Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2008 calen	dar year,	or tax year begin	nning		. 20	008, and endir	ıq					_
В		applicable	<u> </u>				,			D Employ	er Identifi	cation Numb	er	_
		ress change	Please use IRS label	AQUARIUS A	OUARTUM	TNST	TUTE			77-	05287	62		
	\vdash	ne change	or print or type.	5541 COLUM	BIA DRIV	E NO	RTH			E Telepho	_			_
	\vdash	al return	See	FRESNO, CA								0-3474		
	\mathbf{H}		specific Instruc-							(33	3) 43	0-34/4		—
	\mathbf{H}	mination	tions.							_				_
	\vdash	ended return							F	G Gross r			64,426	
	App	lication pending	ŀ	and address of principa	officer ALI	ETHA	LANG		H(a) Is this a	= :			Yes X	
				AS C ABOVE	· · · · · · · · · · · · · · · · · · ·			·		attach a list		uctions)	Yes	No
<u> </u>	Tax-	exempt statu			(insert no)		4947(a)(1) oı	527				·		
<u>J</u>	Web	site: ► HT		QUARIUSAQU	ARIUM.ORO	<u>G/</u>			H(c) Group	exemption n	umber 🏲			
K		of organization	X Corpora	ation Trust	Association	Other	•	L Year of Forma	tion 200(<u> </u>	State of leg	al domicile	CA	
Pa	ırt I	Summa												
	1 E	Briefly descri	be the org	ganization's miss	ion or most s	ignifica	nt activities:	MARINE_E	DUCATI	<u>ON</u> _				
e	_				- -	- -			. .					_
Activities & Governance	_	. .		_ 				_ 			- -			_
eП	_					. 			 .		- -		-	
ŏ	2	Check this bo	x ► [_]	ıf the organizatıo	n discontinue	ed its of	perations or d	lisposed of mo	ore than 25	5% of its	assets.			
ब्ह				bers of the gover							3			_6
69				it voting members		rning bo	ody (Part VI,	line 1b)			4			5
Σ				yees (Part V, line eers (estimate if							5			4
Act				ousiness revenue	• •	مورا ال	12 solumn (~ \			6	-		<u>25</u>
⊉ ?`		_		taxable income				-)			7a 7b			0. 0.
200		vet uniterated	Dusiliess	taxable income	HOILT OILL 95	50-1, III	<u>le 34</u>				/ D			<u> </u>
	١ ,	S4-1- 1			413				Р	rior Year	26		nt Year	.
レミし ゟ ⊎ Revenue				its (Part VIII, line						104,5			88,864	
, E	ı			ue (Part VIII, line			15		ļ	35,5			49,335	
<u> </u>	1		-	art VIII, column (A	• • • • • • •		•				24.		3,673	
⊃				II, column (A), lir				10\	·		319.	1 5	9,373	
				nes 8 through 11), line 12)		153,3	00.	1,5	51,245	<u> . </u>
븳				ounts paid (Part I	-	•	•							—
5				members (Part I)			•						10 10	
₹8				nsation, employe	-			nes 5-10)		53,1	.78.		40,122	<u>2 . </u>
2	16a F	Professional	fundraisin	ig fees (Part IX, d	column (A), lı	ne 11e)							
Expenses Expenses	bТ	otal fundrais	sing exper	nses (Part IX, <u>c</u> ol	l umn (D), line	25) -		40,559.						
ш	17	Other expense	es (Part	*G#HA@D	nes 1 a-11d,	11f-24)			89,6	69.		93,799	<u> </u>
	18 T	otal expense	es Add lii	nes 13-17 (must	eolfal Part IX	. colum	n (A), line 25	5)		142,8			33,921	
	19 F	Revenue less	Expense:	s. Subtract line 1	8 from line 1:	2	(),	,		10,5			17,324	
88			14 14	0A \$ 2 500a	າທາ	_			Paris					<u></u>
a se	20 T	otal assets	T.		_]≝				Бедіп	ning of Y 322, 7			f Year 43,156	<u>-</u>
Net Assets or Fund Balancos		otal liabilitie			T					322,1	0.	1,1	-33	_
žž				inces Subtract li	<u></u>	20				222 5		1 7		
	rt II		ure Bloc		ne 21 from ili	ne zu			<u> </u>	322,7	06.		43,189	9.
									<u> </u>					—
		true, correct, a	nd complete	Leclare that I have ex Declared on prepare	er (other than offi	cer) is ba	ng accompanying sed on all informa	scriedules and sta ation of which prep	tements, and arer has any l	to the best o knowledge	of my know	ledge and be	alief, it is	
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He	re	Signature	of officer								16/			—
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			int name and	d title			 -		EXECU	TIAE I	DIREC'	LUK		
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Pa	id		\mathcal{L}	-80	MINIO	CR		Pate	se			arer's identif instructions)	yang nambe	
Pre		Preparer's signature	► LIPNI	W XIKIAA.	The local division of	スト		11/10/0	I	nployed P	ات	7.		
pa	rer's		CATA	WAVAGE,	CPA	<u> </u>	. <u>.</u>	11/10/0	9		N/.	A		
Ùs	е	Firm's name (o		AGE & COMPA		OTT	TMD 101							
On	ly	employed), address, and	► <u>844</u>		OOK AVE.	<u>, SU</u>	ITE 101		Ell		/A	055	2605	
		ZIP + 4	FRE						Ph	none no	(5 <u>59</u>)			
May	/ tne IR	তে aiscuss th	is return v	with the preparer	shown above	e' (see	instructions)					X Yes	No	٥

	990 (2008) AQUARIUS AQUARIUM INSTITUTE	77-05	2876	2		² age 2
Par	t III Statement of Program Service Accomplishments (see instructions)					
1	Briefly describe the organization's mission:					
	MARINE EDUCATION.					
	Delth- arrange in the second s					
2	Did the organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	the prior		V	ℴ	Ma
	If 'Yes,' describe these new services on Schedule O			Yes	X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	240057	\Box	Yes	X	No
•	If 'Yes,' describe these changes on Schedule O	VICES.	Ш	163	r)	140
4		s by expens	es Se	ction!	501 <i>(</i> c)	(3)
	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an expenses, and revenue, if any, for each program service reported.	d allocation	s to ot	ners,	he tot	àl
	expenses, and revenue, if any, for each program service reported.					
4 a	a (Code:) (Expenses \$ 84,783. including grants of \$) (0,4	
	CONDUCTED FUNDRAISING ACTIVITIES AND EDUCATIONAL PRESENTATIONS RE	GARDING	MAR	INE	<u>LIF</u>	<u>E</u>
	SPONSORED PULIC RADIO BROADCASTS ON MARINE EDUCATION.					
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					-	
		_				
41	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
4	c (Code) (Expenses \$ including grants of \$) (Revenue	Ś			``
	, (easter 1	110101140	*			
					-	
		- -				
			_			
40	1 Other program services. (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
4€	e Total program service expenses ► \$ 84,783. (Must equal Part IX, Line 25, column (I	B))				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; 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 hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		_ X_
14 a	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
17	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		X
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
Ł	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
ЗАА		Form	990	(2008)

Form 990 (2008) AQUARIUS AQUARIUM INSTITUTE

Part IV Checklist of Required Schedules (continued)

			Yes	_ No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		_ X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
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		Х
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		Х
BA		Form	990 (

Statements Regarding Other IRS Filings and Tax Compliance

Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable O 1 a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3ь 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) X 4a **b** If 'Yes,' enter the name of the foreign country: **>** See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If 'Yes,' to guestion 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c X 6a Did the organization solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6Ь 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7a Х b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с X d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 q h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h X Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b BAA Form 990 (2008) Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>~</u>	couon A.	Governing Body and Management			
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, s, or changes in Schedule O. See instructions		Yes	No
•	1 a Enter the	number of voting members of the governing body .			
	b Enter the	number of voting members that are independent 5			
:	2 Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business relationship with any other irector, trustee or key employee? SEE SCHEDULE O	2	X	
,	3 Did the of officer	rganization delegate control over management duties customarily performed by or under the direct supervision s, directors or trustees, or key employees to a management company or other person?.	3		Х
•		rganization make any significant changes to its organizational documents prior Form 990 was filed?	4		X
	5 Did the o	rganization become aware during the year of a material diversion of the organization's assets? organization have members or stockholders? SEE SCHEDULE Q	5 6	<u>x</u>	X
•	governin	·	7a		X
	b Are any	decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
1	the follow	· ·			
		rning body?	8a	Х	
		nmittee with authority to act on behalf of the governing body?	8ь	Х	
(organization have local chapters, branches, or affiliates?	9a		_X_
	and bran	loes the organization have written policies and procedures governing the activities of such chapters, affiliates, ches to ensure their operations are consistent with those of the organization?	9ь		
	describe	py of the Form 990 provided to the organization's governing body before it was filed? All organizations must in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHEDULE O	10	х	
		ny officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	11		X
26	ection B.	Policies			
12		organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Yes X	No_
	b Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests that could give rise			
		is?	12b	Х	
		ts? organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done SEE SCHEDULE O	12c	Х	
	3 Does the	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done SEE SCHEDULE O organization have a written whistleblower policy?	12c 13	X X	
14	3 Does the 4 Does the	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done SEE SCHEDULE O organization have a written whistleblower policy? organization have a written document retention and destruction policy?	12c	Х	
14	Does theDoes theDid the persons,	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done SEE SCHEDULE O organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision:	12c 13 14	X X X	
14	Does the Does the Does the persons,The organ	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done SEE SCHEDULE O organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official?	12c 13 14	X X	
14	3 Does the4 Does the5 Did the persons,a The orgab Other off	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done SEE SCHEDULE O organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? cers of key employees of the organization? SEE SCHEDULE O	12c 13 14	X X X	X
14	 Does the Does the Doe	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done SEE SCHEDULE O organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? cers of key employees of the organization? SEE SCHEDULE O the process in Schedule O. (see instructions)	12c 13 14 15a 15b	X X X	
14	Joes the Does the Does the Does the Does the Does the Does the Other off Describe Does Did the Other O	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done SEE SCHEDULE O organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? cers of key employees of the organization? SEE SCHEDULE O the process in Schedule O. (see instructions) reganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year? as the organization adopted a written policy or procedure requiring the organization to evaluate its participation and taken steps to safeguard the organization's exempt	12c 13 14 15a 15b	X X X	x
16	Joes the Does the Does the Does the Does the Does the Does the Other off Describe Does the Do	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done SEE SCHEDULE O organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? cers of key employees of the organization? SEE SCHEDULE O the process in Schedule O. (see instructions) reganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year? as the organization adopted a written policy or procedure requiring the organization to evaluate its participation and the respect to such arrangements?	12c 13 14 15a 15b	X X X	
14 19 16	Does the Off Describe Does Did the orentity during Joint vistatus wiection C.	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done SEE SCHEDULE O organization have a written whistleblower policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization data, and contemporaneous substantiation of the deliberation and decision: inization's CEO, Executive Director, or top management official? organization's CEO, Executive Director, or top management official? organization invest of the organization? SEE SCHEDULE O the process in Schedule O. (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year? as the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt in respect to such arrangements?	12c 13 14 15a 15b	X X X	
14 19 16	Joes the Does the Other off Describe Joes the Does the Do	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done SEE SCHEDULE O organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? cers of key employees of the organization? SEE SCHEDULE O the process in Schedule O. (see instructions) reganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year? as the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt the respect to such arrangements? Disclosures tates with which a copy of this Form 990 is required to be filed CA 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avial indicate how you make these available Check all that apply	12c 13 14 15a 15b	X X X	
14 15 16 17 18	Joes the Does the Other off Describe Joes Did the Oentity duit of the Does Does Does Does Does Does Does Doe	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done SEE SCHEDULE O organization have a written whistleblower policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization and decision: organization's CEO, Executive Director, or top management official? organization's CEO, Executive Director, or top management official? organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year? In as the organization adopted a written policy or procedure requiring the organization to evaluate its participation and the organization arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt the respect to such arrangements? Disclosures In the process of the policy or procedure requiring the organization to evaluate its participation and the organization to evaluate its participation that the organization to evaluate its participation and the organization to evaluate its participation to	12c 13 14 15a 15b 16a 16b	X X X	X
14 19 16 17 18	Joes the Does the Other off Describe Joes Did the Other off Describe Joes Did the Other Ot	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done SEE SCHEDULE O organization have a written whistleblower policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? or sees of key employees of the organization? SEE SCHEDULE O the process in Schedule O. (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year? as the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt he respect to such arrangements? Disclosures tates with which a copy of this Form 990 is required to be filed CA 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available to wo you make these available Check all that apply website X Another's website X Upon request In Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policits available to the public. SEE SCHEDULE O	12c 13 14 15a 15b 16a 16b	X X X	X
14 19 16 17 18	Joes the Does the Other off Describe Joes Did the Other off Describe Joes Did the Other off Describe Status with Does Does Does Does Does Does Does Does	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done SEE SCHEDULE O organization have a written whistleblower policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization have a written document retention and destruction policy? organization and decision: organization's CEO, Executive Director, or top management official? organization's CEO, Executive Director, or top management official? organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year? In as the organization adopted a written policy or procedure requiring the organization to evaluate its participation and the organization arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt the respect to such arrangements? Disclosures In the process of the policy or procedure requiring the organization to evaluate its participation and the organization to evaluate its participation that the organization to evaluate its participation and the organization to evaluate its participation to	12c 13 14 15a 15b 16a 16b	X X X	X

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Form 990 (2008)

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List 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) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did no		sate a	iny c			irecto	or, tr			
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
TOM LANG EXECUTIVE DIREC	40			Х	х			17,170.	0.	0.
WILLIAM FISKE SECRETARY	2	Х		Х				0.	0.	0.
RAYE GRANT DIRECTOR	2	Х						0.	0.	0.
ALETHA LANG CHAIRMAN	10	х		х				10,400.	0.	0.
DEBBIE VLAMINCK DIRECTOR	2	Х						0.	0.	0.
VICKIE CROW TREASURER	2	Х		Х				0.	0.	0.

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(A)	(B)	ley	<u></u>		c)	.c 3,	an	(D)	(E)	loyee	(F)	111.)
Name and Title	Average hours							Reportable	Reportable		stimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con f org ar	inperisati rom the ganization id relate anization	on n d
											_	
												_
1 b Total							>	27,570.	0.			0
2 Total number of individuals (including those in 1a) v organization ► 0	who rece	eived	d mo	ore t	han	\$10	00,00	00 in reportable c	ompensation from t	he		
									<u> </u>		Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdua	ıl		•					• •	3	- m m	X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to individual	portable han \$15	e cor 60,00	npe 10?	nsat If 'Y	es'	and com	plete	er compensation of Schedule J for s	from such	4		X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	atioi for	n fro sucl	om a h pe	any rso	unre n	elate	d organization foi	services	5		Х
Section B. Independent Contractors									4100 000			
Complete this table for your five highest compensation from the organization	ed inde	pend	ient	con	trac	tors	thai	received more th	nan \$100,000 of			
(A) Name and business addres	s							Description of	of Services	Compe	C) ensatio	n_
							_					
2 Total number of independent contractors (including compensation from the organization ► 0	those in	1)	who	rec	eive	ed m	ore	than \$100,000 in				

Pai	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events. d Related organizations. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f. b Total. Add lines 1a-1f.	1,488,864.			
<u></u>	Business Code	1,400,004.			
PROGRAM SERVICE REVENUE	2a MEMBERSHIP DUES & ASSESSMENTS 611710 b EDUCATIONAL PROGRAMS 611710 c 611710	38,903. 10,432.	38,903. 10,432.		
Ę,	d			<u>.,</u>	
PROGRAM	f All other program service revenue g Total. Add lines 2a-2f	49,335.			
		19,000.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	3,673.			3,673.
	5 Royalties				
	(i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)	-			-
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)			-	
OTHER REVENUE	8a Gross income from fundraising events (not including \$	8,294.			8,294.
	9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses . c Net income or (loss) from gaming activities				:
	10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory	-	_		
	Miscellaneous Revenue Business Code 11 a OTHER INCOME 611710	1,079.	1,079.		
	d All other revenue				
	e Total. Add lines 11a-11d	1,079.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	1,551,245.	50,414.	0.	11,967.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1			охраново	gorioral expenses	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	27,570.	27,570.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	9,078.	9,078.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	-463.	-463.		
10	Payroll taxes	3,937.	3,937.		
11	Fees for services (non-employees)				
á	a Management				
ı	L egal				
	c Accounting	2,200.		2,200.	
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
-	Other	4,471.	4,471.		
	Advertising and promotion	28,014.			28,014.
13	Office expenses	1,052.			1,052.
14	Information technology				
15	Royalties	100	100		
16	Occupancy	120.	120.		
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	3,889.	3,889.		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,835.	1,835.		
23					
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below).				
	MARINE EDUCATION	30,442.	30,442.		
	PROPERTY TAX	5,139.		5,139.	
	TELEPHONE	3,345.			3,345.
	BANK CHARGES	2,379.			2,379.
	OUTSIDE SERVICES	2,248.			2,248.
	All other expenses	8,665.	3,904.	1,240.	3,521.
	Total functional expenses. Add lines 1 through 24f	133,921.	84,783.	8,579.	40,559.
26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA					Form 990 (2008)

•					
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .	-326.	1	689.
	2	Savings and temporary cash investments	58,992.	2	39,862.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
_		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net .		7	
Ē	8	Inventories for sale or use		8	
Ś	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost basis 10a 1,708,331.			•
	b	Less accumulated depreciation Complete Part VI of			
		Schedule D . 10b 5,726.	264,040.	10 c	1,702,605.
	11	Investments – publicly-traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34).	322,706.	16	<u>1,743,156.</u>
	17	Accounts payable and accrued expenses		17	-33.
	18	Grants payable		18	
L	19	Deferred revenue .		19	
Ī	20	Tax-exempt bond liabilities		20	
В	21	Escrow account liability. Complete Part IV of Schedule D		21	
ユーベBーレードーWの	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ė		of Schedule L .		22	
Š	23	Secured mortgages and notes payable to unrelated third parties		23	_
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	-33.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines			
	27	27 through 29 and lines 33 and 34. Unrestricted net assets	202 770		1 717 000
くしろしょう	27 28	Temporarily restricted net assets	283,778.	27	1,717,903.
Ť	29	Permanently restricted net assets	38,928.	28	25,286.
Q R	23	Organizations that do not follow SFAS 117, check here ► and complete		29	
		lines 30 through 34.			
DZC	30	Capital stock or trust principal, or current funds	eterrore	30	
В	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ļ	32	Retained earnings, endowment, accumulated income, or other funds		32	
田々」く玄ひ山の	33	Total net assets or fund balances.	322,706.	33	1,743,189.
Š	34	Total liabilities and net assets/fund balances	322,706.	34	1,743,156.
Pa	rt X		3227700.	54	1,7,13,130.
					Yes No
1	Acc	counting method used to prepare the Form 990: \tag{X} Accrual \tag{X}	Other		
2	a We	re the organization's financial statements compiled or reviewed by an independent	accountant?		2a X
		re the organization's financial statements audited by an independent accountant?.			2b X
		Yes' to 2a or 2b, does the organization have a committee that assumes responsibilities, or compilation of its financial statements and selection of an independent according			2c
3	a As Διι	a result of a federal award, was the organization required to undergo an audit or audit Act and OMB Circular A-133?	idits as set forth in the	Single	3a X
		Yes,' did the organization undergo the required audit or audits?			3b A
BA				· · · ·	Form 990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Total

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

Name of the organization Employer identification number AQUARIUS AQUARIUM INSTITUTE 77-0528762 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: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 5 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.) 6 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) 7 8 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 X 9 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). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h 11 Type I Type II Type III - Functionally integrated C d Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports. (v) Did you notify the organization in col (i) of your support? (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of Supported (a) EIN (iv) Is the (vi) Is the (vii) Amount of Support rganization in cot organization in col (i) organized in the governing document? Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

Pai	(Complete only if you check				(b)(1)(A)(IV) an	id 170(b)(1)(A)(VI)
Sec	tion A. Public Support	ed the box off file	e 5, 7, 01 8 01 Far	(1)			
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		 	·		···	
Cale begi	πdar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
_	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in	structions)		-	1:	2
13	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	nd, third, fourth, o	or fifth tax year as	s a section 501	(c)(3) ►
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 20 Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)		1:	
16 a	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pu	i not check the bo blicly supported o	x on line 13, and	I the line 14 is 33	-1/3 % or more	, check this box
ł	33-1/3 support test – 2007. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13, or 16a rganization.	i, and line 15 is 3	3-1/3% or more	e, check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	re.Explaın ın P	art IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance: test The organi	s' test, check this zation qualifies as	box and stop he a publicly suppo	re. Explain in P rted organization	art IV how the ⊳
18 RAA	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a			nstructions

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.)

	tion A. Public Support						
	ndar year (or fiscal yr beginning in)►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	46,583.	15,102.	367,151.	122.367	1,527,767.	2,078,970.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity	33,333	20,200.		===, 00.1	2,021,7010	
	that is related to the organization's tax-exempt purpose	45,251.	38,924.	14,810.	14,851.	10,432.	124,268.
	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1-5	91,834.	54,026.	381,961.	137,218.	1,538,199.	2,203,238.
	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11,						
	and 12 for the year or \$5,000	0.	0.	235,560.		1,424,970.	
	: Add lines 7a and 7b	0.	0.	235,560.	20,265.	1,424,970.	1,680,795.
8	Public support (Subtract line						I
	7c from line 6.)						522,443.
	tion B. Total Support						
	ndar year (or fiscal yr beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	91,834.	54,026.	381,961.	137,218.	1,538,199.	2,203,238.
b		1,472.	1,883.	708.	2,825.	3,673.	10,561.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	1,472.	1,883.	708.	2,825.	3,673.	0. 10,561.
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	1,472.	1,883.	708.	2,825.	3,673.	0. 10,561.
11	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 inline 10b, whether or not the business is	1,472.	1,883.	708.	2,825.	3,673. 1,079.	0. 3,177.
11 12 13	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 inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.	848.		60.	1,190.	1,079.	3,177. 2,216,976.
11 12 13	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 inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990	848.		60.	1,190.	1,079.	3,177. 2,216,976.
11 12 13 14	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 inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	848. is for the organiza	ition's first, secon	60.	1,190.	1,079.	3,177. 2,216,976.
11 12 13 14 Sec	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 inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	848. Is for the organiza stop here blic Support P	ition's first, second	60 . d, third, fourth, c	1,190. or fifth tax year as	1,079. a section 501(c)	0. 3,177. 2,216,976. (3) ► □
11 12 13 14 Sec 15	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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	848. Is for the organize stop here blic Support P 108 (line 8, column	ition's first, secondercentage	60. d, third, fourth, c	1,190. or fifth tax year as	1,079. s a section 501(c)	3,177. 2,216,976. (3) ► □
11 12 13 14 Sec 15 16	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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20	848. Is for the organizatop here blic Support P 08 (line 8, columnation 2007 Schedule A,	ercentage (f) divided by line Part IV-A, line 27	60. d, third, fourth, c e 13, column (f)). g	1,190. or fifth tax year as	1,079. a section 501(c)	0. 3,177. 2,216,976. (3) ► □
11 12 13 14 Sec 15 16 Sec	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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv	848. Is for the organization here blic Support P 108 (line 8, column 2007 Schedule A, estment Incon	ercentage of the first, second	60. d, third, fourth, one e 13, column (f)).	1,190. or fifth tax year as	1,079. s a section 501(c) 15 16	0. 3,177. 2,216,976. (3) ► □ 23.6% 64.6%
11 12 13 14 Sec 15 16 Sec 17	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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv	848. Is for the organization here blic Support P 108 (line 8, columnation columnation of schedule A, estment Incontrol control cont	ercentage (f) divided by line Part IV-A, line 27 1e Percentage column (f) divided	60. d, third, fourth, ce e 13, column (f)). g	1,190. or fifth tax year as	1,079. s a section 501(c) 15 16	10,561. 0. 3,177. 2,216,976. (3) ► □ 23.6% 64.6%
11 12 13 14 Sec 15 16 Sec 17 18	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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 3 tion D. Computation of Inv Investment income percentage for 33-1/3 support tests — 2008. If the care in the support tests — 2008.	848. Is for the organization here blic Support P 108 (line 8, columnation columnation) 2007 Schedule A, estment Incomor 2008 (line 10c, rom 2007 Schedule proganization did not settle pro	ercentage I (f) divided by line Part IV-A, line 27 The Percentage column (f) divided e A, Part IV-A, line check the box on line	60. d, third, fourth, of a 13, column (f)). g I by line 13, colume 27h ne 14, and line 15	1,190. or fifth tax year as mn (f))	1,079. a section 501(c) 15 16 17 18 %, and line 17 is no	0. 3,177. 2,216,976. (3) ▶□ 23.6% 64.6% 0.5% 0.7%
11 12 13 14 Sec 15 16 Sec 17 18 19a	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 inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from the street of the support income percentage for Investment Investment Investment Income percentage for Investment Investment Income percentage for Investment	848. Is for the organization the organization did not once or and stop here. 848. Is for the organization did not organization did not once organization did not organization did no	ercentage (f) divided by line Part IV-A, line 27 ne Percentage column (f) divided e A, Part IV-A, line check the box on line The organization d not check a box	60. d, third, fourth, of the 13, column (f)). g I by line 13, column e 27h ne 14, and line 15 qualifies as a pu on line 14 or 19	1,190. or fifth tax year as mn (f)) is more than 33-1/3 iblicly supported on and line 16 is r	1,079. 1,079. 15 16 17 18 %, and line 17 is no organization nore than 33-1/3%	0. 3,177. 2,216,976. (3)

Schedule A	. (Form 990 or 9	90-EZ) 2008	AQUARIUS	AQUARIUM	INSTITUTE	77	-0528762	Page 4
Part IV	Supplement	al Informat	ion. Complet	e this part t	o provide the	explanation required additional information	by Part II, line 10);
	Part II, line	1/a or 1/b;	or Part III, II	ne 12. Prov	ide any other	additional information	n. (see instruction	15)
				 _				
					 -			
				. .				
								
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Employer Identification number AQUARIUS AQUARIUM INSTITUTE 77-0528762 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements. 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV. line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 ►\$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2008 AQUAL	TIIS AOII	MITA	TNSTTTHTE		77-05	28762	Page 2
Part III Organizations Mainta				orical Treasures. o			
Using the organization's accession that apply):							
a Public exhibition			d Loan	or exchange programs			
b Scholarly research			e Other				
c Preservation for future gener	ations						
4 Provide a description of the orga Part XIV.	nization's col	lections	and explain ho	w they further the orgar	nization's exempt purpo	ose in	
5 During the year, did the organiza assets to be sold to raise funds r	ather than to	be mai	ntained as part	of the organization's co	llection?	Yes	No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Ar an amoun	t on Fo	ments Complorm 990, Par	ete if organization t X, line 21.	answered 'Yes' to	Form 990, 	Part
1a Is the organization an agent, trus included on Form 990, Part X?					her assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV a	and com	plete the follow	ing table:	[
_						Amount	
c Beginning balance					1c		
d Additions during the year				•	1 d		
e Distributions during the year					1 e		
f Ending balance	_				1f		
2a Did the organization include an a		rm 990,	Part X, line 21	' .		Yes	No
b If 'Yes,' explain the arrangement			. 1	111/ 11 5 0	00 D 10/1 10		
Part V Endowment Funds Co	-						
	(a) Current	year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	((e) Four y	years back
1a Beginning of year balance				·		_	
b Contributions			<u> </u>				
c Investment earnings or losses							
d Grants or scholarships							
 Other expenditures for facilities and programs 							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	of the year	end bal	ance held as:				
a Board designated or quasi-endov	/ment ►		%				
b Permanent endowment ►							
c Term endowment	¥						
3a Are there endowment funds not a organization by:	n the posses	sion of t	the organization	that are held and admi	inistered for the	Ye	s No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	
b If 'Yes' to 3a(II), are the related of	organizations	listed a	s required on Se	chedule R?		3b	
4 Describe in Part XIV the intended	uses of the	organız	ation's endowm	ent funds.			
Part VI Investments-Land, B	uildings, a	nd Eg	uipment. Se	e Form 990, Part X	, line 10.	_	
Description of investment			it or other basis nvestment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book	Value
1 a Land				252,451.		25	52,451.
b Buildings							
c Leasehold improvements				5,000.			5,000.
d Equipment				1,449,893.	4,970.	1,44	14,923.
e Other		L		987.	756.		231.
Total. Add lines 1a-1e (Column (d) sho	ould equal Fo	rm 990,	. Part X, column	(B), line 10(c).)	<u> </u>	1,70	02,605.

BAA

Schedule **D** (Form 990) 2008

Part VII	Investments-Other Securities See	Form 990, Part X, line	12. N/A
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial d	derivatives and other financial products		
Closely-he	eld equity interests		
Other			
		_	
-			
		-	
Total (Calu	um (h) should awal Form 000 Part V and (P) line 12)		
Dart VIII	mn (b) should equal Form 990 Part X, col. (B) line 12.) I Investments—Program Related (See	Form 990 Part V Jun	e 13) N/A
Fait VIII	(a) Description of investment type	(b) Book value	
	(a) Description of investment type	(b) Book Value	(c) Method of valuation Cost or end-of-year market value
			
			**
		- -	
_			
Total. Colum	nn (b)(should equal Form 990, Part X, Col (B) line 13.)	>	
Part IX	Other Assets (See Form 990, Part >	(, line 15) N/A	
	(a)	Description	(b) Book value
			· · · · · · · · · · · · · · · · · · ·
			
			-

Total. Colt	umn (b) Total (should equal Form 990, Part X,	col (B), line 15)	>
Part X	Other Liabilities (See Form 990, Pa		
	(a) Description of Liability	(b) Amount	
Federal In	come Taxes		7
			_
_			_
			4
-	(1) T. 1 (1) 11 15 200 5 11 1-11		_
	nn (b) Total (should equal Form 990, Part X, col. (B) line 25)		<u> </u>
in Part XIV	v, provide the text of the foothole to the ordani	zation's financial statements	s that reports the organization's liability for uncertain tax

Schedule **D** (Form 990) 2008 AQUARIUS AQUARIUM INSTITUTE

77-0528762

Page 3

Sche	chedule D (Form 990) 2008 AQUARIUS AQUAR	IUM INSTITUTE	77-052	8762	Page 4
		ssets from Form 990 to Financial Statements		N/A	
1	4 T				
2	2 Total expenses (Form 990, Part IX, column (A),	ine 25).	Ī		
3	3 Excess or (deficit) for the year. Subtract line 2 fr	om line 1	[
4	4 Net unrealized gains (losses) on investments .		[
5	5 Donated services and use of facilities		[
6	6 Investment expenses		. [
7	7 Prior period adjustments		[
8	8 Other (Describe in Part XIV)		Į		
9	9 Total adjustments (net) Add lines 4-8		. [
10					
Pai	art XII Reconciliation of Revenue per Au	dited Financial Statements With Revenue per	Return	N/A	
1	1 Total revenue, gains, and other support per audi	ted financial statements	1		
2	2 Amounts included on line 1 but not on Form 990	Part VIII, line 12:			
ā	a Net unrealized gains on investments	2a			
ı	b Donated services and use of facilities	2b			
•	c Recoveries of prior year grants	2c	_		
•	d Other (Describe in Part XIV)	2d			
•	e Add lines 2a through 2d.		2e		
3	3 Subtract line 2e from line 1		3		
4	4 Amounts included on Form 990, Part VIII, line 12	2, but not on line 1.			
ä	a Investments expenses not included on Form 990				
ŀ	b Other (Describe in Part XIV)	4b			
	c Add lines 4a and 4b		_4c		
	5 Total revenue Add lines 3 and 4c. (This should		5		
Pai	·	udited Financial Statements With Expenses p		rn N/A	
1			1		
	2 Amounts included on line 1 but not on Form 990	1 1			
	a Donated services and use of facilities	2a	 		
	b Prior year adjustments	2b	_		
	c Losses reported on Form 990, Part IX, line 25	2c	 		
	d Other (Describe in Part XIV)	2d	 - ֻ		
•	e Add lines 2a through 2d		2e		
3	3 Subtract line 2e from line 1	hut not on line 1.	3		
4	4 Amounts included on Form 990, Part IX, line 25,				
	a Investments expenses not included on Form 990	, Part VIII, line 7b 4a 4b	\dashv 1		
	b Other (Describe in Part XIV) c Add lines 4a and 4b	40			
	5 Total expenses Add lines 3 and 4c (This should	oqual Form 990 Part I. Imp. 18 \	4c		
	Part XIV Supplemental Information	equal 1 offit 950, Fast 1, line 18.)			
Com	omplete this part to provide the descriptions required the 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b	for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part , and Part XIII, lines 2d and 4b	IV, lines	1b and 2b, Pa	art V,
		·			

TEEA3304L 12/23/08

Schedule **D** (Form 990) 2008

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Schedule D	(Form 990) 2008 Supplemental Information (continued)	Page 5
Part XIV	Supplemental Information (continued)	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2008

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18,

Open to Public

Department of the Treasury Internal Revenue Service	d by organization	ganization ons that e	s tnat ans nter more	than \$15,000 on Form	990-EZ, line 6a.	Inspection		
Name of the organization								
AQUARIUS AQUARIUM INSTITU					77-052876			
Part I Fundraising Activities.	Complete if	the orga	nization	answered 'Yes' to	Form 990, Part IV	, line 17.		
Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Email solicitations One solicitations In-person solicitations Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Solicitation of government grants Special fundraising events								
2a Did the organization have written of employees listed in Form 990, Parb If 'Yes,' list the ten highest paid in	t VII) or entity i dividuals or ent	in connect	ion with p Iraisers) p	rofessional fundraising ursuant to agreements	services? under which the fundra	Yes X No		
compensated at least \$5,000 by the	ne organization.	Form 990	EZ filers	are not required to com	plete this table			
(i) Name of Individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
		<u></u>						
Total			>			0.		
List all states in which the organiz or licensing	ation is register	red or lice	nsed to so	olicit funds or has been	notified it is exempt fro			
								
				- -				
	_ 							

reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts (a) Event #1 (B) Event #2 (c) Other Event (event type) (total number) 1 Gross receipts 21,475.							
E V E 1 Gross receipts 21,475.							
	21,475.						
2 Less Charitable contributions							
3 Gross revenue (line 1 minus line 2) 21,475.	21,475.						
4 Cash prizes							
5 Non-cash prizes							
6 Rent/facility costs							
7 Other direct expenses 13,181. 8 Direct expense summary. Add lines 4- through 7 in column (d)	13,181.						
, , , , , , , , , , , , , , , , , , ,	13,181.						
9 Net income summary Combine lines 3 and 8 in column (d) Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, o	8,294.						
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gamin	ng (d) Total gaming (Add col. (a) through col (c))						
1 Gross revenue							
2 Cash prizes							
D X P R R R Non-cash prizes 4 Rent/facility costs							
T S 4 Rent/facility costs	<u> </u>						
5 Other direct expenses							
6 Volunteer labor Yes% Yes% No No	_ 8						
7 Direct expense summary Add lines 2 through 5 in column (d)							
8 Net gaming income summary. Combine lines 1 and 7 in column (d)							
9 Enter the state(s) in which the organization operates gaming activities:	YES NO						
a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' Explain:							
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' Explain.	10a						
11 Does the organization operate gaming activities with nonmembers?	11						
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity form administer charitable gaming?	ned to 12						

Schedule G (Form 990 or 990-EZ) 2008 AQUARIUS AQUA	RIUM INSTITUTE	77-0528762		Page 3
•			YI	ES NO
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13:	a %		
b An outside facility .	. 13			
14 Provide the name and address of the person who prepare	es the organization's gaming/special events	books and records:		
Name: •				
Address:				
15a Does the organization have a contact with a third party fr b If 'Yes,' enter the amount of gaming revenue received by	the organization \$	-	15a	
of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address				
Name •				
Address: -				
16 Gaming manager information				
Name: •				
Gaming manager compensation ► \$				
Description of services provided:				
Director/officer Employee	Independent contractor			
17 Mandatory distributions				
a Is the organization required under state law to make character gaming license?		L	17a	
b Enter the amount of distributions required under state law organization's own exempt activities during the tax year		or spent in the		
BAA	TEEA3703L 07/18/08 S	chedule G (Form 990	or 990-l	EZ) 2008

SCHEDULE M (Form 990)

Non-Cash Contributions

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

AQUARIUS AQUARIUM INSTITUTE

Part I Types of Property

Employer identification number

77-0528762

(b) (c) (d)

		applicable	Contributions	on Form 990,		reve	nues	ning
				Part VIII, line 1g				
1 Ar	rt–Works of art				<u>-</u>			
	rt-Historical treasures							
3 Ar	rt-Fractional interests			- · · - 				
4 Bo	ooks and publications							
5 CI	lothing and household goods							
	ars and other vehicles							
7 Bo	oats and planes							
8 In	itellectual property							
9 Se	ecurities-Publicly traded					-		
10 Se	ecurities-Closely held stock							
11 Se	ecurities-Partnership, LLC, or trust interests							
12 Se	ecurities-Miscellaneous							
13 Qu	ualified conservation contribution (historic structures)							
14 Q	ualified conservation contribution (other)							
15 Re	eal estate—Residential							
16 Re	eal estate—Commercial							
17 Re	eal estate-Other							
18 Co	ollectibles							
	ood inventory							
	rugs and medical supplies							
	axidermy							
	istorical artifacts							
	cientific specimens							
	rcheological artifacts							
	ther ► (EXHIBIT TANKS)	X	1	1,440,400.				
	ther ► (PRINT/ADS)	Х	11	2,589.	FMV			
	ther ► ()				_			
28 Ot	ther ► (
29 Nu	umber of Forms 8283 received by the organization	on during the	tax year for contributi	ons for which the				
or	ganization completed Form 8283, Part IV, Done	e Acknowled	gement		29			
							Yes	No_
30 a Du	uring the year, did the organization receive by co old for at least three years from the date of the in	ontribution a	ny property reported in	Part I, lines 1-28 that	it must			
	urposes for the entire holding period?	iitiai contribi	ution, and which is not	required to be used for	exempt	30a	-	X
•	'Yes,' describe the arrangement in Part II					30 a		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?								X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?								X
b If	'Yes,' describe in Part II							
	the organization did not report revenues in colurescribe in Part II	nn (c) for a	type of property for wh	ich column (a) is check	æd,			

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

Schedule M (Form 990) 2008

Schedul	e M (Form 990) 2008	AQUARIUS	<u>AQUARIUM</u>	INSTITUTE	77-0528762	Page 2
Part II	Supplemental In	nformation. C	Complete th	nis part to provide the information require additional information.	ed by Part I, lines 30b,	32b,
	and 35. Also co	mpiete tilis p	art for arry	additional information.		
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

AQUARIUS AQUARIUM INSTITUTE	77-0528762
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS	S, DIRECT
THE CHARIMAN AND EXECUTIVE DIRECTOR ARE MARRIED.	
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHA	REHOLDER
MEMBERSHIP BENEFITS PRIMARILY ARE HONARARY IN NATURE. GUEST/ADI	MISSION PASSES ARE
INCLUDED_WITH_MEMBERSHIP, HOWEVER, THE FACILITY HAS NOT YET BE	EN CONSTRUCTED.
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	
FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND CHAIR FOR A	PPROVAL AND COPIES ARE
PROVIDED TO THE BOARD AFTER THEIR REVIEW AND PRIOR TO FILING T	HE RETURNS.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	MENT OF C
CONFLICT OF INTEREST POLICIES AND APPLICABLE REPORTING FORMS A	RE REVIEWED
PERIODICALLY WITH THE BOARD. DIRECTORS WITH CONFLICTS ARE PREVI	ENTED FROM
DELIBERATING AND VOTING ON SUCH TRANSACTIONS.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCES	S FOR OFFICERS & KEY EMPLOYEES
THE PERSONNEL COMMITTEE EVALUATES THE EXECUTIVE DIRECTOR COMPE	NSATION AT THE TIME OF
HIRING AND PERIODICALLY THEREAFTER BASED ON COMPARABLE COMPENS	ATION IN COMPARABLE
SIZED NONPROFIT ENTITIES IN THE GEOGRAPHICAL AREA. RECORDS ARE	MAINTAINED OF THE
DELIBERATIONS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
FORM 990 IS AVAILABLE AT GUIDESTAR.ORG AND UPON REQUEST.	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIA	L STATEMENTS ARE
AVAILABLE UPON REQUEST.	

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SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

AQUARIUS AQUARIUM INSTITUTE

77-0528762

PART III	LINE 1	12 - OTHER	INCOME
FARI III.		12 - O I NEK	INCOME

NATURE AND SOURCE		2008	2007	2006	2005	2004
GIFT SHOP SALES OTHER		1 079	1 190	60.		848.
OTHER	TOTAL \$	1,079.	\$ 1,190.	\$ 60.	\$ 0.	\$ 848.

12/31/08	2	008 F	2008 FEDER/	AL B	00K	DEP	AL BOOK DEPRECIATION SCHEDULE	TION	SCHE	DULE				PAGE
				AQU,	ARIUS	AQUAR	AQUARIUS AQUARIUM INSTITUTE	TITUTE						77-0528762
NO. DESCRIPTION	DATE ACQUIRED	DATE	COST/ BASIS	BUS. B	CUR 179 BONUS.	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD_ LIFE .RATE	AR. JHE .RA	CURRENT DEPR.
FORM 990/990-PF														
FURNITURE AND FIXTURES														
4 DESK/FILING CABINET	1/06/03		400							400	285	S/L	7	
5 EQUIPMENT (INK)	5/19/03		27							22	37	S/L		
6 (2) 6' FOLDING TABLES	8/16/03		97							97	19	S/L		14
7 EQUIPMENT (SUPPLIES)	10/06/03		229							229	140	S/L		33
8 OFFICE FURNITURE	VARIOUS		119							119	85	S/L		11
14 FURNITURE	5/30/07	'	85	ı						85	7	S/L	. 7	
TOTAL FURNITURE AND FIXTURE			286		0	0	0	0	0	286	615			141
IMPROVEMENTS														
11 SEAHORSE SCULPTURE	VARIOUS	ı	2,000	1						2,000		S/L		į
TOTAL IMPROVEMENTS			2,000		0	0	0	0	0	5,000	0			
LAND														
10 LAND, COSTS, & IMPROV.	VARIOUS	l	252,451	ı						252,451				
TOTAL LAND			252,451		0	0	0	0	0	252,451	0			
MACHINERY AND EQUIPMENT														
1 COMPUTER AND CABLES	7/14/03		1,755							1,755	1,580	J/S	ۍ.	175
2 LASER PRINTER	8/21/03		300							300	260	S/L		40
3 EQUIPMENT	8/22/03		108							108	95	S/L	. 5	13
9 ELECTRIC GENERATOR	7/23/06		2,362							2,362	699	S/L	r.	472

12/31/08	2	008 F	EDER	AL I	3001	K DEP	RECIA	TION	SCH	2008 FEDERAL BOOK DEPRECIATION SCHEDULE	!			PAGE 2	Ę2
				AQL	JARIUS	S AQUAF	AQUARIUS AQUARIUM INSTITUTE	TITUTE						77-0528762	8762
NO. DESCRIPTION	DATE ACQUIRED .	DATE SOLD	COST/ BASIS	BUS.	CUR 179 BONUIS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /Basis Rediict	DEPR. BASIS	PRIOR DEPR.	METHOD LIFE RATE	8 31T	CURRENT DEPR.	ENT R.
12 APPLE COMPUTER	70/01/7		1,465							1,465	147	S/L	5		293
13 PROJECTOR	4/12/07		3,503							3,503	525	S/L	2		701
15 TANK #8 TRIANGULAR TROPIC	12/21/08		20,000							20,000		S/L	2		0
16 TANK #6 COLD SALT 21 FT	12/21/08		100,000							100,000		S/L	0		0
17 TANK #7 COLD SALT 12 5 FT	12/21/08		000'09							000'09		S/L	9		0
18 TANK #10 TEMP SALT 12.5FT	12/21/08		92,000							65,000		S/L	2		0
19 TANK #16 TROP FRESH	12/21/08		25,000							25,000		S/L	0		0
20 TANK #2 TROP FRESH	12/21/08		65,000							65,000		S/L	6		0
21 TANK #31 12 5 FT DIAMETR	12/21/08		000'09							000'09		S/L	0		0
22 TANK #4 TEMP BRACKISH	12/21/08		75,000							75,000		S/L	6		0
23 ACRYLIC TANK 126'X45'X60	12/21/08		80,000							80,000		S/L	2		0
24 TANK #13 TRIANGULAR TANK	12/21/08		20,000							20,000		S/L	2		0
25 CORAL REEF TANK	12/21/08		15,000							15,000		S/L	2		0
26 PENGUIN TANK 15X8FT FLAT	12/21/08		200,000							200,000		SVL	2		0
27 BLUE FIBERGLASS 5.5FT	12/21/08		4,000							4,000		S/L	2		0
28 BLUE FIBERGLASS 12.5FT	12/21/08		2,000							2,000		S/L	2		0
29 BLUE PANEL TANK	12/21/08		10,000							10,000		S/L	2		0
30 BLUE FIBERGLASS 8FT	12/21/08		40,000							40,000		S/L	2		0
31 BLUE FIBERGLASS 20FT	12/21/08		80,000							80,000		S/L	2		0
32 RK150-PE36 PROTEIN SKIMME	12/21/08		30,000							30,000		S/L	2		0
33 RK150-PE20 PROTEIN SKIMME	12/21/08		10,000							10,000		S/L	2		0
34 5HP CHILLER	12/21/08		14,000							14,000		S/L	2		0
35 FILTERS 500 GALLON	12/21/08		4,000							4,000		S/L	₽		0
36 TWO AMMONIA TOWERS	12/21/08		4,000							4,000		S/L	2		0
37 REDLINE HEATERS 208 WALT	12/21/08		3,000							3,000		S/L	0		0
38 REDLINE HEATERS 110 WALT	12/21/08		1,400							1,400		S/L	9		0
39 PUMPS, SAND FILTERS & FIT	12/21/08	•	150,000	·						150,000		S/L	01		0
TOTAL MACHINERY AND EQUIPME			1,449,893		0	0	0	0	0	1,449,893	3,276				1,694

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3	Ŋ			S.	2	
PAGE	77-0528762	CURRENT DEPR		1,835	1,835	
	7	RAIE	•	u	ı	
		到				
		METHOD LIFE RATE.				
		PRIOR DEPR.		3,891	3,891	
AL BOOK DEPRECIATION SCHEDULE		DEPR. BASIS		1,708,331	1,708,331	
SCHE		SALVAG /BASIS REDIICT			0	
TION	rITUTE	PRIOR DEC. BAL DEPR.		0	0	
RECIA	IOM INS	PRIOR 179/ BONUS/ SP. DEPR.		0	0	
(DEP	AQUARIUS AQUARIUM INSTITUTE	SPECIAL DEPR. ALLOW.				
BOOL	UARIUS	CUR 179 BONLIS			اً	
A A	AQ	BUS. PCT.				
2008 FEDER		COST/ BASIS		1,708,331	1,708,331	
8003		DATE				
		DATE - ACQUIRED.				
		DESCRIPTION		TOTAL DEPRECIATION	GRAND TOTAL DEPRECIATION	
12/31/08		NO.		TOTAL	GRAND	

•

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue			File a sepa	rate application for	each return.		I			
If you are	filing for an	Automatic 3-Month E	xtension, comp	lete only Part I and	check this box			► [X]		
		Additional (Not Autor		<u>-</u>		page 2 of this	s form).			
Do not comp	lete Part II ui	nless you have already	y been granted	an automatic 3-mon	th extension on a	previously fi	led Form 886	В		
Part I /	Automatic	3-Month Extension	on of Time. C	nly submit origin	nal (no copies	needed).				
				, , , , , ,		,				
		ile Form 990-T and re								
All other corp income tax re	oorations (inc. eturns.	ludıng 1120-C filers), _i	partnerships, R	EMICS, and trusts m	ust use Form 70	104 to request	an extension	of time to file		
Form 990-T.	i (not automa Instead, you i	ienerally, you can eleonths for a corporation tic) 3-month extension must submit the fully of the full of	n or (2) you file completed and	Forms 990-BL, 6069 signed page 2 (Part), or 8870, aroub	returns, or a	composite or	consolidated		
	Name of Exempt	Organization					Employer identif	cation number		
Type or print										
•		AQUARIUM INS					77-05287	62		
File by the due date for	Number, street,	and room or suite number. If	a P O box, see insti	ructions						
filing your return See		UMBIA DRIVE N								
instructions		t office, state, and ZIP code	For a foreign addres	ss, see instructions						
		CA 93727-6015								
		filed (file a separate				□	_			
X Form 990		<u> </u>	Form 990-T (co	' '		Form 472				
Form 990		\vdash	•	ection 401(a) or 408(Form 522				
\blacksquare	Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870									
Form 990)-Pr		Form 1041-A			Form 887	<u> </u>			
Telephone If the orga	No ►_(<u>55</u> 9 nization doe	e of ALETHA L 9) 224-3474 s not have an office o	r place of busin		ates, check this I		short of the short	> [
		eturn, enter the organ . If it is for part of the					this is for the			
	sion will cove		group, check t		attacii a iist witii	the names a	iu Elivs of all	members		
		ic 3-month (6 months	for a corporation	on required to file Fo	rm 990-T) extens	sion of time				
until _	8/15	_, 20 <u>09</u> , to file th the organization's retu	e exempt organ	•	•					
	calendar yea	-	111101							
	tax year begi		20	and and an	20					
٠ ا	tax year begi	······································	, 20,		, 20 _					
2 If this ta	ax year is for	less than 12 months,	check reason:	Initial return	Final retu	rn Cl	nange in acco	unting period		
		or Form 990-BL, 990- S See instructions	PF, 990-T, 4720	0, or 6069, enter the	tentative tax, les	ss any	3a \$	0.		
b If this a made	pplication is f nclude any pi	or Form 990-PF or 99 or year overpayment	0-T, enter any allowed as a c	refundable credits ar redit	nd estimated tax	payments	3ь\$	0.		
deposit	Due. Subtra with FTD cou tructions	ct line 3b from line 3a pon or, if required, by	i. Include your p using EFTPS (payment with this for (Electronic Federal T	m, or, if required ax Payment Sys	l, tem).	3c \$	0.		
Caution. If yo payment instr		o make an electronic	fund withdrawa	I with this Form 8868	3, see Form 8453	3-EO and Forr	n 8879-EO fo 	r 		
BAA For Priv	vacy Act and	Paperwork Reduction	n Act Notice, se	ee instructions.			Form 88	368 (Rev 4-2009)		

rorm asos	(Rev 4-2009)			Pa	age z
• If you a	ire filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check	this box	•	- X
Note. Only	complete Part II if you have already been granted an automatic 3-month exte	nsion on a previou:	sly filed For	m 8868.	
	re filing for an Automatic 3-Month Extension, complete only Part I (on page				
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	ile the original	(no copie	s needed).	
	Name of Exempt Organization		Employer (de	ntification number	
Type or					
print	AQUARIUS AQUARIUM INSTITUTE		77-0528	3762	
File by the	Number, street, and room or suite number. If a P O box, see instructions		For IRS use o	nly	
extended due date for	SAVAGE & COMPANY		<u> </u>		
filing the return See	8441 N. MILLBROOK AVE., SUITE 101				
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
	FRESNO, CA 93720				
	e of return to be filed (File a separate application for each return):				
X Form 9		Form 1041-A		Form 6069	
Form 9		Form 4720		☐ Form 8870	
Form 9		Form 5227			
	not complete Part II if you were not already granted an automatic 3-month ex	tension on a previ	ously filed	Form 8868.	
	ks are in care of ALETHA LANG				
	one No ►_(559) _224-3474 FAX No. ► <u>NOT AVAIL</u> .			_	
	rganization does not have an office or place of business in the United States,				· 🗀
	s for a Group Return, enter the organization's four digit Group Exemption Num	· · · · —		If this is for the	he
•	p, check this box If it is for part of the group, check this box	and attach a list wi	th the name	s and EINs of all	
	he extension is for.				
	lest an additional 3-month extension of time until $11/15$, 20 0			00	
	alendar year 2008, or other tax year beginning, 20		T 7.5	, 20	_1
				e in accounting period	
	In detail why you need the extensionADDITIONAL_TIME_IS_NEGE_A_COMPLETE_AND_ACCURATE_RETURN.	FESSAKI 10 C	OWLIFE	INFORMATION I	<u>∪</u>
<u> </u>	E A COMPLETE AND ACCORATE RETURN.				
0 16 1				1	
8a it this nonre	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta fundable credits. See instructions	itive tax, less any	8a	s	
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable of	redits and estimate		1	
paym	ents made Include any prior year overpayment allowed as a credit and any a	mount paid previou	ısly 📖	1,	
	orm 8868	·	8 b	\$	
c Balan with F	ice Due. Subtract line 8b from line 8a. Include your payment with this form, or TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment s	r, if required, depos System). See instra	sit 8c	s	
	Signature and Verification			<u> </u>	
Under penaltie:	s of perjung, declare that have many cothis form, including accompanying schedules and statements implete, and that I am au norized to be parents form		nowledge and t	pelief, it is true,	
correct, and co	implete, and that I am au norized to property's form				
Signature -	Title ► EXECUTIVE DIRECTO)R	Da	ate ►	
				·	