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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the 2	2014 calendar year, or tax year beginning and en	nding				
B C	heck if oplicable	C Name of organization		D Employer ide	ntificatio	on number	
	Address change	NATIONAL AQUARIUM FOUNDATION, INC.					
x	Name change	Doing business as		52-1301162			
	Initial return		oom/suite	<del></del>			
	Final return/	111 MARKET PLACE	0		0) 576-	-1187	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		22,367,860	
	Amended return			H(a) Is this a gro	up return		
	Applica-	F Name and address of principal officer.JOHN C. RACANELLI		for subordin	ates?	Yes X No	
	pending	SAME AS C ABOVE		H(b) Are all subordin	ates include	ed? Yes No	
ΙŢ	ax-exem	npt status: <b>X</b> 501(c)(3)	527	If "No," atta	ch a list.	(see instructions)	
		▶ www.aqua.org		H(c) Group exem	iption nu	mber ►	
K F	orm of or	ganization x Corporation	L Year o	of formation 1983	M Sta	te of legal domicile MI	
Pa	rt I S	Summary					
0	1 Br	refly describe the organization's mission or most significant activities: TO INSPI	RE CONS	ERVATION OF T	1E		
ဋ	WC	ORLD'S AQUATIC TREASURES.					
Ĭ,	2 Cl	neck this box 🕨 🔲 if the organization discontinued its operations or dispose	d of more	than 25% of its n	et assets	3	
8	3 No	umber of voting members of the governing body (Part VI, line 1a)			3		
ଷ	4 No	umber of independent voting members of the governing body (Part VI, line 1b)			4		
es	<b>5</b> To	otal number of individuals employed in calendar year 2014 (Part V, line 2a)			5		
<u> </u>	<b>6</b> To	otal number of volunteers (estimate if necessary)		•	6		
Activities & Governance	<b>7 a</b> To	otal unrelated business revenue from Part VIII, column (C), line 12			7a		
_	b Ne	et unrelated business taxable income from Form 990-T, line 34			7b	(	
				Prior Year		Current Year	
9	8 C	ontributions and grants (Part VIII, line 1h)		37,5	00.	2,372,911	
e l	9 Pr	ogram service revenue (Part VIII, line 2g)			0.		
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,235,3	83.	1,094,59		
۳	11 0	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,8	21.	9	
	12 To	otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,289,7	04.	3,467,50	
	13 G	ants and similar amounts paid (Part IX, column (A), lines 1-3)		86,410. 17			
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)			0.	(	
S S	<b>15</b> Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	اجل پدک		0.	(	
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	(		0.	(	
ă	<b>b</b> To	otal fundraising expenses (Part IX, column (D), line 25) SEP 2 1 2015	0.19				
۳ ا	17 O	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19	101,3	23.	114,447	
	<b>18</b> To	otal expenses. Add lines 13-17 (must equal Part IX, column (A) 19 25 11 UT		187,7	33.	285,697	
	19 Re	evenue less expenses. Subtract line 18 from line 12	1 19400 ( )	1,101,9	71.	3,181,806	
sets or alances			Beg	inning of Current Y	ear	End of Year	
ase	<b>20</b> To	otal assets (Part X, line 16)		28,761,1	27.	31,955,412	
Net AS Fund Ba		otal liabilities (Part X, line 26)	ļ	_35,6	43.	232,66	
		et assets or fund balances Subtract line 21 from line 20		28,725,4	84.	31,722,74	
		Signature Block					
		es of perjury, I declare that I have examined this return, including accompanying schedules a			of my kno	owledge and belief, it is	
rue,	correct, a	and complete Declaration of preparer (other than officer) is based on all information of which	h preparer				
		Signature of officer		Q 151 Date	215	-	
Sign		· ·		Date			
Here	•	BRUCE S. HOFFBERGER, TREASURER/CFO Type or print name and title				· · · · · · · · · · · · · · · · · · ·	
	-		Th	ate Chec		DTIN	
د. ۵	1	rint/Type preparer's name  Preparer's signature  ILIA FLANNERY, CPA  Preparer's signature	ا ۸ ۸	ا ۲۰۱۱ و		PTIN	
Paid Peop	<u> </u>	, · · · · · · · · · · · · · · · · · · ·	<u>~γ   `</u>	1 1 1 2 2 2		P00928918	
		IIM'S name MCGLADREY LLP	<del>V</del>	Firm's EIN	42	-0714325	
726 i	Only F	im's address 100 International Drive, Suite 1400		80	446 -		
		BALTIMORE, MD 21202		Phone no	410-246		
Mav	the IRS	discuss this return with the preparer shown above? (see instructions)				IX I Yes I IN	

	n 990 (2014) NATIONAL AQUARIUM FOUNDATION, INC.	52-1301162	Page 2
Pa	rt/III Statement of Program Service Accomplishments		,
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO INSPIRE CONSERVATION OF THE WORLD'S AQUATIC TREASURES.		
	•		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Γ	Yes X No
	If "Yes," describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Г	Yes X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	managered by	V00000
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		ers, the total exp	oenses, and
4-	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$171,250. including grants of \$171,250. ) (Reven	ue\$	
	THE NATIONAL AQUARIUM FOUNDATION PROVIDES FINANCIAL SUPPORT THAT		
	ADVANCES THE NATIONAL AQUARIUM'S MISSION OF INSPIRING PEOPLE TO		· · · · · · · · · · · · · · · · · · ·
	CONSERVE THE WORLD'S AQUATIC TREASURES.	<u>.</u>	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	ue \$	<u> </u>
	/ (result		
			<del> </del>
4c	(Code) (Expenses \$ including grants of \$) (Revenue)	ıe \$	)
		_ <del>.</del>	
A	Other greaten convece (December to Selectivity C.)		
4 <b>d</b>	Other program services (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$ ) (Revenue \$		)
<u>4e</u>	Total program service expenses ► 171,250.		
2200	-		Form 990 (2014)

# Form 990 (2014) NATIONAL AQUARIUM Part NV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	<u> </u>	Х
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ĺ	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	_11a		х
D	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	446		
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	X	
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	-110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	х
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Ì	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18_		_х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
•-	complete Schedule G, Part III	19		<u>x</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Earm.	aan /	2014 41

# Form 990 (2014) NATIONAL AQUARIUM FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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			
	Schedule K. If "No", go to line 25a	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	i :		
^-	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions):			.,
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
·	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	х	Х
30	Did the organization receive more than \$25,000 in norreash contributions? If res, complete schedule in	29	^	
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
•	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	<del> </del>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>"-</u> -		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		$\neg \neg$	
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь	1	
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 11b and 19?			
-,.	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990 (	2014

Part·V Statements Rega	rding Other IRS	Filings and Tax	Compliance
Check if Schedule O co	ontains a response or	note to any line in the	nis Part V

	Check if Schedule O contains a response or note to any line in this Part V								
	•		Yes	No					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c							
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 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
þ	If "Yes," enter the name of the foreign country:		1						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		-						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		_ <u>x</u>					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			.,					
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		<u> </u>					
Ü	were not tax deductible?	6ь	1						
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		х					
þ	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					
	If "Yes," indicate the number of Forms 8282 filed during the year	7e	1	x					
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		<del></del>					
Ü	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	Ŭ							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		•					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1						
11	Section 501(c)(12) organizations. Enter:		1						
а	Gross income from members or shareholders 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.)		-						
	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		1						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.0							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
<b>L</b>	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the		1						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		1						
_	Enter the amount of reserves on hand		1						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
			aan	(2014)					

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NATIONAL AQUARIUM FOUNDATION, INC. Part 41 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c х 13 х 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 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 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request → Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

BRUCE S. HOFFBERGER - 410-576-3823

111 MARKET PLACE, SUITE 800, BALTIMORE, MD

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

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

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

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

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

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

Check this box if neither the organization nor any related c					C)	прел	isat	(D)	(E)	(F)
Name and Title	Average	Docition						Reportable	Reportable	Estimated
	hours per						h an	compensation	compensation	amount of
	week	<u> </u>	cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for related	o d	噩			safed		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Tasta	l trus		88	преп		(44-27 1099-141130)		and related
	below	Indiwatual t	nstitutional trustee	_	l oldr	St CO	<u></u>			organizations
	line)	ludiv	Instit	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES KNUDSEN, III	1.00									
CHAIR	1.00	х		x			L	0.	0.	0.
(2) FRANK ROSENBERG	1.00									
VICE CHAIR		х		х				0.	0.	0.
(3) NEAL BORDEN	1.00									
BOARD MEMBER	1.00	x	_			_		0.	0.	0.
(4) MICHAEL BATZA	1.00	[								
BOARD MEMBER		х						0.	0.	0.
(5) ANNA SMITH	8.00									
IMMEDIATE PAST CHAIR		х		х	L.	_		0.	0.	0.
(6) DIANNE BRADLEY	1.00				l					
SECRETARY/DIR EXECUTIVE OFFICE	54.00			х				0.	99,813.	4,685.
(7) JOHN C. RACANELLI	4.00									
PRESIDENT/CHIEF EXECUTIVE OFFICER	66.00			х				0.	407,070.	45,706.
(8) BRUCE S. HOFFBERGER	3.00									
TREASURER/SR VP/CHIEF FINANCIAL OFFI	57.00			х				0.	219,813.	22,855.
(9) KATHLEEN SHER	0.00									
SR VP/EXTERNAL AFFAIRS	60.00				x	_		0,	213,820.	19,800.
(10) DALE SCHMIDT	0.00									
SR VP/CHIEF OPERATING OFFICER	60.00		<u> </u>		х	<u> </u>		0.	229,500.	26,660.
(11) ERIC SCHWAAB	0.00									
SR VP/CHIEF CONSERVATION OFFICER	60.00		<u> </u>		х			0.	201,392.	6,326.
(12) MARISA WIGGLESWORTH	1.00	ļ								
SR VP/CHIEF PHILANTHROPY OFFICER	59.00		_	_	х	ļ		0.	159,823.	16,090.
(13) BRENT WHITAKER	8.00	Į								
VP OF BIOLOGICAL PROGRAMS	47.00		_	<u> </u>	Х	_		0.	182,504.	10,615.
(14) CANDACE OSUNSADE	1.00	Į					}			
VP OF HUMAN RESOURCES	54.00				x	_	<u> </u>	0.	156,582.	24,622.
(15) SEAN P. DELANEY	1.00	Į								
VP OF FINANCE	54.00				<u> </u>	х	_	0.	134,242.	24,503.
(16) PAULA SCHAEDLICH	0.00	ļ								
FORMER SR VP/CHIEF OPERATING OFFICER	0.00	<u> </u>		<u> </u>	_	_	х	0.	111,632.	6,807.
		ļ								
	1		1	l	l	l				

	ONAL AQUARIUM FOUND			IN					52-130:	1162		Pa	age <b>č</b>
Part VII Section A. Officers, Direct	ctors, Trustees, Key Em	ploy	ees,	and	d Hi	ghe	st C	compensated Employe	es (continued)				
(A)	(B)	(C)					(D)	(E)			(F)		
Name and title	Average	, do	Position (do not check more than one					Reportable	Reportable	,	Es	tımate	ed
	hours per	рох	box, unless person is both an		h an	compensation	compensation	nc	an	ount	of		
•	week	-	er and	dad	recto	r/trus	tee)	from	from related	<b>!</b>		other	
	(list any	actor						the	organization	1		pensa	
	hours for	la P	gg			ated		organization	(W-2/1099-MIS	3C)		om th	
	related	stee	truste			bens		(W-2/1099-MISC)			-	anızat	
	organizations below	ᄩ	onal		) e	5 8						d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınızatı	JIIS
		드	드	Б	<u>\$</u>	£ 55	R			-+			
										1			
		<u> </u>				_						_	
						ļ				$\longrightarrow$		_	
										-			
			ľ										
			T t	_	_								
										$\neg \uparrow$			
1b Sub-total		<u> </u>			L	<u>.                                    </u>		0.	2,116,	191		208,	669
	n de Dand VIII. Cantina A							0.	2,110,	0.		200,	009
c Total from continuation sheets	s to Part VII, Section A							0.	2 116		-	200	
d Total (add lines 1b and 1c)			A			١		<del></del>	2,116,			208	009
2 Total number of individuals (incli		ose	uste	a a	oove	e) wr	o r	eceived more than \$100	,uuu or reportab	ie			
compensation from the organiza	ation ►								<del> </del>		-	Yes	No
					_					E		res	NO
3 Did the organization list any form			e, key	y en	nplo	yee,	or	highest compensated e	mployee on	-			ĺ
line 1a? If "Yes," complete Sche										}	3	_Х	<u> </u>
4 For any individual listed on line 1	a, is the sum of reportable	le co	mpe	nsa	ation	anc	oti	her compensation from	the organization			1	Í
and related organizations greate	er than \$150,000? <i>If</i> "Yes,	" co	mple	te S	Sche	edule	) J	for such indivi <b>d</b> ual		Ļ	4	х	
5 Did any person listed on line 1a	receive or accrue comper	nsatı	on fr	om	any	unr	elat	ed organization or indivi	dual for services	;			ĺ
rendered to the organization? If	"Yes," complete Schedule	e J f	or su	ch j	pers	on					5		Х
Section B. Independent Contractor	S												
<ol> <li>Complete this table for your five</li> </ol>	highest compensated inc	depe	ender	nt c	ontr	acto	rs t	that received more than	\$100,000 of con	npensa	ation f	rom	
the organization. Report compe	nsation for the calendar y	ear e	endin	ıg v	vith (	or w	ithir	n the organization's tax	year				
	(A)							(B)			(C	;)	
Name an	d business address	NO	NE					Description of s	ervices	C	ompe	nsatio	n
							$\neg$	<u> </u>					
2 Total number of independent co	entractors (including but n	ot lir	nited	l to	tho	se lis	stec	d above) who received m	nore than				
\$100,000 of compensation from						0							

			Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
	-			<u>ae a respo, iso</u>	, , , , , ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f 1	2,339,881. 33,030. 2,339,881. ••••••••••••••••••••••••••••••••••••	2,372,911.			
			Total. Add lines 2a-2f	alue	<b></b>				
	3 4 5		Investment income (including other similar amounts) Income from investment of tal Royalties		<b>&gt;</b>	596,601.			596,601.
	6	a b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				14111111111111111111111111111111111111
	7	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(i) Securities 19,398,354. 18,900,363. 497,991.	(II) Other				11 11 11 11 11 11 11 11 11 11 11 11 11
		ď	Net gain or (loss)	131,331.	<b>•</b>	497,991.			497,991.
Other Revenue	8	а	Gross income from fundraisin including \$	of					
0	9	a b	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less direct expenses Net income or (loss) from gam	ctivities. See a b					**************************************
	10	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	a b s of inventory	<b>&gt;</b>				
	_		Miscellaneous Revenu		Business Code				1
	11	a b							
		c d e	All other revenue Total. Add lines 11a-11d		<b>&gt;</b>				
	م ا		T.4.1			2 462 503			1 004 500

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundráising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 171,250 171,250 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management Legal 44,346 44,346 Accounting C Lobbying e Professional fundraising services See Part IV, line 17 67,241 Investment management fees 67,241 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O) 2,860 2,860 Advertising and promotion 12 13 Office expenses 14 Information technology 15 Rovalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O') All other expenses Total functional expenses. Add lines 1 through 24e 285,697 171,250 114,447 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here if following SOP 98-2 (ASC 958-720)

Part'X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash · non-interest-bearing 1 2 Savings and temporary cash investments 100,000 2 101,766. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 3,145. 3,145. 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11,726,230. 11 12,603,817. 12 Investments - other securities. See Part IV, line 11 16,658,559. 12 18,972,260. 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 273,193. 15 274,424. 16 Total assets. Add lines 1 through 15 (must equal line 34) 28 761 127. 16 31,955,412. 17 Accounts payable and accrued expenses 12,500. 17 184,016. 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 23,143. 48,649. Total liabilities. Add lines 17 through 25 35,643. 26 232,665. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 23,643,338. 27 26,627,314. 28 Temporarily restricted net assets 28 3,307,202. 3,287,459. Permanently restricted net assets 1,774,944. 29 1,807,974. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 28,725,484. 33 31,722,747. Total liabilities and net assets/fund balances 34 28 761 127. 31,955,412.

Form	990 (2014) NATIONAL AQUARIUM FOUNDATION, INC.	52-1301162		Pag	ge <b>12</b>			
Pa	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
	•							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,467	503.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		285	697.			
3	Revenue less expenses Subtract line 2 from line 1	3	3	,181	806.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	_10	31	,722	747.			
Pa	₹ XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>			
				Yes	No			
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit						
		3a		х				
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		3ь	L	L			
			Form	990	(2014)			

## ŞCHEDULE A

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

52-1301162 NATIONAL AQUARIUM FOUNDATION, INC. Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) R 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. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization 3 f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported iv) is the organization (v) Amount of monetary (vi) Amount of (ii) EIN (III) Type of organization listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions)) NATIONAL AQUARIUM, INC. 52-1121163 Х 171,250 CENTER FOR AQUATIC LIFE AND CONSERVATION, INC. 20-2158507 Х 0 THE NATIONAL AQUARIUM SOCIETY 52-1243739 х 0 171 250

Schedule A	(Form 990 or 990-EZ) 2014				
Part'll	Support Schedule for	Organizations	Described in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

Page 2

	(Complete only if you checke fails to qualify under the tests			-	on failed to qualify	under Part III If th	e organization
50	ction A. Public Support	- Illiance Bolow, piece					
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(-) 2010	/-D 0012	(5) 0014	(6 T-4-1
	Gifts, grants, contributions, and	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 201 <u>4</u>	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-					<del>                                     </del>	
_	ization's benefit and either paid to				-		
	or expended on its behalf						
3	The value of services or facilities				<del></del>		
	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				1		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				1		1
	amount shown on line 11,						
	column (f)				<u> </u>		
	Public support. Subtract line 5 from line 4				<u> </u>	<u> </u>	1
	ction B. Total Support			γ		T	
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4					-	
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						<del> </del>
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain				<u> </u>		
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor						<u> </u>
	ction C. Computation of Publ		•	<del></del>	<del></del>	1	
	Public support percentage for 2014 (I		•	column (f))		14	%
	Public support percentage from 2013 33 1/3% support test - 2014. If the control of the control o				44 - 00 4 (00/	15	%
IUa	stop here. The organization qualifies	•		,	14 IS 33 1/3% OF	nore, check this be	ox and
h	33 1/3% support test - 2013. If the c		~		d line 15 is 33 1/39	6 or more chack t	hic box
•	and stop here. The organization qual				J III 10 15 15 55 175	o of more, check t	IIIS DOX ▶□
17a	10% -facts-and-circumstances tes		• • • • • •		e 13 16a or 16b	and line 14 is 10%	or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					at vinow the organ	<b>▶</b> □
ь	10% -facts-and-circumstances tes				-	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>6a, 16b, 17a, or 17</u>	b, check this box	and see instruction	ns . ►

## 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	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		1				,
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-			1			
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		1				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5		-				
	Amounts included on lines 1, 2, and					_	
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	I					
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	I					
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support		£	ł	£	<u>.1</u>	
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	Amounts from line 6	(4) 2010	(6) 2011	(6) 2012	(u) 2013	(e) 2014	(I) Total
	Gross income from interest,					<del> </del>	
	dividends, payments received on	<u> </u>					
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	·			_	-		
	Add lines 10a and 10b  Net income from unrelated business						
• •	activities not included in line 10b,				1		
	whether or not the business is						
12	regularly carried on Other income. Do not include gain				<del> </del>		
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)	-		<u> </u>			
	Total support (Add lines 9, 10c, 11, and 12)				<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501 (c)(3) organiz	ation,
_	check this box and stop here					·	<u> </u>
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2014 (I	,	•	column (f))		15	<u>%</u>
	Public support percentage from 2013			<del></del>	<del> </del>	16	%
	ction D. Computation of Inves					<del>,, ,</del>	
	Investment income percentage for 20		•	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2014. If the						7 is not
	more than 33 1/3%, check this box as						▶∟
ь	33 1/3% support tests - 2013. If the						and
	line 18 is not more than 33 1/3%, che					-	▶ 🛄
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶ 🗀

## Part V Supporting Organizations

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

### Section A. All Supporting Organizations

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

	r	Yes	No
	1	х	
	2		X
	20		v
	3a		X
	3b		
	3c		
	4a		х
	4b		
		:	
	4c		
	5a	x	
	5b		<u> </u>
	5c		
	6		х
	7		X
	•		_ <del></del>
	8		х
	0-		v
	9a		X
	9b		<u> </u>
	9c		<u> </u>
	10a		X
	- 74		
	10b		
n 99	90 or 99	0-EZ)	2014

Pa	rt iV   Supporting Organizations (continued)			age 5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		Ī
	below, the governing body of a supported organization?	11a	<b>├</b> —	X
b	A family member of a person described in (a) above?	11b	ļ	X
C	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	11c		<u> </u>
Sec	ction B. Type I Supporting Organizations			I N.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <i>Part VI</i> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	x	Ī
2	Did the organization operate for the benefit of any supported organization other than the supported	i		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		x
Sec	ction C. Type II Supporting Organizations .			<b></b> -
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. Type III Supporting Organizations			
		<b></b>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior ta	×		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			ŀ
^	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11	<del> </del>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s)	2	1	_
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	supported organizations played in this regard.		.l	<u> </u>
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
Sec 1	ction E. Type III Functionally-Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions):		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstructions):		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below	nstructions):		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below.		s)	
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity.			No
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity. Activities Test. Answer (a) and (b) below.		Yes	No
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity.			No
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity. Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			No
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity. Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			No
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity. Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			No
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity. Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	ity (see instructions		No
1 a b c 2 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity. Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	ity (see instructions		No
1 a b c 2 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity. Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ity (see instructions		No

За

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in *Part VI* the role played by the organization in this regard.

	dule A (Form 990 or 990-EZ) 2014 NATIONAL AQUARIUM FOUNDATION, INC.			52-1301162	Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 See inst	ructions. All	
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Curren (option	
_1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Curren (option	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a		_	
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			<del></del>
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
_2_	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3_	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by .035	6			
_7_	Recoveries of prior-year distributions	7			
_8_	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current '	Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
_2_	Enter 85% of line 1	2	***************************************		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
_4	Enter greater of line 2 or line 3	4	·····		
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	lly-integrate	ed Type III supporting or	ganization (see	

Sch	odulo A /Form 000 or 000 F7/ 2014 NAMTONAL AQUARTINA	FOIDDARTON THE	-	2 1201162
	edule A (Form 990 or 990-EZ) 2014 NATIONAL AQUARIUM 1 rt <sup>*V</sup> Type III Non-Functionally Integrated 50			2-1301162 Page 7
E	ion D - Distributions	alayay aupporting Org	arrizations (continued)	C
1	Amounts paid to supported organizations to accomplish ex	rempt purposes	<del></del>	Current Year
			<del></del>	
~	Amounts paid to perform activity that directly furthers exen organizations, in excess of income from activity	ipt purposes of supported		
3				
4	Administrative expenses paid to accomplish exempt purpo	ses or supported organization	18	
5	Amounts paid to acquire exempt-use assets		<u> </u>	<del></del>
6	Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions.	<del></del>	<del>.</del>	
7	Total annual distributions. Add lines 1 through 6.	41		
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6		<del></del>	
10	Line 8 amount divided by Line 9 amount		<del></del>	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	B		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
_3_	Excess distributions carryover, if any, to 2014:			
_ <u>a</u>				
<u>b</u>				
<u>c</u>				
<u>d</u>				
<u>e</u>	From 2013		<u></u>	
f	Total of lines 3a through e		-,	
9	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
<u>j_</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			· ·
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			

Schedule A (Form 990 or 990-EZ) 2014

and 4c

a b c

Breakdown of line 7

d Excess from 2013 e Excess from 2014

Excess distributions carryover to 2015. Add lines 3j

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).
· · · · · · · · · · · · · · · · · · ·
SECTION A, LINE 5A
·
THE NATIONAL AQUARIUM SOCIETY, INC. (52-1243739) WAS REMOVED AS A
CURRODULIO ORGANIZANTON DURING 2014 MUR COCTEMY MAC DISCOLUED AND
SUPPORTING ORGANIZATION DURING 2014. THE SOCIETY WAS DISSOLVED AND
MERGED INTO ANOTHER SUPPORTED ORGANIZATION, THE NATIONAL AQUARIUM, INC.
THE ARTICLES OF INCORPORATION OF THE FOUNDATION WERE AMENDED TO REFLECT
THIS CHANGE.

# SÇHEDULE D

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Nam	e of the organization		Employer identification number
-	NATIONAL AQUARIUM FOUNDATIO		52-1301162
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		<u> </u>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	$\operatorname{Did}$ the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	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 a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, P	art IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education)	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located -	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements di	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ► \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes
9	In Part XIII, describe how the organization reports conservat	· •	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
-	conservation easements.		
Pai	till Organizations Maintaining Collections o		ther 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 ex		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	l gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X	• •	<b>▶</b> \$

	-dee- 1	UARIUM FOUNDATI						52-13011			<u>ige 2</u>
Pai	tfill Organizations Maintaining C	<u> collections of Ai</u>	rt, Histo	orical Tr	<u>easures, c</u>	or Othe	<u>er Simil</u>	ar Asse	<b>ts</b> (contin	ued)_	
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that	t are a s	ignificant	use of its	collection	rtems	}
	(check all that apply)										
а	Public exhibition	d	ı 🗀 Lo	oan or excl	hange progra	ıms					
b	Scholarly research	e	· 🗆 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organizatio	on's exe	mpt purp	ose in Par	XIII		
5	During the year, did the organization solicit of	r receive donations	of art, hist	torical treas	sures, or othe	er sımıla	r assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	Escrow and Custodial Arran reported an amount on Form 990, Pa	gements. Comple				Yes" to	Form 990	), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for co	ontribution	s or other as:	sets not	ncluded		7		
	on Form 990, Part X?			•					」 Yes	Ш	No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble:							
							<u> </u>		Amount		
С	Beginning balance						1c				
d	Additions during the year			-			1d				
е	Distributions during the year			-			1e				
f	Ending balance						1f	<u></u>			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	scrow or cu	istodial acco	unt liabi	lity?		Yes		No
ь	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided in F	art XIII					
Par	TV Endowment Funds. Complete	f the organization an	swered "	Yes" to Fo	rm 990, Part	IV, line 1	10.				
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three	years back	(e) Four	years t	oack
1a	Beginning of year balance	3,600,648.	3,0	077,279.	2,319	,878.	1,!	984,520.	1,	745,8	806.
b	Contributions	33,030.			475	5,000.		500,000.			
С	Net investment earnings, gains, and losses	103,599.		593,978.	349	795.	<:	100,575.	<u> </u>	309,0	039.
	Grants or scholarships	,		•		-1					
	Other expenditures for facilities					1					
	and programs	116,935.		70,609.	67	394.		64,067.		70 :	325.
f	Administrative expenses										<del></del>
	End of year balance	3,620,342.	3 (	600,648.	3 077	279.	2	319,878.	1	984,	520.
2	Provide the estimated percentage of the curr					, =	/ -	,,,,,,,			<del></del>
	Board designated or quasi-endowment	one your one balance	%	, 00,0,,,,,	,,, 11010 001						
	Permanent endowment ► 49.94	%									
	Temporarily restricted endowment										
·	The percentages in lines 2a, 2b, and 2c shou										
32	Are there endowment funds not in the posse	•	ation that	ara hald a	nd administa	rad far t	ho organi	zation			
oa		SSION OF THE ORGANIZA	allon mai	ale Helo al	ila administer	ied ioi i	ne organi	Zation	Г	Yes	No
	by									165	
	(i) unrelated organizations								3a(i)	$\dashv$	<u>x</u>
	(ii) related organizations		. 0 - 11-						3a(ii)	$\rightarrow$	<u>x</u>
	If "Yes" to 3a(ii), are the related organizations	·							Зь		
4	Describe in Part XIII the intended uses of the		wment tu	nas.							—
Pai	t VI Land, Buildings, and Equipm		5								
	Complete if the organization answered		T								
	Description of property	(a) Cost or o basis (investing		(b) Cost basis (	I .	, . ,	ccumulat preciation		(d) Book	value	,
1a	Land								_		
b	Buildings								_		
С	Leasehold improvements										
d	Equipment										
е	Other										
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column	n (B), line 1	0c)			<b>•</b>			0.
	<del></del>										

Schedule D (Form 990) 2014 NATIONAL AQUARIUM	FOUNDATION, I	NC.			52-	1301162	Page 3
Part VII Investments - Other Securities.							
Complete if the organization answered "Yes" t							
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of v	aluation Co	ost or end	d-of-year marke	et value
(1) Financial derivatives							
(2) Closely-held equity interests	=				_		
(3) Other							
(A) 44,513 SHARES ISHARES S&P 500 VALUE							
(B) ETF	4,157	,300.	END-OF-YEAR	MARKET V	ALUE		
(C) 37,610 SHARES ISHARES S&P 500 GRWTH							
(D) INDEX FD	4,197	,276.	END-OF-YEAR	MARKET V	ALUE		
(E) 74,835 SHARES PARAMETRIC TAX-MGD EMRG			_				
(F) MKT CL I	3,446	,142.	END-OF-YEAR	MARKET V	ALUE		
(G) 44,848 SHARES HARBOR INTERNATIONAL FD			_				
(H) #11	2,905	,259.	END-OF-YEAR	MARKET V	ALUE		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12 ) ▶	18,972	260.					
Part VIII Investments - Program Related.							
Complete if the organization answered "Yes" t	o Form 990, Part IV	/, line 11c.	. See Form 990, F	Part X, line	13.		
(a) Description of investment	(b) Book value		(c) Method of v			d-of-year marke	et value
(1)							
(2)							
(3)							
(4)						_	
(5)							
(6)							
(7)							
(8)							_
(9)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				······		~··········	
Part IX Other Assets.		•					
Complete if the organization answered "Yes" t	o Form 990. Part IV	/. lme 11d	. See Form 990. F	Part X. line	15		
	Description	,				(b) Book	value
(1)	·	-					
(2)				<del></del>			• •
(3)							
(4)	<del>-</del>						
(5)							
(6)							
(7)							
(8)							
(9)			<del></del>	·-			
	15.)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		<del></del>				
Complete if the organization answered "Yes" t	o Form 990. Part IV	/. line 11e	or 11f. See Form	990. Part 3	Cline 25		
1. (a) Description of liability			Book value	, 1 41()	., 20	······································	
(1) Federal income taxes		<u> </u>					
(2) DUE TO AFFILIATE	<u></u>		48,649.				
(3)							

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 48,649. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII x

▶

(4) (5) (6) (7) (8)

Sche	dule D (Form 990) 2014 NATIONAL AQUARIUM FOUNDATION, INC.			52-1301162	Page <b>4</b>
Pa	TXI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	_			
1	Total revenue, gains, and other support per audited financial statements			1	53,533,731.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	<184,543.	<b> </b>	
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	55,119,084.		
е	Add lines 2a through 2d			2e	54,934,541.
3	Subtract line 2e from line 1			3	<1,400,810.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	4,868,313.		
c	Add lines 4a and 4b			4c	4,868,313.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	3,467,503.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Witl	n Expenses per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		<b></b> -		
1	Total expenses and losses per audited financial statements			1	47,201,682.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c	<i></i>		
ď	Other (Describe in Part XIII )	2d	51,784,298.		
е	Add lines 2a through 2d			2e	51,784,298.
3	Subtract line 2e from line 1			3	<4,582,616.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	4,868,313.		
С	Add lines 4a and 4b			4c	4,868,313.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	285,697.
	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part	IV, lines 1b	and 2b, Part V, line	4; Part X, line 2	, Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ıtıonal ınforr	nation.		
PART	V, LINE 4:				
THE	ENDOWMENT IS HELD BY THE NATIONAL AQUARIUM FOUNDATION, INC. FOR	RTHE			
BENE	FIT OF THE NATIONAL AQUARIUM, INC. AND ITS AFFILIATES. THE			<del></del>	<del></del>
FOUN	DATION'S OBJECTIVE IS TO EARN A RESPECTABLE LONG-TERM, RISK AD.	JUSTED			<del></del>
					,
TOTA	L RATE OF RETURN TO SUPPORT THE DESIGNATED PROGRAMS. THE FOUND	ATION_		· ·	
RECO	GNIZES AND ACCEPTS THAT PURSUING A RESPECTABLE RATE OF RETURN	INVOLVES		<del></del> -	
RISK	AND POTENTIAL VOLATILITY. THE GENERATION OF CURRENT INCOME WIL	LL BE A	<del></del> _		
SECO	NDARY CONSIDERATION.		<del>_</del>		
			<del></del>		
PART	X, LINE 2:				
THE	FOUNDATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER	SECTION			
501(	C)(3) OF THE INTERNAL REVENUE CODE (IRC). INCOME WHICH IS NOT I	RELATED			
10-01-	14			Schedule D (F	orm 990) 2014

Schedule D (Form 990) 2014 NATIONAL AQUARIUM FOUNDATION, 1 Part XIII Supplemental Information (continued)	NC.	52-1301162	Page 5
TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO	FEDERAL AND		
STATE CORPORATE INCOME TAXES. THE FOUNDATION HAD NO NET UNRES	ATED BUSINESS		
INCOME FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013.			
MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND H	IAS CONCLUDED		
THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT	REQUIRE		<u> </u>
ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS.			
THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION	S FOR THE		
U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE	2011.	<del></del>	
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
INCOME OF THE CENTER FOR AQUATIC LIFE AND CONSERVATION,			<del></del>
INC.	45,000.		
INCOME OF THE NATIONAL ACQUARIUM, INC.	55,074,084.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	55,119,084.		
		<del></del> -	
PART XI, LINE 4B - OTHER ADJUSTMENTS:		<del></del> .	
INCOME ELIMINATED ON THE CONSOLIDATED FINANCIAL STATEMENTS	4,868,313.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
EXPENSES OF THE CENTER FOR AQUATIC LIFE AND CONSERVATION,			
INC.	149,555.		
EXPENSES OF THE NATIONAL AQUARIUM, INC.	49,106,311.		
EXPENSES OF THE NATIONAL AQUARIUM SOCIETY, INC.	2,528,432.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	51,784,298.		
	<del></del>		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		Schedule D (Forn	n 990) 2014
432055 10-01-14		, -	-

Schedule D (Form 990) 2014 NATIONAL AQUARIUM FOUNDATION, INC.		52-1301162	Page 5
Schedule D (Form 990) 2014  NATIONAL AQUARIUM FOUNDATION, INC.  Part XIII Supplemental Information (continued)			
EXPENSES ELIMINATED ON THE CONSOLIDATED FINANCIAL			
EXPENSES ELIMINATED ON THE CONSOLIDATED FINANCIAL			
STATEMENTS	4,868,313.		
		·	
		<del></del>	
		<del> </del>	
	<del></del>		_
	<del></del>		_
	<u> </u>		
	·	<del>,</del> .	
	· · ·		
· · · · · · · · · · · · · · · · · · ·		<del></del>	
		·	
199055		Schedule D (Forr	n 990) 2014

432055 10-01-14

Part VII Investments - Other Securities. See Form 990, Part X, III	ne 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
169,578 SHARES TRANSAMERICA TS&W INTL EQ-IS	2,850,603.	FMV
HEDGE FUNDS	1,415,680.	FMV
	_	

## SCHEDULE F (Form 990)

Department of the Treasury

**Statement of Activities Outside the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

2014

► Attach to Form 990.

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Internal Revenue Service Inspection Name of the organization **Employer identification number** NATIONAL AQUARIUM FOUNDATION, INC. 52-1301162 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) if activity listed in (d) (f) Total employees, agents, and offices (by type) (e.g., fundraising, program expenditures is a program service, for and in the region services, investments, grants to describe specific type ındependent investments contractors recipients located in the region) of service(s) in region in region in region CENTRAL AMERICA AND THE CARIBBEAN INVESTMENTS 1,415,680. 3 a Sub-total 0 0 1,415,680. b Total from continuation sheets to Part I 0 ٥. c Totals (add lines 3a

1,415,680.

and 3b)

52-1301162

Page 2

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

(i) Method of valuation (book, FM) appraisal, other)					
(h) Description of non-cash assistance					
(g) Amount of non-cash assistance					xempt by
(f) Manner of cash disbursement					recognized as tax-ex
(e) Amount of cash grant					foreign country,
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(c) Region					is listed above that are r
(b) IRS code section and EIN (if applicable)					recipient organization
1 (a) Name of organization					2 Enter total number of r

Schedule F (Form 990) 2014

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entitles

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52-1301162 NATIONAL AQUARIUM FOUNDATION, INC. Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Page 3

1

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2014

	yle F (Form 990) 2014 NATIONAL AQUARIUM FOUNDATION, INC.	52-1301162	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	x Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	x No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☐ Yes	X No

Schedule F (Form 990) 2014

Schedule F	- (FORM 990) 2014 NATIONAL AQUARIUM FOUNDATION, INC. 52-1301162	Page 5
Part V	Supplemental Information	
	· · ·	
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of	
	investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c)	
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information.	
		-

² | Schedule I (Form 990) (2014) **Employer identification number** 2014-OMB No 1545-0047 🛊 Open to Public Inspection (h) Purpose of grant 52-1301162 or assistance x Yes GENERAL SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (9) Description of ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 171,250 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) NATIONAL AQUARIUM FOUNDATION, INC. Enter total number of other organizations listed in the line 1 table 52-1121163 General Information on Grants and Assistance (e) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization PIER 3 - 501 EAST PRATT STREET or government NATIONAL AQUARIUM, INC. BALTIMORE, MD 21202 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Parl

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Schedule I (Form 990) (2014) NATIONAL AQUARIUM FOUNDATION	NATION, INC.				52-1301162 Pac# 2
r Assist plicated	. Complete if the	organization answ	ered "Yes" to Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			,		
			_		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ured in Part I, line	2, Part III, column	(b), and any other ac	dditional information.	
PART I, LINE 2:					
EACH ENDOWMENT HAS A & LIMIT THAT IS CALCULATED AGAINST	INST THE ENDI	THE ENDING FMV OF			
THE ENDOWMENT OVER THE LAST 3 YEARS. THIS IS THE MAXIMUM ALLOWED USAGE FOR	XIMUM ALLOWED	USAGE FOR			
THE PROGRAM PURPOSE. THE CONTROLLER PROVIDES THE ALLOWED		FUNDS AVAILABLE			
FOR USE EACH YEAR AND MONITORS THE FUNDS ACTIVITY MONTHLY.	ONTHLY.				
	·				
432102 10-15-14					Schedule I (Form 990) (2014)

# SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

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

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

NATIONAL AQUARIUM FOUNDATION, INC.

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No 1545-0047

Name of the organization

**Employer identification number** 

52-1301162

1 6	art Questions negaring Compensation			
			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,			Ī
	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			l
	Travel for companions Payments for business use of personal residence			I
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
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 directors,			
	trustees, and officers, including 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, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling		-	
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	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), 501(c)(4), and 501(c)(29) 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			
	contingent on the revenues of:			
а	The organization?	5a		x
Ь	Any related organization?	5b		х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ
	contingent on the net earnings of:		-	ĺ
а	The organization?	6a		x
	Any related organization?	6b		x
	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			ĺ
	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			
	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			<del></del>
	Regulations section 53.4958-6(c)?	9		ĺ

NATIONAL AQUARIUM FOUNDATION, INC. Schedule J (Form 990) 2014

Part il 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 VIII.

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benetits	(C)-(i)(S)	in column (B) reported as deferred in prior Form 990
(1) JOHN C. RACANELLI	6	0.	0	0.	0	0	0	0.
PRESIDENT/CHIEF EXECUTIVE OFFICER	Ξ	348,284.	52,072.	6,714.	5,306.	40,400.	452,776.	0.
(2) BRUCE S. HOFFBERGER	Θ	0	0	0	0	0.	0	0
TREASURER/SR VP/CHIEF FINANCIAL OFFI		181,977.	35,857.	1,979.	3,091.	19,764.	242,668.	0.
(3) KATHLEEN SHER	Θ	0	0.	0	0	0.	0	0
SR VP/EXTERNAL AFFAIRS	(ii)	184,950.	26,931.	1,939.	3,042.	16,758.	233,620.	0
(4) DALE SCHMIDT	Θ	0.	0.	0.	0	0.	0.	0.
SR VP/CHIEF OPERATING OFFICER	(ii)	197,697.	31,092.	711.	3,535.	23,125.	256,160.	0
(5) ERIC SCHWAAB	ε	0	0.	0.	0	0.	0	.0
SR VP/CHIEF CONSERVATION OFFICER	€	181,208.	19,841.	343.	2,963.	3,363.	207,718.	0.
(6) MARISA WIGGLESWORTH	Θ	0.	0.	0.	0.	0.	0.	.0
SR VP/CHIEF PHILANTHROPY OFFICER	(ii)	159,694.	0	129.	2,244.	13,846.	175,913.	0
(7) BRENT WHITAKER	(1)	0.	0.	0	0.	0	0	0
VP OF BIOLOGICAL PROGRAMS	(E)	148,838.	33,195.	471.	2,412.	8,203.	193,119.	0.
(8) CANDACE OSUNSADE	(i)	0.	0.	0	0	0	0	0.
VP OF HUMAN RESOURCES	(ii)	123,451.	32,992.	139.	1,886.	22,736.	181,204.	0.
(9) SEAN P. DELANEY	Θ	0.	0.	0.	0.	0.	0.	0
VP OF FINANCE	(ii)	110,979.	23,183.	80.	2,168.	22,335.	158,745.	0
(10) PAULA SCHAEDLICH	(i)	0.	0	0	0	0	0.	0.
FORMER SR VP/CHIEF OPERATING OFFICER		0.	0.	111,632.	0.	6,807.	118,439.	0.
	(I)							
1	(ii)							
	(0)							
	⊞							
	Θ							
	<u>(ii)</u>							
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	ε							
	(ii)							
432112							Schedu	Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

## SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization NATIONAL AQUARIUM FOUNDATION, INC. Employer identification number

52-1301162

Pa	11	Types	of Property						
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of do noncash contrib	etermining	nts
1	Art -	Works of a	art			, <u>, , , , , , , , , , , , , , , , , , </u>			
2	Art -	Historical	treasures						
3	Art -	Fractional	interests						
4	Book	ks and put	blications						
5	Cloth	hing and h	ousehold goods						
6	Cars	and other	vehicles						
7	Boat	ts and plan	es						
8	Intell	lectual pro	perty						
9	Secu	urities - Pul	olicly traded						
10	Secu	urities - Clo	sely held stock						
11	Secu	urities · Pai	tnership, LLC, or						
	trust	interests					ļ		
12	Secu	urities - Mis	scellaneous						
13			ervation contribution -						
		oric structi							
14			ervation contribution - Other						
15		estate · R							
16		estate - C							
17		estate · O	ther						
18		ectibles							
19		Inventory				<u>-</u>			
20			lical supplies						
21		dermy							
22		orical artifa							<del></del>
23		ntific spec							
24 25		eological a er ► (	INTERCOMPANY )	x	1	2 220 001	ENGL		
26		er 🕨 (	INTERCOMPANI		1	2,339,881.	FMV		
20 27		er 🕨 (				<del></del>			
28	Othe	` `							
29			ms 8283 received by the organi	zation durini	the tax year for c	ontributions	<u>!</u>		
			rganization completed Form 82		•				
				,		,ee		Yes	No
30a	Durin	ng the year	r, did the organization receive b	v contributio	on any property rea	oorted in Part I, lines 1 throu	gh 28, that it		
			t least three years from the date						
			es for the entire holding period		,.			30a	x
ь			be the arrangement in Part II.			•			1
31	Does	s the organ	ization have a gift acceptance i	policy that re	equires the review	of any non-standard contrib	outions?	31 X	1
32a			ization hire or use third parties						
		ributions?	·		-	•		32a	x
ь	If "Ye	es," descri	be in Part II.			·			1
33	If the	e organizat	ion did not report an amount in	column (c) f	or a type of prope	ty for which column (a) is cl	necked,		
	desc	ribe in Par	t II.						
	_	_				_			

Schedule M	(Form 990) (2014) NATIONAL AQUARIUM FOUNDATION, INC.	52-1301162	Page 2
Part II	(Form 990) (2014) NATIONAL AQUARIUM FOUNDATION, INC.  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	and 33, and whether the orga a combination of both. Also o	nization
-			
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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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

**Employer identification number** 

NATIONAL AQUARIUM FOUNDATION, INC.	52-1301162
FORM 990, PART VI, SECTION A, LINE 4:	
DURING 2014, THE NATIONAL AQUARIUM IN BALTIMORE FOUNDATION, INC. WAS	
RENAMED THE NATIONAL AQUARIUM FOUNDATION, INC.	
FORM 990, PART VI, SECTION B, LINE 11:	
PRIOR TO THE FILING OF THE FORM 990, THE AUDIT COMMITTEE WILL REVIEW THE	<del></del>
FORM AND THEN A COPY OF THE FORM WILL BE PROVIDED ELECTRONICALLY TO ALL	
BOARD MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
AS STATED IN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, ANNUALLY EACH	
BOARD MEMBER AND KEY EMPLOYEE IS REQUESTED TO COMPLETE A CONFLICT OF	
INTEREST DISCLOSURE AND INDICATE ANY POTENTIAL CONFLICTS. A SUMMARY OF THE	
DISCLOSURES IS REVIEWED BY THE FINANCE COMMITTEE AND AUDIT COMMITTEE OF THE	
BOARD AND ANY AND ALL APPROPRIATE ACTIONS ARE THEN TAKEN IN ACCORDANCE WITH	
THE POLICY, ADDITIONALLY THE SUMMARY OF DISCLOSURES IS DISTRIBUTED TO KEY	
EMPLOYEES TO ENHANCE THEIR AWARENESS WHEN CONTEMPLATING AND/OR ENTERING	
INTO BUSINESS TRANSACTIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
NATIONAL AQUARIUM FOUNDATION, INC. HAS ITS GOVERNING DOCUMENTS AND CONFLICT	
OF INTEREST POLICIES AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL	
STATEMENTS ARE AVAILABLE UPON REQUEST, ON THE WEBSITE, AND ARE INCLUDED	
WITH PUBLICATIONS ASSOCIATED WITH THE NATIONAL AQUARIUM, INC.'S ANNUAL	
REPORT. THEY ARE ALSO AVAILABLE THROUGH NOT-FOR-PROFIT INTERNET PORTALS	
SUCH AS GUIDESTAR AND CHARITY NAVIGATOR. THESE DOCUMENTS ARE AVAILABLE FOR	Schodulo O (Form 990 or 990-F7) (2014)

Name of the organization	Employer identification number
NATIONAL AQUARIUM FOUNDATION, INC.	52-1301162
•	
THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART I	
TOTAL 990 REVENUE DOES NOT INCLUDE UNREALIZED GAINS/LOSSES IN A GIVEN	
YEAR. THE NATIONAL AQUARIUM FOUNDATION, INC. PORTFOLIO INCURRED AN	
UNREALIZED LOSS OF \$184,543 IN 2014 AND AN UNREALIZED GAIN OF	
\$3,193,352 IN 2013.	
	<del></del>
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part 1

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33

NATIONAL AQUARIUM FOUNDATION, INC.

Open to Public Inspection

OMB No 1545-0047

Employer identification number

52-1301162

Direct controlling entity

End-of-year assets Total Income ₤ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

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. Partil

(a)	(b)	(0)	(p)	(e)	(4)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	(EL)(Q)
of related organization		foreign country)	section	status (if section	entity	entity?	_
				501(c)(3))		Yes	No
NATIONAL AQUARIUM, INC 52-1121163							
PIER 3 - 501 EAST PRATT STREET	MARINE WILDLIFE AND						
BALTIMORE, MD 21202	AQUATIC ANIMAL EDUCATION	MARYLAND	501(C)(3)	LINE 9	SEE PART VII		×
CENTER FOR AQUATIC LIFE AND CONSERVATION,							
INC 20-2158507, PIER 3 - 501 EAST PRATT	EDUCATION ON AQUATIC LIFE			-			
STREET, BALTIMORE, ND 21202	AND CONSERVATION	MARYLAND	501(C)(3)	LINE 7	SEE PART VII		×
NATIONAL AQUARIUM INSTITUTE, INC							
20-2671673, PIER 3 - 501 EAST PRATT STREET,	-						
BALTIMORE, MD 21202	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 11B, II	SEE PART VII		×
THE NATIONAL AQUARIUM SOCIETY - 52-1243739							
PIER 3 - 501 EAST PRATT STREET	MARINE WILDLIFE AND						
BALTIMORE, MD 21202	AQUATIC ANIMAL EDUCATION	MARYLAND	501(C)(3)	LINE 9	SEE PART VII		×

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

Schedule R (Form 990) 2014

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NATIONAL AQUARIUM FOUNDATION, INC. Schedule R (Form 990) 2014

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 Part III

Page 2

52-1301162

(a)	(q)	(2)	(D)		(e)	6	(D)		3	6	(e)	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predomina (related, u	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year		onate	Code V-UBI amount in box		General or Percentage managing ownership
		country)		sections	512-514)			Yes	å	K-1 (Form 1065	Yes No	
								_				
								_				
												1
								_				
	_							-				
					_							
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.	ganizations Taxable a	as a Corpo	ration or Trust Cor	mplete if the	e organization	answered "Ye	es" on Form	90, Part IV,	line 34 t	pecause it had	one or mor	e related
(e)			(a)	<u> </u>	Ð		(e)	€		(b)	3	(
Name, address, and Ell		Prim	ctivity	edal domicile	Direct controlling			Share of total		Ğ	ercentage	
of related organization				(state or foreign country)	entity		(C corp, S corp, or trust)	Income		<u> </u>	ownership	controlled entity?
					į				<u> </u>			
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Schedule R (Form 990) 2014

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b>	×	
c Gift, grant, or capital contribution from related organization(s)				10	X	
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				<b>=</b>		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				4		×
i Exchange of assets with related organization(s)				i-		×
j Lease of facilities, equipment, or other assets to related organization(s)				<u>1</u>		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			13		×
	(s)uoi			1,	х	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	×	
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				<b>1</b>	×	
q Reimbursement paid by related organization(s) for expenses				5		×
r Other transfer of cash or property to related organization(s)				<del>-</del>	×	
				15		×
	who must complete the	ils line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(a) Method of determining amount involved	olved		
(1)						
(2)						
(4)						
(5)						
(9)						
432163 08-14-14			Schedule R (Form 990) 2014	₹ (Form	(066	2014

Page 4

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Schedule R (Form 990) 2014 NATIONAL AQUARIUM FOUNDATION, INC.

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.

Dispropor-tonate amount in box 20 managing ownership Jucations2 of Schedule K-1 partner? ownership Yes No (Form 1065) Yes No 3 6 Ξ end-of-year Share of assets 6 Share of total Income le Predominant income parines sec (related, unrelated, 501c/3) excluded from tax under organ sections 512-514) Legal domicile state or foreign country) ত Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2014

Saledge A (FOIII) 950) 2014 NATIONAL ADDARTON FOUNDATION, INC.	52-1301162	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).		
FORM 990, SCHEDULE R, PART II:		
		_
THE NATIONAL AQUARIUM INSTITUTE, INC. WAS THE CONTROLLING ENTITY FOR		_
THE NATIONAL AQUARIUM IN BALTIMORE, INC., THE NATIONAL AQUARIUM IN		
THE MATICUAL AQUACION IN BABITMONE, INC., THE MATICUAL AQUACION IN		<del></del>
BALTIMORE FOUNDATION, INC., THE NATIONAL AQUARIUM SOCIETY, AND THE		
CENTER FOR AQUATIC LIFE AND CONSERVATION, INC. ON MAY 22, 2014, THE		
NATIONAL AQUARIUM SOCIETY AND THE NATIONAL AQUARIUM INSTITUTE, INC.		
MERGED INTO THE NATIONAL AQUARIUM IN BALTIMORE, INC., WHICH CHANGED		
ITS NAME TO THE NATIONAL AQUARIUM, INC. IT IS THE DIRECT CONTROLLING		
ENTITY OF THE NATIONAL AQUARIUM FOUNDATION, INC. (FORMERLY NATIONAL		
AQUARIUM IN BALTIMORE FOUNDATION, INC.) AND THE CENTER FOR AQUATIC LIFE		
		· <u> </u>
AND CONSERVATION. THE NATIONAL AQUARIUM INSTITUTE, INC. AND THE		
NATIONAL AQUARIUM SOCIETY WERE DISSOLVED.		
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Base Fee Org & Cap Fee Expedite Fee Penalty State Recordation Tax. State Transfer Tax: Certified Copies Copy Fee Certificates Certificates Certificate of Status Fee Personal Property Filings Mail Processing Fee Other  TOTAL FEES:	Change of Name Change of Principal Office Change of Resident Agent Change of Resident Agent Address Resignation of Resident Agent Designation of Resident Agent and Resident Agent's Address Change of Business Code  Adoption of Assumed Name  Other Change(s)
Credit Card Check Cash	<u> </u>
Documents on Checks	Attenuon H. WYON
Approved By	Mail. Names and Address  VENABLE LLP
Approved by	ANDREA COHEN
Keyed By	SUITE 900 750 E PRATT ST
COMMENT(S)	BALTIMORE MD 21202-3142

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## ARTICLES OF AMENDMENT AND RESTATEMENT OF NATIONAL AQUARIUM IN BALTIMORE FOUNDATION, INC.

National Aquarium in Baltimore Foundation, Inc., a Maryland nonstock corporation (hereinafter called the "Corporation"), hereby certifies to the State Department of Assessments and Taxation of Maryland that:

FIRST: The Corporation desires to amend and restate its Charter as currently in effect. Therefore, the Charter of the Corporation is hereby amended and restated by striking out in its entirety the existing Charter and substituting in lieu thereof the following:

FIRST: The name of the corporation (which is hereinafter called the "Corporation") is:

#### National Aquarium Foundation, Inc.

SECOND: The Corporation is organized and shall be operated exclusively as a nonstock charitable "supporting organization" within the meaning of Section 501(c)(3) and Section 509(a)(3) of the Internal Revenue Code of 1986, as amended, and the Regulations thereunder, as they now exist or may hereafter be amended (hereinafter, collectively, the "Code"), for the following purposes:

- (a) To receive and administer funds for, to establish, maintain, supervise, coordinate, assist and perform planning and other functions for, and to carry out the charitable, scientific and educational purposes of the Center for Aquatic Life and Conservation, Inc., National Aquarium, Inc., and any other charitable organizations that may become affiliated with the Corporation; provided, however, they are exempt from taxation under Section 501(c)(3) and Section 509(a)(1) or 509(a)(2) of the Code (the "Beneficiaries"). The Corporation may support such organizations directly or through the National Aquarium, Inc.
- (b) To receive and hold property from any person, firm, foundation, corporation, or governmental agency that will constitute the endowment funds of the Beneficiaries;
- (c) To own, hold, manage, invest and reinvest all such property received by it, to use and apply the net income and principal of all such property in such manner and in such time as the Corporation may deem best for the use or benefit of the Beneficiaries; and

(d) The Corporation shall have and exercise to the extent necessary or desirable for the accomplishment of any of the aforesaid purposes, and to the extent that they are not inconsistent with the charitable purposes of the Corporation, any and all powers conferred upon nonstock corporations by the Maryland General Corporation Law.

THIRD: The post office address of the principal office in this State is 501 East Pratt Street, Pier 3, Baltimore, Maryland 21202. The resident agent of the Corporation in this State is CSC-Lawyers Incorporating Service Company whose address is 7 St. Paul Street, Suite 1660, Baltimore, Maryland 21202. The resident agent is a Maryland Corporation.

FOURTH: The Corporation is not authorized to issue any capital stock. National Aquarium, Inc., acting through its Board of Directors, Executive Committee or such officer(s) designated by its Board of Directors from time to time, shall be the Corporation's sole member (the "Member"). The rights, privileges and qualifications of the Member are as provided in this Charter and the Bylaws of the Corporation.

FIFTH: The business and affairs of the Corporation shall be managed under the direction of its Board of Directors, consisting of the following persons who shall serve until their successors are elected and qualify:

Charles E. Knudsen, III Michael Batza Frank Rosenberg Anna L. Smith

Directors shall be elected annually by the Member of the Corporation as provided in the Bylaws. The number of directors may be increased or decreased in the manner provided in the Bylaws but shall never be less than three.

Additionally, as provided in the Bylaws and for such terms as provided in the Bylaws, resolutions or otherwise, the following persons shall serve as non-voting ex-officio directors of the Corporation:

John C. Racanelli

SIXTH: The powers of the Corporation shall be subject to the following terms, provisions and limitations:

- (a) No part of the net carnings of the Corporation shall inure to the benefit of any member, director or officer of the Corporation, or any private person, except that reasonable compensation may be paid for services actually rendered to or for the Corporation, and no member, director or officer of the Corporation, or any private person shall be entitled to share in the distribution of any of the corporate assets on dissolution of the Corporation. Except as provided and permitted under Sections 50l(h) and 49ll of the Code, no substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in (including the publication or distribution of statements) any political campaign on behalf of any candidates for public office.
- (b) During any period that the Corporation is deemed to be a private foundation as described in Section 509(a) of the Code, the Corporation:
- (i) shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Code;
- (ii) shall not engage in any act of self-dealing as defined in Section 4941(d) of the Code;
- (iii) shall not retain any excess business holdings as defined in Section 4943(c) of the Code;
- (iv) shall not make any investments in such manner as to subject it to tax under Section 4944 of the Code; and
- (v) shall not make any taxable expenditures as defined in Section 4945(d) of the Code.
- (c) Notwithstanding any other provisions of these Articles, the Corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt under Section 50l(c)(3) of the Code or by an organization, contributions to which are deductible under Section 170(c)(2) thereof.
- (d) In the event of the liquidation, dissolution or winding up of the Corporation in any manner or for any reason whatever, all of the assets of the Corporation after the payment of the obligations and liabilities of the Corporation shall be transferred to the Corporation's Member or its successor; provided, however, that if the Member or its successor does not qualify under the provisions of Section 501(c)(3) of the Code, is not in existence or is not willing or able to accept such assets, then the assets of

the Corporation shall be transferred to one or more domestic corporations or associations as may be selected by the Corporation's directors; provided, further, however, that any transferee corporation shall qualify under the provisions of Section 50l(c)(3) of the Code.

- (e) To the maximum extent that limitations on the liability of directors and officers are permitted by the Maryland General Corporation Law and the Code, as from time to time amended, no director or officer of the Corporation shall have any liability to the Corporation or its members for money damages. This limitation on liability applies to events occurring at the time a person serves as a director or officer of the Corporation whether or not such person is a director or officer at the time of any proceeding in which liability is asserted. No amendment or repeal of this paragraph, or the adoption of any provision of the Corporation's Charter inconsistent with this paragraph, shall apply to or affect in any respect the liability of any director or officer of the Corporation with respect to any alleged act or omission which occurred prior to such amendment, repeal or adoption.
- To the maximum extent permitted by the Maryland General (f) Corporation Law and the Code, as from time to time amended, the Corporation shall indemnify its currently acting and its former directors against any and all liabilities and expenses incurred in connection with their services in such capacities, shall indemnify its currently acting and its former officers to the full extent that indemnification shall be provided to directors, and shall indemnify its employees and agents and persons who serve and have served, at its request as a director, trustee, officer, partner, director, employee or agent of another corporation, partnership, joint venture or other enterprise. The Corporation shall, also to the same extent, advance expenses to its directors, officers and other indemnified persons, if any, and may by Bylaw, resolution or agreement make further provision for indemnification of directors, officers, employees and agents. amendment or repeal of this paragraph, or the adoption of any provision of the Corporation's Charter inconsistent with this paragraph, shall apply to or affect in any respect the indemnification of any director or officer of the Corporation with respect to any alleged act or omission which occurred prior to such amendment, repeal or adoption.

SEVENTH: The Corporation reserves the right to make from time to time, by the vote or written assent of a majority of its directors and subject to the approval of the Member, any amendments to these Articles which may now or hereafter be authorized by law.

SECOND: The Amendment and Restatement of the Charter of the Corporation herein made was recommended and approved by at least a majority of the Corporation's trustees, acting in their capacities as both trustees and members, at a meeting duly held on September 10, 2014, at which a quorum was present.

THIRD: The provisions set forth in the above articles of amendment and restatement are all of the provisions of the Corporation's Charter currently in effect as hereby amended.

FOURTH: The current address of the principal office of the Corporation is as set forth in Article Third of the foregoing amendment and restatement of the Charter.

FIFTH: The name and address of the Corporation's current resident agent is as set forth in Article Third of the foregoing amendment and restatement of the Charter.

SIXTH: The Corporation currently has 4 voting directors and 1 ex-officio, novoting director. The names of those currently in office are as set forth in Article Fifth of the foregoing amendment and restatement of the Charter.

[The rest of this page is intentionally left blank]

IN WITNESS WHEREOF, the National Aquarium in Baltimore Foundation, Inc. (the "Corporation") has caused these Articles to be signed in its name and on its behalf by its Chair, Charles E. Knudsen, III and attested by its Secretary, Dianne C. Bradley on this 10<sup>th</sup> day of September, 2014.

THE UNDERSIGNED, Chair acknowledges these Articles of Amendment and Restatement to be the corporate act of the Corporation and states that, to the best of his knowledge, information and belief, the matters and facts set forth herein with respect to the authorization and approval hereof are true in all material respects and that this statement is made under the penalties of perjury.

Attest:

National Aquarium in Baltimore Foundation, Inc.

(SEAL)

Name: Dianne C. Bradley

Title: Secretary

Name: Charles E. Knudsen, III

Title: Chairman of the Board

CUST ID:0003145152 WORK ORDER:0004361732 DATE:09-22-2014 04:29 PM ANT. PAID:\$394.00

8391734-v4

### Form 8868

→ (Rev January 2014)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.lrs.gov/form8868 ·

OMB No 1545-1709

	• • • • • • • • • • • • • • • • • • • •		WWW.#0.gov/10111					
•	are filing for an Automatic 3-Month Extension, comple	-		hua farm)		X		
-	are filing for an Additional (Not Automatic) 3-Month Ex							
	complete Part II unless you have already been granted a inic filing (e-file). You can electronically file Form 8868 if y		atic 3-month extension on a previous  a 3-month automatic extension of time	-		poration		
	to file Form 990-T), or an additional (not automatic) 3-mo.							
of time	to file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for T	ransfers a	Associated With C	Certain		
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	n the elec	ctronic filing of this	s form,		
visit w	w irs gov/efile and click on e-file for Charities & Nonprofits	1						
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies nee	ded).				
A corp	oration required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and c	omplete				
Part I c	nly				l	▶ □		
All othe	r corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	an exter	ision of time			
to file ii	come tax returns			Enter file	er's identifying nu	ımber		
Туре	Name of exempt organization or other filer, see instru	ctions		Employe	r identification nur	mber (EIN) or		
print	NATIONAL AQUARIUM FOUNDATIO	יד זאר	NC.		52-13011	62		
File by th				01				
due date filing you return Se	111 MARKET PLACE, NO. 800	ee instruc	tions	Social se	curity number (SS	SIN)		
instructio		oreign add	lress, see instructions					
Enter t	ne Return code for the return that this application is for (file	e a separa	te application for each return)			01		
Applic	ation	Return	Application			Return		
ls For Code Is For Code								
Form 9	90-BL	02	Form 1041-A			08		
Form 4	720 (ındıvıdual)	03	Form 4720 (other than individual)	_		09		
Form 4720 (individual)         03         Form 4720 (other than individual)         09           Form 990-PF         04         Form 5227         10								
Form 990-T (sec 401(a) or 408(a) trust)         05         Form 6069         11           Form 990-T (trust other than above)         06         Form 8870         12								
	Form 990-T (trust other than above) 06 Form 8870 12  BRUCE S. HOFFBERGER, CHIEF FINANCIAL OFFICER							
• The books are in the care of > 111 MARKET PLACE, SUITE 800 - BALTIMORE, MD 21202								
Tele	phone No ► 410-576-3823		Fax No. 🕨					
• If th	e organization does not have an office or place of busines	s in the Ur	nited States, check this box		ı	<b>▶</b> □		
• If th	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) li	this is fo	r the whole group	, check this		
box 🕨	If it is for part of the group, check this box	and atta	ach a list with the names and EINs of	all memb	ers the extension	ıs for		
1	request an automatic 3-month (6 months for a corporation AUGUST 15, 2015, to file the exemp		to file Form 990-T) extension of time tion return for the organization name		The extension			
-	for the organization's return for	r organiza	dion return for the organization name	o above	THE EXTENSION			
	► X calendar year 2014 or							
	tax year beginning	an	d ending					
•	tax year beginning				<del></del>			
2 1	the tax year entered in line 1 is for less than 12 months, of	heck rese	on Initial return I	Inal retu	'n			
_ '	Change in accounting period				••			
3a I	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax less any		I			
	onrefundable credits. See instructions	, 51 5003,	onto the tentative tax, less any	За	<b> </b>	0.		
-	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and	- 5	<del> </del>			
	stimated tax payments made Include any prior year over	•	•	Зь	\$	0.		
	dalance due. Subtract line 3b from line 3a. Include your pa			<b>—</b>	<u> </u>			
	y using EFTPS (Electronic Federal Tax Payment System).	•	•	Зс	s	0.		

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

instructions.

Form 8	8868 (Rev 1-2014)					Page 2
	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	sbox		▶ X
	Only complete Part II if you have already been granted an a				8868	
• If yo	ou are filing for an Automatic 3-Month Extension, comple					
Part	II Additional (Not Automatic) 3-Month E	xtensio	<b>n of Time.</b> Only file the origin	al (no c	opies neede	d).
			Enter filer's	identifyii	ig number, se	e instructions
Туре	e or Name of exempt organization or other filer, see instructions Er				mployer identification number (EIN) or	
print						
File by th	,				52-1301162	
due date filing you	Number, street, and room or suite no if a P O box, see instructions			Social se	curity number	(SSN)
return Se	See III MARKET PLACE, NO. 800					
instructio	City, town or post office, state, and ZIP code For a for BALTIMORE, MD 21202	oreign add	lress, see instructions.			
	PABITMONE, MD 21202					
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			01
Lintoi t	To riotalli dodo for the rotalli that the application is for (in	o a copara	to application to out, rotain,	-		
Application			n Application		Retu	
Is For		Code	is For			Code
Form 990 or Form 990-EZ		01				
Form 990-BL			Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)			Form 8870			12
STOP!	Do not complete Part II if you were not already granted		natic 3-month extension on a prev	iously file	ed Form 8868.	
	BRUCE S. HOFFBI			D	D 01000	
	books are in the care of $\triangleright$ 111 MARKET PLACE	CE, S		RE, M	D 21202	
	ephone No ► 410-576-3823		Fax No •			<b>.</b> $\Box$
	ne organization does not have an office or place of business			f thus us fo	r the whole are	up shoots this
box >	is is for a Group Return, enter the organization's four digit  If it is for part of the group, check this box				r the whole gro	•
			BER 15, 2015	i all Thems	ers the extens	01115101
	For calendar year 2014, or other tax year beginning, and ending					
	If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return					
•	Change in accounting period					
7 9	State in detail why you need the extension					
	ADDITIONAL TIME IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE					
Ī	RETURN.					
_						
_						
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			0
-	nonrefundable credits See instructions			8a	\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
	tax payments made Include any prior year overpayment allowed as a credit and any amount paid				_	0.
-	previously with Form 8868		the Abrea Saure of the control of the control	8b	\$	
	Balance due. Subtract line 8b from line 8a. Include your pa EFTPS (Electronic Federal Tax Payment System) See instr	-	in this form, it required, by using	8c	s	0.
			st be completed for Part II o		<u> </u>	
Hnder r	penalties of perjury, I declare that I have examined this form, includ				f mv knowledoe	and helief
it is true	e, correct, and complete, and that I have examined this form, include	orm.	anying someones and statements, and the			
Sinnatu	( ) ( ) ( )			Date		:US

Form 8868 (Rev. 1-2014)