S/L		
Sect id	on C—Assets Plac	ed in Servi	ce During 2009	9 Tax Year Usind		nat ive	•	n Syst	em
20a Class life							S/L		
b 12-year	1			12 yrs			S/L		
c 40-year	1			40 yrs	ММ		S/L		
	ry (see instruc	tions		<u> </u>					
21 Listed property Enter		-						21	
22 Total. Add amounts fro			17 lines 10	and 20 in colin	an (a) and	ina a	 1 Entarham		+
and on the appropriate	lines of your ret	urn Partne	rships and S o	orporations—se	ee instructi		· · ·	22	14,113,469
23 For assets shown abor portion of the basis at	•		-	t year, enter the	e 23	3			

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

		24a, 24b, co														
Section A—Depre								nstruc	tion.	s for li	mits i	for pa	sseng	<u>er aut</u>	<u>tomot</u>	iles.)
24a Do you have eviden	ce to support t	the business/inv	estment u	ise claimed	d? ┌ Yes	Γ _{No}		2	4b If	"Yes," is	the ev	ıdence	written?	Гүе	, Г _М	o
(a) Type of property (list vehicles first)	Type of property (list Date placed in Investment Cost or							(f) (g) Recovery Method/ period Conventior		n	(h) Depreciation/ deduction		;	(i) Electe section : cost		
25 Special depreciation allow 50% in a qualified busing	•		rty placed	ın service o	during the	tax year	and u	sed mo	re tha	n 25						
26 Property used more	than 50%	ın a qualıfıed l	business	use						<u> </u>						
		%														
		%							+		_			_		
	orlessina	· · ·	INASS IIS	Δ												
ZZZ i repercy asca se /o	01 1033 111 4	%					T		S/L	-						
		%							S/L]		
		%			<u> </u>				S/L		_			_		
28 Add amounts in co						ne 21, ¡	oage 	1 .		. 28	3		29	+		
				—Infor		on U	se o	f Vel	icle	es						
Complete this section																
If you provided vehicles to	your employee	es, first answer ti	ne questioi		on C to see			n excep						-		٤١
30 Total business/investment miles driven during the year (do not include commuting miles)			Vehi	(b) Vehicle 2		V	(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6			
31 Total commuting n	nıles drıven	during the ye	ar .													
32 Total other person	al(noncomm	nuting) miles (drıven													
33 Total miles driven through 32 .	during the y	ear Add line:	s 30													
34 Was the vehicle av	allable for p	ersonal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs? .															
35 Was the vehicle us owner or related pe		by a more th	ian 5%													
36 Is another vehicle	avaılable fo	r personal us	e? .													
Answer these questior	ns to determ	·	et an exc												ot mo	re thai
5% owners or related 37 Do you maintain a employees?			•	nibits all	personal • •	use of	vehic	les, in	clud •	ing com	nmutin	g, by y	our •	Y	es	No
38 Do you maintain a employees? See th																
39 Do you treat all us	e of vehicles	s by employee	es as per	sonal us	e? .										\neg	
40 Do you provide mo				oyees, ol	btaın ınfo	rmatio	n fron	n your	emp	loyees	about	the us	e of the	<u>, </u>		
41 Do you meet the re				 automobi	le demor	nstratio	n use	- e? (See	· e inst	tructior	ıs)				\dashv	
Note: If your answ	er to 37, 38	. 39. 40. or 4	1 is "Yes	s." do not	t comple	te Sect	ion B	for the	e cov	ered v	ehicles	5			$\neg \dagger$	
Part VI Amortiz		· · · ·		<u>, </u>	•											
		(b)						<i>(</i> 4)		(e)			(5)		
(a) Description of c	osts	Date amortizatior begins	1	A morti amo	ızable		C	(d) Code ection	ľ	A morti: perio percer	d or			(f) rtizationis yea		
42 A mortization of co	sts that hen	<u>-</u>	<u> </u>	tax vear	(see inst	truction	ns)			percer	uge					
		, , , , , , , , , , , , , , , , , , , ,	<u> </u>	,	,	1	- /									
43 A mortization of co	sts that bea	an before you	ır 2009 t	ax year							43				5	3,405

44 Total. Add amounts in column (f) See the instructions for where to report

53,405

44