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# 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.

2011
Open to Public Inspection

A F	or the	e 2011 calendar year, or tax year beginning and ending		
Вс	heck if	C Name of organization	D Employer identific	ation number
	Addre	THE NORTH CAROLINA AQUARIUM SOCIETY		
	Name		56-15	12990
	Initial	Decrete	uite E Telephone number	
	Termi	i i i i i i i i i i i i i i i i i i i	919-8	377-5500
	Amen	City or town, state or country, and ZIP + 4	G Gross receipts \$	15,439,140.
	Application	RABBIGHT NC 27004	H(a) Is this a group ref	
	pendi	F Name and address of principal officer: CONNIE PARKER	for affiliates?	Yes X No
		same as C above	H(b) Are all affiliates incl	
		**************************************		ist. (see instructions)
		te: > www.aquariums.com/society/society.htm	H(c) Group exemption	
,,,,,,,,	<del></del>		rear of formation 1986 M	State of legal domicile INC
·	ert [	Summary  Briefly describe the organization's mission or most significant activities: Inspiring	g appreciation	and
ç	1	conservation of North Carolina's aquatic env		i diid
2002 Activities & Governance	2	Check this box If the organization discontinued its operations or disposed of its		sets
Ve	3	Number of voting members of the governing body (Part VI, line 1a)	3	41
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	41
φ <b>5</b>	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	48
≪ ∦tie	6	Total number of volunteers (estimate if necessary)	6	60
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	100,184.
	ь	Net unrelated business taxable income from Form 990-T, line 34	7ь	53,431.
<b>⊚</b> 7			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,727,136.	2,830,809.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
3e	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	193,338.	386,326.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,369,559.	2,871,253.
<u>z</u> _	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,290,033.	6,088,388.
SCANNED AUG	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
ğ	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,606,225.	1,763,697.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
en		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25).  47,583.	0.	
Ĕ	I .	Total fundraising expenses (Part IX, column (D), line 25) 47, 583.  Other expenses (Part IX, column (A), lines 11a-11d) LT(2Ag   V   F   )	3,302,501.	3,680,280.
	17	Total expenses. Add lines 13-17 (must equal part IX, column (A), line 25)	4,908,726.	5,443,977.
	19	Revenue less expenses Subtract line 18 from line #210 A 57 gn (s.	-618,693.	644,411.
es es			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	35,726,418.	35,768,797.
ASS	21	Total liabilities (Part X, line 26)	26,159,593.	25,617,233.
FE	22	Net assets or fund balances. Subtract line 21 from line 20	9,566,825.	10,151,564.
	art II			<del>.</del>
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s		y knowledge and belief, it is
true	, corre	ct, and complete Declaration of preparer (other than efficer) is based on all information of which pre	parer has any knowledge	2./
		Lustana / Parfer	Date	21/12
Sig		Signature of officer  CONNER DADYER CHRED	Date	•
Hei	e	CONNIE PARKER, TREASURER  Type or print name and title		
			Date Check	PTIN
Da:		Print/Type preparer's name  NICHOLAS LOMBARDI, JR.  Preparer's signature  Victor impactive	1 1 1 1	D00741331
Pai	a parer	Firm's name Stancil & Company	Firm's EIN	56-1131459
	Only	Firm's address 4909 Windy Hill Drive	THIII 3 CIN	
026	Unity	Raleigh, NC 27609	Phone no 9	19-872-1260
Ma	v the	RS discuss this return with the preparer shown above? (see instructions)	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			<sub>v</sub>
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5	N/	מ
e	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3	117	
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<b></b> -
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u></u> -		
•	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			}
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<del> </del>	<u> </u>
đ	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	11d		Х
	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	11e	X	<del> </del> -
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<b>†</b>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	}
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
	Schedule D, Parts XI, XII, and XIII	12a	X	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<del> </del>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4.5		X
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16		X
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		<del> </del>	† · ·
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
12	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>	1	† <u></u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	<del>                                     </del>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Earm	agn	(2011)

			Yes	No ´
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,	
•	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		v	
	Schedule K. If "No", go to line 25	24a	X	<del></del>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	.		v
	any tax-exempt bonds?	24c	_	X
d or-	•	24d	<del>                                     </del>	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<del>                                     </del>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054	1	х
26	Schedule L, Part I	25b	<del></del>	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26	ł	Х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ĺ	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ĺ	х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		<u> </u>	
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2011)

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Form 990 (2011) THE NORTH CAROLINA AQUARIUM SOC Part V Statements Regarding Other IRS Filings and Tax Compliance THE NORTH CAROLINA AQUARIUM SOCIETY

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	. [		
	(gambling) winnings to prize winners?	1c		l
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 48			İ
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	x	ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь	Х	
	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		Х
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		1	
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year		İ	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<del></del> ,	Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	+
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u>A</u> _
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting ${ m N/A}$		ĺ	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b	<b> </b>	ļ
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	-	ĺ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	į	
11	Section 501(c)(12) organizations. Enter:		ĺ	
	Gross income from members or shareholders N/A 11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	1	1	
	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 year N/A 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-
а	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		+
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	<del>  </del>		<del> </del>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	1

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

	Check if Schedule O contains a response to any question in this Part VI					X				
<u>Sec</u>	tion A. Governing Body and Management									
		1	ام م		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	41							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O		4.3							
	Enter the number of voting members included in line 1a, above, who are independent	1b	41							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			v				
^	officer, director, trustee, or key employee?			2		<u>X</u>				
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision		- 1	v				
4	of officers, directors, or trustees, or key employees to a management company or other person?	200	- 6110	3		X X X				
5	,,,									
6	Did the organization become aware during the year of a significant diversion of the organization is as	sels :		5 6		X				
	Did the organization have members, stockholders, or other persons who had the power to elect or a	nnoint	one or	-		_ <u></u>				
	more members of the governing body?	ppoint	one or	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders or	70						
-	persons other than the governing body?	J.COCKII	010013, 01	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following.			<del></del>				
-	The governing body?	u. U,	o tonouning.	8a	Х					
	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code )							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X					
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	escribe		v					
40	in Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?	ببيطامت		14						
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	naepenaent							
•	The organization's CEO, Executive Director, or top management official	•		150	Х					
	Other officers or key employees of the organization			15a 15b	X	<del></del> -				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130	1					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a							
	taxable entity during the year?	,,,,	····· <del>-</del>	16a	•	х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its :	participation	<del></del> -						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic		•							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure			-						
17	List the states with which a copy of this Form 990 is required to be filed ► None									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only) a	avaılat	ole					
	for public inspection. Indicate how you made these available. Check all that apply  Own website  Another's website  X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy, an	d finar	ncial					
. •	statements available to the public during the tax year.		, ponoj, an	- midi	.0.01					
20	State the name, physical address, and telephone number of the person who possesses the books a MARK C. JOYNER – (919) 877–5500	and red	ords of the organiza	tion:	<b>-</b>					
	3125 POPLARWOOD COURT, SUITE 160, RALEIGH, NC 276	504								
13200 01-23-				Form	990	(2011)				

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

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

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

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

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

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

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

(A)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	Posi heck ss pe id a d	more	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WALTER PHILLIPS										•
BOARD MEMBER	0.20	X		<u> </u>	<u> </u>	ļ	L	0.	0.	0.
(2) ART KEENEY		l			ļ					
BOARD MEMBER	0.20	X	<u> </u>	<u> </u>				0.	0.	0.
(3) OLIVIA HOLDING	0.50						l			
VICE CHAIRMAN	0.50	X	ļ	X		<u> </u>	ļ	0.	0.	0.
(4) DIANNE AVERY		١								
BOARD MEMBER	0.20	X	ļ	ļ		<u> </u>	1	0.	0.	0.
(5) MARY K. LAWRENCE			İ						•	
BOARD MEMBER	0.20	X	<u> </u>	ļ_	_	1	┖	0.	0.	0.
(6) BILL TAFT				l			1			
CHAIRMAN	0.50	Х	_	X		<u> </u>	<b>├</b>	0.	0.	0.
(7) MARVIN BARNES			1			1	-			
BOARD MEMBER	0.20	X	ļ		<u> </u>	ļ	<u> </u>	0.	0.	0.
(8) ALEX MACFADYEN, JR.							ì			
BOARD MEMBER	0.20	X	ļ	<u> </u>	_	<b> </b>	₋	0.	0.	0.
(9) GEORGE TAYLOR										
BOARD MEMBER	0.20	X	↓	ļ	_	1	╀	0.	0.	0.
(10) BILL BELK		l	1							
BOARD MEMBER	0.20	X	<del> </del> _	_	<u> </u>	ļ	1_	0.	0.	0.
(11) BOB MATTOCKS			1						1	
BOARD MEMBER	0.20	Х	<u> </u>	<u> </u>	1	1_	1_	0.	0.	0.
(12) BUCK THORNTON			l							
BOARD MEMBER	0.20	X	<u> </u>	<u> </u>	<u> </u>	1_	<del> </del>	0.	0.	0.
(13) BRUCE BIGGS	1									
BOARD MEMBER	0.20	X	<u> </u>	_		↓_	ļ	0.	0.	0.
(14) FRANK L. BLOCK								_		
BOARD MEMBER	0.20	X			<u> </u>	<u> </u>	_	0.	0.	0.
(15) RAY WHITE										
BOARD MEMBER	0.20	X		_	$\perp$	ļ	$\perp$	0.	0.	0.
(16) ALICE BOST										
BOARD MEMBER	0.20	X	_	1_	<u> </u>	<u> </u>	$\perp$	0.	0.	0.
(17) BETSY OAKLEY					1					
BOARD MEMBER	0.20	X			<u> </u>	$\perp$		0.	0.	0 . Form <b>990</b> (2011)

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line 1a? If "Yes," complete Schedule J for such individual
 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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Accelerando, Inc., 4194 Mendenhall Oaks	Implementation of	
Parkway, Suite 120, High Point, NC 2726	new POS system	401,913.
Clancy & Theys Construction Company	Pier Construction	
P.O. Box 4189, Wilmington, NC 28406	Projects	212,812.
Sally Johns Design	Website Graphic	
1040 Washington Street, Raleigh, NC 27605	Design	106,156.
Ruth Arnold Graphics & Signs	Custom signs and	
102 Portwatch Way, Wilmington, NC 28412	lettering	104,555.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4

See Part VII, Section A Continuation sheets

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3

4

X

Part VII Section A. Officers, Directors (A)	(B)			(C	>)			(D)	(E)	(F)	
Name and title	Average hours per	(cl		Posi all t			ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	week	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(27) PAUL PULLEY										· ·	
BOARD MEMBER	0.20	Х						0.	0.	0	
(28) DICK FUTRELL, JR.			1						_	_	
BOARD MEMBER	0.20	X					<u> </u>	0.	0.	0	
(29) JONATHAN B. HOWES								_	_	_	
BOARD MEMBER	0.20	Х			<u> </u>	<u> </u>	_	0.	0.	0	
(30) CHUCK REVELLE										_	
BOARD MEMBER	0.20	X	_		L	<u> </u>	ऻ_	0.	0.	0	
(31) DEE FREEMAN			İ			ļ					
BOARD MEMBER	0.20	X	ļ					0.	0.	0	
(32) WES SEEGARS			ŀ								
BOARD MEMBER	0.20	X			_	<u> </u>	ļ	0.	0.	0	
(33) JANIE HANES LAMBETH		١									
BOARD MEMBER	0.20	Х				<u> </u>	<del> </del>	0.	0.	0	
(34) CAROLYN GREEN	0.00									^	
BOARD MEMBER	0.20	X	├-			-	-	0.	0.	0	
(35) BOB JAMES	0.20	٠,			1			0.	0.	^	
BOARD MEMBER	0.20	X	-	-	├	-	$\vdash$	·	0.	0	
(36) CHAMP MITCHELL	0.20	x		1				0.	0.	0	
BOARD MEMBER	0.20	^	-	$\vdash$	╁	+-	+				
(37) BRIAN PECHELES	0.20	X	1					0.	0.	0	
BOARD MEMBER (38) MICHAEL THOMPSON	- 0.20	<u> </u>	<del> </del>			$\vdash$	╁╌	+			
BOARD MEMBER	0.20	X						0.	0.	0	
(39) HOPE WILLIAMS	- 0.20	1	╁	┼	†	<del> </del>	1				
BOARD MEMBER	0.20	$ _{\mathbf{X}}$		1				0.	0.	C	
(40) DORSON WHITE		+==	1		t	<del> </del>	T				
BOARD MEMBER	0.20	x				1	1	0.	0.	c	
(41) REBECCA BLOUNT		<del>                                     </del>		1	$\vdash$	t	1		· · · · · · · · · · · · · · · · · ·		
BOARD MEMBER	0.20	X		-				0.	0.	c	
(42) W. NEAL CONOLEY, JR.					1		T				
PRESIDENT	40.00			X				176,501.	0.	35,575	
(43) MARK C. JOYNER			1								
EXECUTIVE VICE PRESIDENT	40.00			X			1	121,130.	0.	26,103	
(44) RUTH VINCENT											
DIRECTOR OF RETAIL OPERATI	40.00	$\vdash$	╀	X	-	-	+	65,075.	0.	19,625	
		-	-			-	-				
Total to Part VII, Section A, line 1c								362,706		81,30	

100,184.

386,326.

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2771069.

6088388.

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Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 4	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			<del> </del>	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	456,950.	374,032.	45,695.	37,223
	trustees, and key employees	430,330.	3/4/032.	43/0331	317223
3	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	936,312.	837,822.	98,490.	
7	Other salaries and wages	730,312.	0377022.	30/1300	
3	Pension plan accruals and contributions (include	58,548.	51,395.	4,033.	3,120
	section 401(k) and section 403(b) employer contributions)	211,940.	148,275.	60,243.	3,120 3,422
•	Other employee benefits	99,947.	92,409.	3,720.	3,818
	Payroll taxes Fees for services (non-employees)	33/31/0	32,71030	0,7200	
1	` ' ' '				
a	Management				
b	Legal	33,575.		33,575.	<del>,</del>
	Accounting Lobbying	30,0.01			
	Professional fundraising services See Part IV, line 17				
e	Investment management fees				
<u>'</u>	Other	74,157.	20,332.	53,825.	
9 2	Advertising and promotion	76,984.	76,984.	•	
	Office expenses	285,851.	271,406.	14,445.	
3 4	Information technology			•	
<del>-</del> 5	Royalties				
6	Occupancy	77,981.	33,868.	44,113.	···
7	Travel	109,091.	104,540.	4,551.	
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	273,337.	273,337.		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	718,290.	688,956.	29,334.	
3	Insurance				
4	Other expenses Itemize expenses not covered				
-	above (List miscellaneous expenses in line 24e If line)				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	UBIT TAX PAID	11,170.		11,170.	
b	PROJECTS	1,519,813.	1,519,813.		
c	MISCELLANEOUS	185,278.	169,005.	16,273.	
d	AWARDS	109,699.	109,699.		
e	All other expenses	205,054.	107,630.	97,424.	
5	Total functional expenses. Add lines 1 through 24e	5,443,977.	4,879,503.	516,891.	47,583
<del>-</del>	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Part X **Balance Sheet** (A) End of year Beginning of year 325,509. 1 1,595,731. Cash · non-interest-bearing 203,918. 714,392. 2 2 Savings and temporary cash investments 37,599. 20,982. 3 3 Pledges and grants receivable, net 25,750. 107,928. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 598,397. 680,467. 8 Inventories for sale or use 82,434. 109,466. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 26,635,388. 4,077,506. 10a basis. Complete Part VI of Schedule D 23,390,657. 10b 10c 22,557,882. b Less: accumulated depreciation 6,564,940. 6,324,081. 11 11 Investments - publicly traded securities 3,346,635. 3,378,007. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 773,718. 656,722. 15 Other assets. See Part IV, line 11 15 35,726,418. 35,768,797. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 113,655. 62,503. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 522,704. 415,321. 19 19 Deferred revenue 22,975,000. 21,935,000. 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 2,655,617. 3,097,026. 25 Schedule D 26,159,593. 25,617,233. 26 Total liabilities. Add lines 17 through 25 X and complete Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 9,400,790. 9,984,944. 27 Unrestricted net assets 27 146,035. 146,620. 28 28 Temporarily restricted net assets 20,000. 20,000. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 
and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 9,566,825. 10,151,564. 33 33 Total net assets or fund balances 35,726,418. 35,768,797.

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Total liabilities and net assets/fund balances

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 (2011)

Act and OMB Circular A-133?

### SCHEDULE A (Form 990 or 990-EZ)

(1 01111 000 01 000 12

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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.

2011

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		THE NOR	TH CAROLINA A	AQUAR:	IUM SO	CIETY	Υ		56	-15129	990	
Part I	Reason 1	for Public Char	ty Status (All organiza	ations mus	t complete	this part.	) See instr	uctions.				
he organ  1	A church, cor	nvention of churches	pecause it is: (For lines 1 s, or association of churc 0(b)(1)(A)(ii). (Attach Sch	hes descr								
3 🗌	A hospital or	a cooperative hospi search organization o	tal service organization dopperated in conjunction v	lescribed i				b)(1)(A)(iii	). Enter th	ne hospital's	s name,	
5 🗌	section 170	(b)(1)(A)(iv). (Comple						nental unit	describe	d in		
6 L 7 X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
10 <u> </u>	See section of An organization An organization	<b>509(a)(2).</b> (Complete on organized and op on organized and op	e Part III ) perated exclusively to tes perated exclusively for th	st for publi e benefit c	c safety. S of, to perfo	ee <b>sectio</b> rm the fun	n 509(a)(4 actions of,	). or to carry	out the	purposes of	f one or	
e C	describes the a Type I By checking foundation milf the organiz supporting of Since August (i) A person the gove (ii) A family	e type of supporting b this box, I certify the lanagers and other t ation received a writ rganization, check th t 17, 2006, has the c n who directly or ind erning body of the s member of a persor	at the organization is not than one or more publicly ten determination from the box organization accepted an ilrectly controls, either also upported organization?	ete lines 11 Type controlled v supporte he IRS tha  y gift or co one or toge	le through e III - Func directly or d organiza at it is a Ty contribution ether with	11h. tionally into indirectly tions described in Type from any	egrated by one or cribed in so II, or Type of the follo	more disc ection 509 III	d qualified project (a)(1) or secons?	Type III - O persons other section 509( 11g(i) 11g(ii)	other er than (a)(2).	No_
h	• •	•	person described in (i) of about the supported org							[11g(iii)]		
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col (i) lis	) is the organization col (i) listed in your verning document?		notify the ion in col support?	(vi) Is organizatio (i) organiz U S	n in col   ed in the	(vii) Am supp		
			(see instructions))	Yes	No	Yes	No	Yes	No	<del></del>		
1-4-1						,						
Total									_			

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

Schedule A (Form 990 or 990-EZ) 2011

132021

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

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

Sec	ction A. Public Support		<u></u> _							
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2,249,520.	2,496,839.	2,341,846.	1,727,136.	2,830,809.	11,646,150.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf	ļ	'							
3	The value of services or facilities									
	furnished by a governmental unit to		j	j						
	the organization without charge	204,628.	198,396.	198,396.	198,396.	242,484.	1,042,300.			
4	Total. Add lines 1 through 3	2,454,148.	2,695,235.	2,540,242.	1,925,532.	3,073,293.	12,688,450.			
	The portion of total contributions			1						
-	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)						198,634.			
6	Public support. Subtract line 5 from line 4			-1,		-1	12,489,816.			
	ction B. Total Support	<del></del>			<del></del>	<u> </u>	12,403,010.			
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
	Amounts from line 4	2,454,148.	2,695,235.	2,540,242.	1,925,532.	3,073,293.	12,688,450.			
	Gross income from interest,									
•	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	186.737.	148,233.	149,795.	184,745.	338,957.	1,008,467.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other Income Do not include gain					· · · · · · · · · · · · · · · · · · ·				
	or loss from the sale of capital									
	assets (Explain in Part IV.)	212,107.	264,258.	351,791.	334,872.	458,360.	1 621 388			
11	Total support. Add lines 7 through 10						15,318,305.			
12		etc. (see instruction	ons)		<u> </u>	12 16	,597,941.			
13	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	ax year as a sectio	<u> </u>	····			
	organization, check this box and stop	_		,	•	, , , ,	▶□			
Sec	ction C. Computation of Publ		rcentage							
14	Public support percentage for 2011 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	81.54 %			
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	83.31 %			
16a	33 1/3% support test - 2011. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and			
	stop here. The organization qualifies	as a publicly supp	orted organization	l			$\triangleright X$			
b	33 1/3% support test - 2010. If the	organization did no	ot check a box on l	ine 13 or 16a, and	l line 15 is 33 1/39	6 or more, check th	nis box			
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶ □			
17a	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	d organization		▶□			
t	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets the									
	organization meets the "facts-and-cire						▶ □			
18			=				s <b>&gt;</b>			
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  Schedule A (Form 990 or 990-EZ) 2011									

## Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	-					
	membership fees received. (Do not					1	
	include any "unusual grants.")					l	
2	Gross receipts from admissions,						
	merchandise sold or services per-		1			1	
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities		İ				
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5		,				
78	Amounts included on lines 1, 2, and		}				
	3 received from disqualified persons						
ŧ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
_8_	Public support (Subtract line 7c from line 6)		]			1	
Se	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·		,		<del>- ,</del>	·····
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	l (f) Total
9	Amounts from line 6						
10	Gross income from interest,	1				1	
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses	İ					
	acquired after June 30, 1975					-	
	Add lines 10a and 10b		ļ				
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is	1				1	
	regularly carried on		<u> </u>				
12	Other income. Do not include gain or loss from the sale of capital			1			
	assets (Explain in Part IV.)					ļ	
	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	l	<u> </u>	1	
14	First five years. If the Form 990 is fo	r the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) o	rganization,
_	check this box and stop here						
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	ercentage			<del>- 1  </del>	···-
15	Public support percentage for 2011 (	line 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2010					16	<u>%</u>
	ction D. Computation of Inve					<del>-,,</del>	
17	Investment income percentage for 20	<b>)11</b> (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	<u>%</u>
18	•					18	%
19	a 33 1/3% support tests - 2011. If the						line 17 is not
	more than 33 1/3%, check this box a						▶∟
	o 33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						zation • 📙
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check	this box and see i	nstructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2011 THE NORTH CAROLINA AQUARIUM SOCIETY 56-1512990 Page 4  Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Schedule A, Part II, Line 10, Explanation for Other Income:
FOOD SERVICE REV
(DEC) INC IN CRUT REC.
OTHER INCOME (LOSS)
PHOTO SERVICE REV
PEPSI SPONSORSHIP REV
Royalty Souveniers

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	THE NORTH CAROLINA		56-1512990
Par	- <del></del>		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose conf	ferring
	impermissible private benefit?		Yes No
Par	til Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		promoter -
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization during the tax
	year ▶	_	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		L
	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements.	f A -t Distantal Transporter or Other	Similar Assats
Par	t III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		distance should be a second
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		<b>*</b>
2	If the organization received or held works of art, historical tre		in, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	<b>.</b> .
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

		TH CAROLIN	A AQ	UARIUM	SOCIET	Υ'	!	56 <u>–15</u>	12990	Page 2
Par	t III   Organizations Maintaining C	ollections of A	rt, Hist	torical Tre	easures, o	r Othe				
<b>`</b> 3	Using the organization's acquisition, accession	on, and other record	ls, check	k any of the t	following that	are a sig	gnificant i	use of its	collection	Items
	(check all that apply):									
а	Public exhibition	d		Loan or excl	nange prograi	ms				
b	Scholarly research	е		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further th	ne organizatio	n's exer	npt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical treas	sures, or othe	r sımılar	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's co	llection?				Yes	☐ No
Par	Escrow and Custodial Arrang		ete if the	organizatio	n answered "	Yes" to I	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par				<del></del>					
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	s or other ass	sets not	ıncluded	_	٦	
	on Form 990, Part X?								」Yes	No
Ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:						
							<del>       </del>		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						_1f		<del></del>	
	Did the organization include an amount on Fo	orm 990, Part X, line	21?					L.	_ Yes	∟_ No
	If "Yes," explain the arrangement in Part XIV.	<del></del>	<del></del>	*** ** **					_	
Par	t V Endowment Funds. Complete if	***							T	
		(a) Current year	-	rior year	(c) Two years			rears back	(e) Four	years back
1a	Beginning of year balance		1	,078,708.	1,062	,076.	1,1	41,809.		<del></del>
Ь	Contributions			070 700	1.0	632		70 772	ļ	
C .	Net investment earnings, gains, and losses		-1	,078,708.	16	,632,		79,733.	<u></u>	
d	Grants or scholarships		·							
е	Other expenditures for facilities									
	and programs								<del> </del>	
1	Administrative expenses		<del> </del>		1 079	708.		162 076	<del> </del>	<del></del>
g	End of year balance					, , , , , ,	1,0	062,076.	·L	
2	Provide the estimated percentage of the curr	ent year end balant		g, column (a	i)) Held as.					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
2-	The percentages in lines 2a, 2b, and 2c shou Are there endowment funds not in the posse		otion the	at are held a	nd administra	red for th	he organi	zation		
Ja		SSION OF THE Organiz	ation the	at are rield a	no doministe	160 101 11	ne organi	Zation	Г	Yes No
	by: (i) unrelated organizations								3a(i)	163 110
	(ii) related organizations								3a(ii)	
<b>.</b>	If "Yes" to 3a(ii), are the related organizations	listed as required (	on Sche	dula B?					3b	
1	Describe in Part XIV the intended uses of the	•							<u> </u>	
Par	<del></del>									
	Description of property	(a) Cost or o			or other	(c) A	ccumulate	ed	(d) Book	c value
	bosonphon of property	basis (investi		1 11	(other)		oreciation	1	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	
1a	Land			<u> </u>		·				
	Buildings	<del></del>		26,00	1,951.	3.	766,2	45. 2	22,23	5,706.
	Leasehold improvements	<del></del>			0,875.		3,5			7,313.
	Equipment	<del></del>	-		2,562.		307,6		29	1,863.
	Other	<del> </del>	<del></del>							<del>-, </del>
T-4-1	Add loop to through to (Caluma (d) must o	aval Form 000 Par	Y colu	mn /P) /mn 1	10(01)				2 55	7.882

Schedule D (Form 990) 2011

(a) Description of security or category (including name of security)	(b) Book value	1	Method of valuat end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) INVESTMENT HELD BY	0.000.000			·_ <del></del>
(B) CUSTODIAN	3,378,007	End-of-Year	<u> Market</u>	Value
(C)		ļ <del></del>		<del></del>
(D)				
(E)				
(G)				
(H)				
(I)	3,378,007			
Total. (Coi (b) must equal Form 990, Part X, col (B) line 12 ) Part VIII Investments - Program Related.				
Part viii investments - Program Related.	See Form 990, Part X, line		Method of valua	tion:
(a) Description of investment type	(b) Book value	,	end-of-year marl	
(1)			<del></del>	
(2)				
(3)				
(4) (C)		<del></del>		<del> </del>
(5)		1	<del></del>	,
		<del></del>		
(8)				·······
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX Other Assets. See Form 990, Part X, III				
(	a) Description			(b) Book value
(1)				
(2)				
(3)		····		···
(4)		, <u>.</u>		· · · · · · · · · · · · · · · · · · ·
(5)				
(6)				
(7)				
(8)				
(9)			,	
(10)	*····			
Total. (Column (b) must equal Form 990, Part X, col (B)		·		<u>,,,,,</u>
Part X Other Liabilities. See Form 990, Part	X, line 25.	(b) Book value	<del> </del>	<del></del>
1. (a) Description of liability		(b) BOOK Value		
(1) Federal income taxes		321,039.		
(2) ACCRUED EXPENSES (3) DEFERRED REVENUE - NONCU	IDDENT	166,003.		
NON CHOUD THE DEDOCTH	NUCHI	1,495,488.		
DOND ACCOURD LIABILITIES		26,633.		
TOTAL MILE TOTAL TOTAL		1,087,863.		
	INTARIACE	1,001,003.		
(7)				
(8)				
(9)				
(10)		<del></del>		
(11)	//no 25 )	3,097,026.		
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footno FIN 48 (ASC 740)	te to the organization's financial stat	ements that reports the organization		
132053 01-23-12			Sch	nedule D (Form 990) 201

### SCHEDULE J (Form 990).

### **Compensation Information**

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

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

t IV, line 23.

See separate instructions.

2011

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

THE NORTH CAROLINA AQUARIUM SOCIETY

Attach to Form 990.

Employer identification number 56-1512990

Schedule J (Form 990) 2011

	· <del></del>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			i
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			į
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			ĺ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
				1
b	if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Compensation committee Written employment contract			
	independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
		ł		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	ļ		
	organization or a related organization:	l		
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	_4c	ļ	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	İ		
3	contingent on the revenues of:			
_	The organization?	5a		X
a h	Any related organization?	5b	I	X
U	If "Yes" to line 5a or 5b, describe in Part III.	T	1	1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of			
a		6a		X
	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			1
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1	
•	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		T	
•	Regulations section 53 4958-6(c)?	9	1	

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

Schedule J (Form 990) 2011 THE NORTH

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Compensation reported as deferred in prior Form 990	0.0																				4	•	Schedule J (Form 990) 2011
(B)(l)-(D)	212,076.																						Schedul
Nontaxable benefits	12,819.																						
Retirement and other deferred compensation	22,756.																						
(iii) Other reportable compensation	0.0												ţ										
(ii) Bonus & incentive compensation																							
(i) Base compensation	176,501.																						
	€ €	© (E)	© <u>E</u>	(E)	© (i	€ €	€ €	8	(E)	€ (		€€	<b>E</b>		<b>E</b>	Ξ	(E)	Ξ	<b>(E)</b>	2 (		€	
(A) Name	NEAL CONOLEY,																						
	(i) Base (ii) Bonus & (iii) Other compensation compensation compensation	(A) Name compensation compensation compensation compensation (i) Base (ii) Bonus & (iii) Other deferred compensation compensation compensation compensation compensation (ii) 176,501. (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(A) Name (i) Base (ii) Bonus & (iii) Other compensation compensation compensation compensation compensation (i) 176,501.	(A) Name (i) Base (ii) Bonus & (iii) Other reportable compensation compensation compensation compensation compensation (ii) EAL CONOLEY, JR. (ii) (ii) (ii) (ii) (iiii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iii) (iiiii) (iiiiii) (iiii) (iiii) (iiii) (iiiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (ii	(A) Name         (i) Base compensation         (ii) Bonus & (iii) Other reportable compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensatio	(A) Name (i) Base (ii) Bonus & (iii) Other reportable compensation compensation compensation compensation (ii) Compensation (iii) Other reportable compensation compensation (ii) Compensation (iii) Compen	(A) Name (i) Base (ii) Bonus & (iii) Other retirement and compensation compensation compensation compensation (ii) Compensation (ii) Compensation (iii) Compensation	(A) Name         (i) Base compensation         (ii) Bonus & (iii) Other compensation         (iiiii) Other compensation         (iii) Other compensation         (iii) Other	W. NEAL CONOLEY, JR. (ii)         (i) Base compensation (ii) Base (iii) Other compensation (iii) Charter (compensation compensation compensation (iii) (ii	(A) Name         (D) Base compensation (D) Base (D) Bonus & (D) Bonus	W. NEAL CONOLEY, JR. (ii)         (ii) Banus & (iii) Other reportable compensation         (iii) Other reportable compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii) Other compensation         (iii)	W. NEAL CONOLEY, JR. (ii)         (ii) Ease compensation (ii) Base (iii) Other properties and compensation (iii) Other properties (iii) Other properties)         (iii) Other properties (iii) Other properties)         (iii) Other properties (iii) Other properties)         (iii) Other properties (iii) Other properties)         (iii) Other properties (iii) Other properties)         (iii) Other properties)	W. NEAL CONOLEY, JR. (ii)         (i) Base (i) Bonus & (ii) Other compensation compensation compensation (i) Base (ii) Other deferment and compensation compensation compensation (ii) (ii) Other deferment and compensation compensation compensation (ii) (ii) (iii) Other deferment and compensation compensation (ii) (iii) Other deferment and compensation compensation (iii) Other deferment and compensation compensation (iii) Other deferment and compensation compensation (iii) Other deferment and compensation compensation (iii) Other deferment and compensation compensation (iii) Other deferment and compensation compensation (iii) Other deferment and compensation (iiii) Other deferment and compensation (iii) Other deferment and compensation (iii) Other deferment and compensation (iii) Other deferment and compensation (iii) Other deferment and compensation (iii) Other deferment and compensation (iii) Other deferment and compensation (iii) Other deferment and compensation (iii) Other deferment and compensation (iiii) Other deferment and compensation (iiii) Other deferment and compensation (iiii) Other deferme	W. NEAL CONOLEY, JR. (ii)         (ii) Base (iii) Other compensation and com	W. NEAL CONOLEY, JR. (ii)         (i) Base (iii) Other compensation in prior form 90 in process (iii)         (iii) Ch. (iv) C	W. NEAL CONOLEY, JR. (i) Base (ii) Ease (ii	W. NEAL CONOLEY, JR. (i) Brown in the file of the compensation of the compensation of the compensation in the file of the compensation in the file of the compensation (i) (ii) (iii)	W. NEAL CONOLEY, JR. (I) (II) (II) (II) (II	W. NEAL CONOLEY, JR. (i) (ii) (iii) (	W. NEAL CONOLEY, JR. (i) (ii) (iii) (	W. NEAL CONOLEY, JR. (ii) (1) (iii) (	MEAL CONOLEY , JR.   (1) Black   (1) Bla	W. NEAL CONOLEY, JR. (i)         (i) Base (ii) Base (iii) Base (iii) Chart receiver and compensation compensation (iii) Compensation (iiii) Compensation (iii) Compensation (iii) Compensation (iii) Compensation (iii) Compensation

Schedule K (Form 990) 2011 (i) Pooled Yes No Employer identification number financing × OMB No 1545-0047 2011 Open to Public ŝ ŝ nspection (g) Defeased (h) On behalf 56-1512990 ž × of Issuer Yes Yes Yes ŝ × Yes ŝ ŝ 745,000.501 (c) (3) NON-HOSP O (f) Description of purpose O Yes Yes Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, and any additional information in Part VI. OUALIFIED Continuations ŝ ŝ ▶ See separate instructions. œ œ Yes Yes (e) Issue price 26,745,000. 280,048. 26,464,952. 3,604,176 280,048 26 ( **t** ) ş× ş× × 2006 and 4 (d) Date Issued 01/22/04 Yes Yes 29 × × for Columns (a) NORTH CAROLINA AQUARIUM SOCIETY A FACILITIES FINANCE AGENC|56-1592154|65819GB20 132121 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) CUSIP # Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, ► Attach to Form 990. See Part VI (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds CAROLINA CAPITAL Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows THE Issuance costs from proceeds Year of substantial completion Part III Private Business Use (a) Issuer name bond-financed property? Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization **Bond Issues** Proceeds Department of the Treasury Internal Revenue Service NORTH SCHEDULE K (Form 990) Part II Parti 4 9 Q က 4 ဖ œ 6 9 12 5 5 17 N œ ပ

C 56-1512990 α THE NORTH CAROLINA AQUARIUM SOCIETY Part III Private Business Use (Continued) Schedule K (Form 990) 2011

Page 2

- Average - Aver	V		60		O		۵	
3a Are there any management or service contracts that may result in private	Yes	No	Yes	2	Yes	Š	Yes	Š
		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?		×						
d if "Ves" to line 30 does the prognization routinely engage bond counsel or other outside								
4 Enter the percentage of financed property used in a private business use by				,		7		3
entitles other than a section 501(c)(3) organization or a state or local government		%		%		%		8
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								,
section 501(c)(3) organization, or a state or local government		%		%		%		8
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the	×		-					
post-issuance compliance of its tax-exempt bond liabilities?								
Part IV Arbitrace								
	¥		8	_	O		۵	
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	Yes	Š	Yes	No	Yes	S.
Arbitrage Rebate, been filed with respect to the bond issue?	×			ļ				
2 Is the bond issue a variable rate issue?	×							
٦		;						
hedge with respect to the bond issue?		×						
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?	×							
b Name of provider	MORGAN STA	STANLEY & COM						
	ဖ	.0000000						
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?	×							
6 Did the bond issue qualify for an exception to rebate?		×						
Part V Procedures To Undertake Corrective Action								
بَدِ	deral tax requi	rements are	timely identifi	ed and corre	cted through 1	the voluntary	closing agree	ement

program if self-remediation is not available under applicable regulations Check the box if the organization established written proc

Schedule K (Form 990) 2011

Schedule K, Part I, Bond Issues:

(a) Issuer Name:

132122

01-23-12

	ne n	(Form 9	90) 2011							JARIUM			<u>56–15</u>	
art V	Su	pplemen	tal Inforr	nation.	Comple	te this pa	rt to provi	de additio	onal info	rmation for	responses	to questic	ons on Sched	lule K.
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE NORTH CAROLINA AQUARIUM SOCIETY

Employer identification number 56-1512990

Form 990, Part III, Line 1, Description of Organization Mission	n:
MAINTENANCE OF PROGRAMS, AND DEVELOPMENT OF FACILITIES OF THE I	NORTH
CAROLINA AQUARIUMS, AND TO SOLICIT, HOLD, INVEST, AND EXPEND FOR	UNDS FOR
SUCH PURPOSES; AND TO RENDER ASSISTANCE AS REQUESTED BY THE NO	RTH
CAROLINA AQUARIUMS.	
Form 990, Part VI, Section B, line 11: The draft of the 990 was	s provided
to the board members for approval via e-mail in a pdf format be	efore its
release as a final version to the IRS.	
Form 990, Part VI, Section B, Line 12c: Board members and employed	oyees are
made aware of our conflict of interest policy and are asked to	sign off on
it. Compliance is monitored internally.	
Form 990, Part VI, Section B, Line 15: Pay levels for top mana	gement are
determined by the Board of Directors in keeping with industry	standards of
the American Zoo & Aquarium Association.	
Form 990, Part VI, Section C, Line 19: THE ASSOCIATION'S GOVER	NING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENT	S ARE
AVAILABLE UPON WRITTEN REQUEST TO THE ADMINISTRATIVE OFFICES O	F THE
ASSOCIATION.	
Form 990, Part XI, line 5, Changes in Net Assets:	
Net unrealized losses on investments:	-59,672.

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

Schedule O (Form 990 or 990-EZ) (2011)