DLN: 93493319023169 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization GEORGIA AQUARIUM INC & SUBSIDIARY D Employer identification number **B** Check if applicable ☐ Address change 58-2574918 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate Number and street (or P O box if mail is not delivered to street address) Room/suite 225 BAKER STREET NW E Telephone number ☐ Amended return □ Application pending (404) 581-4000 City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA $\,$ 30313 $\,$ G Gross receipts \$ 759.554.511 Name and address of principal officer H(a) Is this a group return for CHRISTINA D ROBINSON ☐Yes ☑No subordinates? 225 BAKER STREET NW H(b) Are all subordinates ATLANTA, GA 30313 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) □ 501(c)() **◄** (insert no) 4947(a)(1) or 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► HTTP //WWW GEORGIAAQUARIUM ORG/ L Year of formation 2000 ${f M}$ State of legal domicile GA **K** Form of organization lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleSummary 1 Briefly describe the organization's mission or most significant activities GEORGIA AQUARIUM IS A LEADING NON-PROFIT DEDICATED TO AQUATIC RESEARCH, EXCEPTIONAL ANIMAL CARE, AND EDUCATION TO ENGAGE AND CULTIVATE A DEEPER UNDERSTANDING AND APPRECIATION FOR OUR WORLD OCEAN WE DO THIS BY HELPING PEOPLE SEE THE WORLD DIFFERENTLY WE WORK TO ENGAGE AND EDUCATE MILLIONS OF PEOPLE THROUGH ONE OF THE LARGEST VARIETIES OF AQUATIC LIFE IN THE WORLD, AND SHARE OUR GROUNDBREAKING RESEARCH ACROSS THE SCIENTIFIC COMMUNITY IN EFFORTS THAT LEAD TO IMPORTANT OCEANIC DISCOVERIES WE BELIEVE WE CAN MAKE A DIFFERENCE BY SHOWING HOW HUMANKIND, AQUATIC ANIMALS AND THE WATERS OF THE WORLD ARE CONNECTED AND INSPIRING PEOPLE TO ACTION GEORGIA AQUARIUM IS ACCREDITED BY THE AMERICAN HUMANE ASSOCIATION (AHA), THE ALLIANCE FOR MARINE MAMMAL PARKS AND AQUARIUMS (AMMPA) AND THE Activities & Governance ASSOCIATION OF ZOOS AND AQUARIUMS (AZA) Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 27 27 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 897 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . 6 1,163 Total unrelated business revenue from Part VIII, column (C), line 12 . 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b Current Year 8 Contributions and grants (Part VIII, line 1h) . 5,622,256 5,598,180 9 Program service revenue (Part VIII, line 2g) . 87,980,016 92,941,383 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 56,785 -1,796,790 193,755 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 134.819 93,793,876 96,936,528 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . n 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 29,355,317 30,509,125 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶592,971 58,676,053 63,934,371 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 94,443,496 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 88,031,370 2,493,032 5,762,506 **19** Revenue less expenses Subtract line 18 from line 12 . . . t Assets or d Balances Beginning of Current Year End of Year 443,279,596 425,416,398 20 Total assets (Part X, line 16) . . . 67,476,743 21 Total liabilities (Part X, line 26) . 87,832,989 355,446,607 357,939,655 ${\bf 22}\,$ Net assets or fund balances $\,$ Subtract line 21 from line 20 $\,$. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-14 Signature of officer Sign Here CHRISTINA D ROBINSON SVP/CFO/CONTROLLER Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN P01082262 Check | If Paid Firm's name MOORE STEPHENS TILLER LLC Firm's EIN > 58-0673524 Preparer Use Only Firm's address ▶ 1960 SATELLITE BLVD SUITE 3600 Phone no (770) 995-8800 DULUTH, GA 30097 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

Form	990 (2018)					Page 2
Pa	statement	of Program Service	ce Accomplis	hments		
	Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III		🗹
1	Briefly describe the o	rganization's mission		·		
PUBI		SEORGIA AQUARIUM I			SS AQUARIUM FACILITY FOR THE) INSPIRING AWARENESS AND PR	
2	the prior Form 990 or	r 990-EZ?		rices during the year w	hich were not listed on	□Yes ☑ No
3	•	se new services on Sch		changes in how it condi	ucts any program	
,	-	· · · · · ·		inanges in now it condi		🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedu	le O			
4	Section 501(c)(3) and		ons are required	to report the amount of	largest program services, as mea of grants and allocations to others	
4a	(Code) (Expenses \$	73,994,050	including grants of \$	0) (Revenue \$	90,096,927)
	See Additional Data					
4b	(Code) (Expenses \$	3,413,912	including grants of \$	0) (Revenue \$	2,844,456)
	See Additional Data					
4c	(Code) (Expenses \$	380,814	ıncludıng grants of \$	0) (Revenue \$	0)
	See Additional Data					
4d	Other program service	ces (Describe in Sched	ule O)			
	(Expenses \$	ınc	luding grants of	\$) (Revenue \$)

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 Nο Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6

No

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Νo

Νo

20b

21

Yes

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 R 9

Did the organization maintain collections of works of art, historical treasures, or other similar assets? Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

11a assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 11d

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 12a 12b

Yes Yes 12a Did the organization obtain separate, independent audited financial statements for the tax year? Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Νo 14a Νo Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Nο Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Νo foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Nο Form **990** (2018)

Form	990 (2018)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🕏

Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V.

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

No

No

37

38

130

0

1a

1b

Yes

Yes

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37

38

Part V

13a

14a

14b

15

No

Nο

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13b

13c

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Enter the amount of reserves the organization is required to maintain by the states in

Form	990 (2018)			Page 6				
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines				
Se	ction A. Governing Body and Management							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 27		Yes	No				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 27							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	5		No				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .							
6	Did the organization have members or stockholders?	6		No				
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)					
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt							
	status with respect to such arrangements?	16b						
Se	ction C. Disclosure							
17	List the States with which a copy of this Form 990 is required to be filed ► GA							
	ga .							

ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O </i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ GA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply		_	_

 \square Own website \square Another's website \square Upon request \square Other (explain in Schedule O)

19

20

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records CHRISTINA D ROBINSON SVPCFOCONT 225 BAKER STREET NW ATLANTA, GA 30313 (404) 581-4000

Form **990** (2018)

orm 990 (2018)										Page 7	
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,	
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆	
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees		
ear • List all f compens	e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (or organizations), re	gardless of amount	-	
	of the organization's current key		•									
ho receive	organization's five current high ad reportable compensation (Box n and any related organizations											
f reportabl	of the organization's former office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•	
rganızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2	
ompensate	s in the following order individua ed employees, and former such p	ersons	•									
_ Check	this box if neither the organizatio	n nor any relate	ed organ	nzatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Г	
	(A) Name and Title	(B) Average hours per week (list any hours for related	erage Position (d rs per than one b k (list is both a hours direc			inles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	D) (E) (F) Intable Reportable Estimation compensation amount of compensation (W- organizations O-MISC) (W- 2/1099- organizations MISC) related	(F) Estimated amount of other compensation from the	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000 MISC)	MISC)	Estimated amount of other compensation	
See Addition	al Data Table						Ŀ					
					l	1		l				

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

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo	oox, u an off ctor/tr	unles fficer trust		rson a	(D) Reportable compensation from the organization (W-	from related V- organizations (W-		(F) Estima amount o compens from to	ated of other sation the
		organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1005	2,2000	,	related organizations	
See /	Addıtıonal Data Table	 	 	 	\vdash	\vdash	+	+			\dashv		
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	Sub-Total			• ,			 				丁		
_	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c) . . .	Part VII, Section					>		4,088,554		0		323,219
2	Total number of individuals (including of reportable compensation from the	g but not limited	d to thos			bove	e) who) rec	eived more than \$	100,000			
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			:ee, k	ey e	mpl	oyee,	or hı	ıghest compensate	d employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual	the sum of reposits greater than s	ortable , \$150,00	comp	ensa "Yes	ation 5," c	n and comple	other te Sc	r compensation fro chedule J for such	om the	4		1
5	Did any person listed on line 1a receiv									dividual for		1 1 1	
Se	ection B. Independent Contract	· ·				11 Ju	ICH PE	5011			5		No
1	Complete this table for your five high	nest compensate									mper	nsation	
	from the organization Report comper	(A)		year	ena	ing	with o	rwit		(B)		(C	
PECKI	Name a	and business addre	3 55		—	—				scription of services CTION CONSULTING		Compen	
SAINT	T LOUIS PLACE 200 NORTH BROADW												,
	SCULLIN O'HAIRE INC				—				MARKETIN	ĪG		5	,681,535
	PEACHTREE CENTER AVE 23RD FLO NTA, GA 30303												
-	D UNIVERSAL SECURITY SERVICES	-							SECURITY			1	,729,763
	DX 828854 ADELPHIA, PA 19103												
-	NNEY'S MECHANICAL CONTRACTORSENGINE	<u> </u>							BLDG MA	INTENANCE		1	,633,030
	MORELAND INDUSTRIAL BLVD NTA, GA 30316											_	_
ABM J	JANITORIAL				_				JANITORIA	AL.		1,	,205,088
	DX 934418 NTA, GA 31193												
-	Total number of independent contractor	re (including bu)	t not lim	oited '	to th	1056	listed	aho	ve) who received i	more than \$100 00	າດ of	f	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 16

	Check If Schedul	e O contains a resp	onse or note to any	(A) revenue	Rel e: fu	(B) ated or xempt nction venue	(C) Unrelat busines revenu	ed ss	(D) Revenue excluded from tax under sections 512 - 514
10	1a Federated campaign	ns 1a								
nts Inte	b Membership dues	1b	Ī							
ora not	c Fundraising events	1c	İ							
s, (An	d Related organizatio		<u> </u>							
<u>≅</u> ≽			<u> </u>							
", ⊒	e Government grants (co	· <u></u>	1							
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, and similar amounts nabove	ot included 1f	5,598,180							
ntrib d Oth	g Noncash contribution in lines 1a - 1f \$									
<u>ة</u> 2	h Total. Add lines 1a	-1f	•		5,598,180					
			Business	Code						
훌	2a ADMISSIONS (NON-EVE	ENT		712130	81,	560,216	81,56	0,216		
3	b AUXILLIARY SERVICES ((C			7,	379,092	7,37	9,092		
υ OŽ	BALLROOM & OTHER EV	/ENT		712130	3,	890,116	3,89	0,116		
ر ج	d OTHER PROGRAM SERV			712130		111,959	11	1,959		
3	U OTHER FROGRAM SERV	ICL		712130		,		<u> </u>		1
an	е ———									+
Program Service Revenue	f All other program se	rvice revenue								1
4	gTotal. Add lines 2a-2	2f	▶ 92,9	941,383						
	3 Investment income (in similar amounts) .		interest, and other		35,62	26				35,626
	4 Income from investme	ent of tax-exempt b	ond proceeds	·						
	5 Royalties		•	·						
	6a Gross rents	(ı) Real	(II) Personal	-						
	b Less rental expenses									
	c Rental income or (loss)									
	d Net rental income o	r (loss)		1						
		(ı) Securities	(II) Other							
	7a Gross amount from sales of assets other than inventory	14,819,363	645,945,942	2						
	b Less cost or other basis and sales expenses	11,308,163	651,289,558	- 8						
	C Gain or (loss)	3,511,200	-5,343,616	5						
	d Net gain or (loss) .		•	1	-1,832,41	.6				-1,832,416
Other Revenue	8a Gross income from for (not including \$ contributions reported See Part IV, line 18	of ed on line 1c) a								
œ	b Less direct expense									
hei	c Net income or (loss) 9a Gross income from g	_	vents •	1						
ŏ	See Part IV, line 19									
		a								
	b Less direct expense	s b								
	c Net income or (loss)		ties							
	10aGross sales of invent returns and allowand	ces	214,017							
	b Less cost of goods s	sold b		⊣						
	C Net income or (loss) Miscellaneous		Business Code		193,75	00				193,755
	11a	Kevenue	Business Code	1						
	b			-						
								<u>L</u>		
	С									
	d All other revenue .		 						\longrightarrow	
	e Total. Add lines 11a		•	1						
	12 Total revenue. See	instructions	<u> </u>		96,936,52	28	92,941,383	:	0	-1,603,035
										Form 990 (2018)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	inizations must comm	lete column (A)	
Check if Schedule O contains a response or note to any	_	·	nete column (A)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		expenses	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,655,795	3,011,111	621,731	22,953
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	21,995,654	19,045,040	2,645,766	304,848
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	340,395		340,395	
9 Other employee benefits	2,840,596	2,136,254	677,299	27,043
10 Payroll taxes	1,676,685	1,320,837	331,773	24,075
11 Fees for services (non-employees)			·	· ·
a Management	52,430		52,430	
	285,076	7,425	277,651	
b Legal	· · ·	7,423		
c Accounting	100,097		100,097	
d Lobbying	90,000		90,000	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,154,063	4,195,092	1,958,696	275
12 Advertising and promotion	6,544,662	6,370,221	4,176	170,265
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	684,181	545,877	131,799	6,505
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .		,	· · · · · · · · · · · · · · · · · · ·	<u> </u>
19 Conferences, conventions, and meetings				
20 Interest	2,494,167		2,494,167	
21 Payments to affiliates			· ·	
22 Depreciation, depletion, and amortization	18,502,205	16,969,061	1,533,144	
23 Insurance	1,228,407	31,117	1,197,290	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	1,220,107	31,117	2,277,230	
a UTILITIES & TELEPHONE	6,995,076	6,501,422	493,654	
b REPAIRS & MAINTENANCE	5,773,120	4,973,017	800,103	
c SUPPLIES & MATERIALS	4,257,404	4,133,296	123,532	576
d COLLECTION ACCESSIONS	4,086,715	4,086,715		
e All other expenses	6,686,768	4,462,291	2,188,046	36,431
25 Total functional expenses. Add lines 1 through 24e	94,443,496	77,788,776	16,061,749	592,971
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2018)

Form 990 (2018)

31

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33 34

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	13,614,723	2	13,848,253
3	Pledges and grants receivable, net	11,666,491	3	10,984,267
4	Accounts receivable, net	2,071,342	4	2,282,813
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete		6	

	6	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations. Part II of Schedule L		6			
ets	7	Notes and loans receivable, net	•			7	
Assets	8	Inventories for sale or use				8	
۹	9	Prepaid expenses and deferred charges			1,763,280	9	1,540,605
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	596,965,362			
	b	Less accumulated depreciation	10b	206,045,231	382,806,135	10c	390,920,131
	11	Investments—publicly traded securities .			0	11	30,000
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible accets				14	

9	Prepaid expenses and deferred charges	1,763,280	9	1,540,605		
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	596,965,362			
b	Less accumulated depreciation	10b	206,045,231	382,806,135	10 c	390,920,131
11	Investments—publicly traded securities .			0	11	30,000
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			31,357,625	15	5,810,329
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	443,279,596	16	425,416,398
17	Accounts payable and accrued expenses			7,436,042	17	13,200,827
18	Grants payable				18	
19	Deferred revenue			13,810,795	19	12,296,393
20	Tax-exempt bond liabilities			30,946,000	20	28,884,000

	11	Investments—publicly traded securities .	0	11	30,000
	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	31,357,625	15	5,810,329
	16	Total assets.Add lines 1 through 15 (must equal line 34)	443,279,596	16	425,416,398
	17	Accounts payable and accrued expenses	7,436,042	17	13,200,827
	18	Grants payable		18	
	19	Deferred revenue	13,810,795	19	12,296,393
	20	Tax-exempt bond liabilities	30,946,000	20	28,884,000
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge		persons Complete Part II of Schedule L		22	
Γ	23	Secured mortgages and notes payable to unrelated third parties	35,010,008	23	4,230,405
	- 4				

	10	Total assets. Add lines I through 15 (must equal line 54)	1 443,273,330	10	425,410,530
	17	Accounts payable and accrued expenses	7,436,042	17	13,200,827
	18	Grants payable		18	
	19	Deferred revenue	13,810,795	19	12,296,393
	20	Tax-exempt bond liabilities	30,946,000	20	28,884,000
Ś	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
.iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qej		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	35,010,008	23	4,230,405
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	630,144	25	8,865,118

87,832,989 67.476.743 26 Total liabilities. Add lines 17 through 25 . . 26

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.

Unrestricted net assets 330.896.607 27 27

357.939.655 28 Temporarily restricted net assets 28

Net Assets or Fund Balances 29 Permanently restricted net assets 24,550,000 29

Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 30

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34

357,939,655

425,416,398

Form **990** (2018)

355,446,607

443,279,596

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

No

Form 990 (2018)

3b

Additional Data

Software Version:

EIN: 58-2574918 Name: GEORGIA AQUARIUM INC & SUBSIDIARY

Software ID:

Form 990 (2018)

Form 990, Part III, Line 4a:

ACTIVITIES IN CONNECTION WITH OPERATING A WORLD-CLASS AQUARIUM FOR THE BENEFIT OF THE GENERAL PUBLIC

Form 990, Part III, Line 4b: OPERATION OF MARINELAND DOLPHIN ADVENTURE IN ST. AUGUSTINE, FL AS AN ENTERTAINMENT, PUBLIC EDUCATIONAL AND CONSERVATION FACILITY

Form 990, Part III, Line 4c: OPERATION OF A DOLPHIN CONSERVATION FIELD STATION WHICH PROMOTES THE STUDY, RESCUE, TREATMENT AND REHABILITATION OF MARINE MAMMALS. ESPECIALLY SMALL WHALES AND DOLPHINS (CETACEANS)

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

	any hours	and	a dir	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
BERNIE MARCUS DIRECTOR/CHAIRMAN EMERITUS	10 00	×		×				0	0	0
MICHAEL A LEVEN DIRECTOR, CHAIRMAN & CEO	1 00	х		х				0	0	0
TIMOTHY J PAKENHAM DIRECTOR/VICE-CHAIRMAN/SEC	1 00	x		х				0	0	0
JAMES S GRIEN	1 00	х		х				0	0	0

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TIMOTHY J PAKENHAM
DIRECTOR/VICE-CHAIRMAN/SEC
JAMES S GRIEN
DIRECTOR/TREASURER
SHEILA ALLEN DVM MS

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DAN CATHY

DIRECTOR

DIRECTOR

MICHAEL COLES

FRANCIS S BLAKE

MARGARET L CALLIHAN

ANN-MARIE CAMPBELL

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation

	any hours and a director/trustee)							organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
AD CORRELL	1 00	х						0	0	0	
DIRECTOR		,						Ĭ	,		
JOHN DWYER	1 00	×						0	0	0	
DIRECTOR		^						Ĭ	3	, , , , , , , , , , , , , , , , , , ,	
PHIL JACOBS	1 00	x						0	0	0	
DIRECTOR											
JAMES F JACOBY	1 00	l							0		

0

0

0

JOHN DWYER DIRECTOR	1 00	×			0	
PHIL JACOBS	1 00	х			0	
DIRECTOR						
JAMES F JACOBY	1 00	×			0	
DIRECTOR		, ,				
JAMES Y KERR II	1 00					

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and Independent Contractors

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

BILLI MARCUS

MICHAEL A MORRIS

KIRK KINSELL

STEVEN RICHARD KOONIN

CONRAD C LAUTENBACHER JR PHD

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable compensation hours per than one box, unless compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations from the

	ally flours	l and	ı a uli	ecti	ון עו	ustee	,	Organization	organizations	l lioni the .
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
VERNON NAGEL DIRECTOR	1 00	x						0	0	C
GARY PEACOCK JR DIRECTOR	1 00	x						0	0	C
RAY M ROBINSON DIRECTOR	1 00	x						0	0	C
FREDERICK S SLAGLE DIRECTOR	1 00	×						0	0	C

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378,693

461,726

327,356

311,206

26,856

20,958

25,486

24,548

0

1 00

40 00

40 00

40 00

40 00

DIRECTOR DEREK V SMITH

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DIRECTOR

DIRECTOR

KATHLEEN WALTERS

PRESIDENT/COO/DIRECTOR

SVP/CHIEF VETERINARY OFFCR

SVP/CHIEF MARKETING OFFICE

SVP & SPECIAL ADVISOR TO CEO

TIMOTHY J MULLICAN DVM

JOSEPH J HANDY

GREG D BOSSART

MARTIN GRAY

and Independent Contractors

1 00

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours organization organizations from the

and Independent Contractors

ERIC GAGLIONE

GARY PINKS

VP & GEN MGR MDA

WILLIAM S RAMSEY

VP, GROUP SALES

ANTHONY RIVIERA

PATRICK D STARNES

VP, ZOOLOGICAL OPERATIONS

VP, GUEST SERVICES & HOSPI

VP, FACILITY OPERATIONS

	,				,			(11) 2 (1000	(14/ 2/1000	organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations
CHRISTINA D ROBINSON SVP/CFO/CONTROLLER	40 00			x				205,176	0	21,113
BRIAN L DAVIS PHD EVP OPERATIONS	40 00			х				159,932	0	13,746
ERIC A HALL LEFT 2018 SENIOR DIRECTOR LIFE SUPPORT SYSTEMS	40 00				x			168,557	0	12,413
DEBBIE CAMPBELL	40 00				х			206,480	0	20,310

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165,516

167,823

151,538

192,727

194,579

4,528

17,061

9,381

9,644

14,057

24,727

0

			ΙxΙ			159,932	l c
EVP OPERATIONS						103,302	
ERIC A HALL LEFT 2018	40 00						
SENIOR DIRECTOR LIFE SUPPORT SYSTEMS	••••••			X		168,557	0
DEBBIE CAMPBELL	40 00			>		205 400	
VP, MARKETING & COMMUNICAT				X		206,480	U
BEACH M CLARK LEFT 2018	40 00					150 515	
VP, DATA SCI/AQ TECHOLOGY				X		159,615	O

40 00

40 00

40 00

40 00

40 00

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and Independent Contractors (A) (B) (C) Name and Title Position (do not check more Average than one box, unless

CAMILLE A HANNANS

RENEE H SKINNER

VP, HUMAN RESOURCES

DIRECTOR ACCOUNTING

hours per

	week (list any hours	and				office ustee		from the organization	from related organizations	compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHN WALKER SR MGR GROUP SALES	40 00				×			150,287	0	9,756
DENNIS R CHRISTEN SR DIRECTOR MAMMALS & BIRDS	40 00					х		121,469	0	17,409
TONYA M CLAUSS SR DIRECTOR ANIMAL HEALTH	40 00					х		137,348	0	10,243
ALISTAIR DOVE VP, RESEARCH & CONSERVATION	40 00					x		144,887	0	17,841

40 00

40 00

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

(D)

Reportable

compensation

149.872

133,767

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(E)

Reportable

compensation

(F)

Estimated

amount of other

13,769

9,373

efile	GR/	APHIC pri	nt - DO NOT	PROCESS	As Filed Data -			DLN: 9	3493319023169
SCF	IED	ULE A		Dublic (Charity Statu	e and Dul	hlic Supp	ort	OMB No 1545-0047
	m 990		1		ganization is a sect				2018
90E	Z)		_		4947(a)(1) nonexe	mpt charitable	trust.		2010
Denarti	nent of	the Treasury		► Go to	► Attach to Form ! www.irs.gov/Form!				Open to Public
nterna	Reven	ne Service ne organiza	tion					Employer identific	Inspection
		JARIUM INC &						' '	ation number
Pai	+ T	Poscon	for Bublic Ch	arity State	ıs (All organization	s must comple	to this part \	58-2574918	
					it is (For lines 1 thro			see mstructions.	
1			•		sociation of churches		•	(A)(i).	
2		•		·	1)(A)(ii). (Attach Sch				
_						,			
3		·		•	rice organization desc			-	
4		name, city,	and state		ed in conjunction with				
5		_	ation operated f (iv). (Complete		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	state, or local go	vernment or	governmental unit de	scribed in sectio	on 170(b)(1)(<i>t</i>	\)(v).	
7			ation that norma 70(b)(1)(A)(vi		a substantial part of it Part II)	s support from a	governmental u	ınıt or from the gener	al public described in
8		A commun	ty trust describ	ed in section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					scribed in 170(b)(1) se instructions Enter				ege or university or a
LO	✓	from activition	ties related to it : income and un	s exempt fun related busin	(1) more than 331/39 ctions—subject to cer ess taxable income (le mplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its si	pport from gross
1	П				exclusively to test fo	r public safety S	see section 509	(a)(4).	
.2		more publi	cly supported or	ganızatıons d	exclusively for the beliescribed in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
_			-		the type of supporting	-	•		
а	Ш	organizatio		to regularly a	ated, supervised, or coposition or elect a major				
b		manageme		rtıng organıza	ervised or controlled into the sar				
С		Type III f	unctionally int	egrated. A s	upporting organizatio ons) You must com				ted with, its
d		Type III n	on-functional	l y integrated e organization	d. A supporting organic generally must satis t IV, Sections A and	zation operated fy a distribution	in connection wi	th its supported organ	
e		Check this	box if the organ	ization receiv	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally
£					integrated supporting	organization			
f			of supported o	_		,			
g		de the follow lame of supp		(ii) EIN	<pre>pported organization((iii) Type of</pre>		anızatıon lısted	(v) Amount of	(vi) Amount of
	(.,	organization		(,	organization (described on lines 1- 10 above (see instructions))		ing document?	monetary support (see instructions)	other support (see instructions)
						Yes	No		
_									
Total					structions for	Cat No 11285		 Schedule A (Form 9	

	(Complete only if you che						fy under Part
_	III. If the organization fa	ils to quality ur	ider the tests iis	ted below, pleas	se complete Par	t III.)	
3	ection A. Public Support			1		I	
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
5	Public support. Subtract line 5 from						
	line 4						
S	ection B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
_	(or fiscal year beginning in) ▶	(,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(-,	(-)	(-7	(-,
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI)						
11							
	10						
12	Gross receipts from related activities, e	tc (see instructi	ons)	•		12	
	First five years. If the Form 990 is for			ard fourth or fifth	tay year as a sec	tion 501(c)(3) ora	anization
	-	=			•		_
	check this box and stop here					<u> ▶ ∟</u>	
	ection C. Computation of Public						
14	Public support percentage for 2018 (lin	e 6, column (f) d	ivided by line 11,	column (f))		14	
15	Public support percentage for 2017 Sch	edule A, Part II,	line 14			15	
16a	33 1/3% support test—2018. If the	organızatıon dıd	not check the box	on line 13, and lin	e 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif	ies as a publicly	supported organiz	ation			ightharpoons
b	33 1/3% support test—2017. If the	e organization did	not check a box o	on line 13 or 16a, a	and line 15 is 33 i	/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pul	olicly supported or	ganızatıon			▶ □
1 7 a	10%-facts-and-circumstances test	-2018. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b	, and line 14	
_,,	is 10% or more, and if the organization						
	in Part VI how the organization meets t						
	organization			-	·	• •	►□
1-	10%-facts-and-circumstances tes	t_2017 If the o	raanization did no	t check a hov on li	ne 13 16a 16b 4	or 17a and line	
0	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization						
	,						►□
	supported organization						- □

20

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

	(Complete only if you the organization fails t						r Part II. If
Se	ection A. Public Support Calendar year	(-) 2014	(h) 2015	(-) 2016	(4) 2017	(-) 2010	(6) T-4-1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	11,359,894	8,213,113	7,565,292	5,622,256	5,598,180	38,358,735
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	72,746,080	76,893,680	85,738,850	88,140,378	92,941,383	416,460,371
_	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	84,105,974	85,106,793	93,304,142	93,762,634	98,539,563	454,819,106
	Amounts included on lines 1, 2, and 3 received from disqualified persons	3,205,125					3,205,125
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b	3,205,125					3,205,125
8	Public support. (Subtract line 7c from line 6)	. ,					451,613,981
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	(or fiscal year beginning in) ► Amounts from line 6	84,105,974	85,106,793	93,304,142	93,762,634	98,539,563	454,819,106
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	24,853	54,394	40,295	44,335	35,626	199,503
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	24,853	54,394	40,295	44,335	35,626	199,503
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	84,130,827	85,161,187	93,344,437	93,806,969	98,575,189	455,018,609
14	First five years. If the Form 990 is f	or the organization	's first, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) or	ganization,
	check this box and stop here						<u>▶⊔</u>
	ection C. Computation of Public			1 (6)		1 1	
15	Public support percentage for 2018 (I		•	column (f))		15	99 250 %
16	Public support percentage from 2017	<u> </u>	•			16	99 230 %
	ection D. Computation of Inves			15 1 (6)			
17	Investment income percentage for 20	,	• • • • • •	ine 13, column (f))	17	0 040 %
18	Investment income percentage from			line 4.4 1.1	. 15 W.	18	0 040 %
	331/3% support tests—2018. If the more than 33 1/3%, check this box and 33 1/3% support tests—2017. If t	d stop here. The or he organization did	rganization qualific not check a box o	es as a publicly su on line 14 or line 1	pported organizati 9a, and line 16 is	on more than 33 1/3	► ✓ % and line 18 is
	not more than 33 1/3%, check this bo	ny and ston here	The organization o	malifies as a public	cly supported orga	anization	ightharpoonup

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

ightharpoons

Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Schedule A (Form 990 or 990-EZ) 2018

answer line 10b below

the organization had excess business holdings)

2

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents?

If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections

501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
	-			
S	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		162	140
•	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
_	ection E. Type III Functionally-Integrated Supporting Organizations			Щ
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ions)		
-	The organization satisfied the Activities Test. Complete line 2 below	0113,		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)	
2	Activities Test Answer (a) and (b) below.	1	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

instructions)

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

Page **6**

a Applied to underdistributions of prior years

b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract

lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines

31 and 4c 8 Breakdown of line 7 a Excess from 2014.

Schedule A (Form 990 or 990-EZ) (2018)

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Additional Data

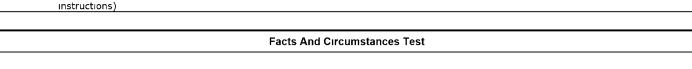
Software ID: Software Version:

EIN: 58-2574918

Name: CEORCIA AC

Name: GEORGIA AQUARIUM INC & SUBSIDIARY

Schedule A ((Form 990 or 990-EZ) 2018 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)



Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493319023169

Open to Public Inspection

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

SCHEDULE C (Form 990 or 990-

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** GEORGIA AQUARIUM INC & SUBSIDIARY 58-2574918 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? 4a ☐ No ☐ Yes If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

fund or a political action committe	ee (PAC) If additional space is needed, p	provide informatio	n in Part IV	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (Form 990 or 990-EZ) 2018

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

Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Mailings to members, legislators, or the public?

Publications, or published or broadcast statements?

1

c d

2

b

c Total

3

4

5

Part IV

Current vear

Carryover from last year

expenditure next year?

(b)

Amount

(a)

No

No

No

No

No

No

Yes

Grants to other organizations for lobbying purposes? Nο Direct contact with legislators, their staffs, government officials, or a legislative body? No Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? Yes 90,000 i Total Add lines 1c through 1i 90,000 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1

expenses for which the section 527(f) tax was paid).

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Return Reference

PART II-B, LINE 1

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Explanation THE AQUARUIM PAYS A RETAINER TO A LAW FIRM WITH OFFICES IN ATLANTA AND WASHINGTON, DC FOR "STATE AND GOVERNMENTAL AFFAIRS" REPRESENTATION IN GEORGIA AS WELL AS NATIONALLY THAT

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

INCLUDES LOBBYING EFFORTS RELATED TO THE EXEMPT PURPOSE OF THE AQUARIUM Schedule C (Form 990 or 990EZ) 2018

2a

2b

2c

3

4 5 efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. DLN: 93493319023169 OMB No 1545-0047

Open to Public Inspection

	IME OF THE ORGANIZATION ORGIA AQUARIUM INC & SUBSIDIARY				Emp	loyer identific	cation	number
	•					574918		
Pa	Organizations Maintaining Donor Advi Complete of the organization answered "Ye	ised Funds or es" on Form 990	Other O, Part	Similar Fund IV, line 6.	s or Acc	ounts.		
	·			sed funds		(b)Funds and	other a	ccounts
	Total number at end of year							
	Aggregate value of contributions to (during year)							
ł	Aggregate value of grants from (during year)							
	Aggregate value at end of year							
i	Did the organization inform all donors and donor advisorganization's property, subject to the organization's ex			ets held in dono	r advised f	unds are the		Yes 🗆 No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?						_	Yes 🗆 No
Pa	rt II Conservation Easements. Complete if the	he organization	answe	red "Yes" on F	orm 990	, Part IV, line		165 🗀 110
	Purpose(s) of conservation easements held by the orga					,		
	Preservation of land for public use (e.g., recreation	·			f an histor	ically important	· land a	rea
	Protection of natural habitat		\Box			d historic struct		
				rieservation o	i a cercine	a mstoric struct	.ure	
	☐ Preservation of open space							
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conserv	ation co	ntribution in the	form of a	conservation Held at the	Endo	f the Venu
а	Total number of conservation easements				2a	neid at the	Ena o	the Year
b	Total acreage restricted by conservation easements				2b			
c	Number of conservation easements on a certified histori	ic structure includ	led in (a)	2c			
d	Number of conservation easements included in (c) acquistructure listed in the National Register		,	•	2d			
l	Number of conservation easements modified, transferre tax year ▶	ed, released, extir	nguished	, or terminated	by the org	ganızatıon durır	ng the	
	Number of states where property subject to conservation	on easement is lo	cated ►			_		
i	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		orıng, ın	spection, handli	ing of viola	ations,	Yes	□ No
,	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of	violatio	ns, and enforcin	g conserva	ation easement	s durın	g the year
ı	Amount of expenses incurred in monitoring, inspecting, \$ \(\)	, handling of viola	tions, ar	nd enforcing cor	servation	easements dur	ing the	year
	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(II)^2$) above satisfy the	e require	ements of sectio	n 170(h)(4)(B)(ı)	Yes	□ No
l	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the o						
ar	Organizations Maintaining Collections Complete of the organization answered "Ye	of Art, Histor			Other Si	milar Assets	•	
a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition,	, educat	on, or research	ın further	it and balance s ance of public s	sheet w ervice,	orks of
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items							
((i) Revenue included on Form 990, Part VIII, line 1					▶ \$		
	ii)Assets included in Form 990, Part X					► \$		
٠,٠	If the organization received or held works of art, historic following amounts required to be reported under SFAS				financial g	· · ·		
а	Revenue included on Form 990, Part VIII, line 1		g cc			▶ \$		
	Assets included in Form 990, Part X					► \$		
_	, 100010 included in Form 550, Fare A					F +		

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal Tı	reası	ıres, or	Other	Similar A	ssets (continued)	
3		g the organization's acq s (check all that apply)	uisition, accession	n, and other	records,	check a	any of	the fo	llowing t	hat are a	significant	use of its	collection	
а		Public exhibition				d		Loan	or excha	nge prog	grams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	e generations											
4	Provi Part	ide a description of the XIII	organızatıon's col	lections and	l explain h	now the	ey furth	ner the	e organız	ation's e	xempt purpo	ose in		
5		ng the year, did the org ts to be sold to raise fur									nılar	☐ Ye	s 🗆 N	lo
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Forr	n 990	, Part	IV, lı	ne 9, or	reporte	ed an amou	unt on f	orm 990,	Part
1a		e organization an agent ded on Form 990, Part I		an or other	ıntermedi	ary for	contril	bution	s or othe	er assets	not	☐ Ye	s 🗆 N	lo
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the fol	lowing	table		[Δ	mount		_
c		nning balance	ement in rait XIII	and comple	ete tile ioi	lowing	table		ŀ	1c				_
d	_	tions during the year							ŀ	1d				_
е		ibutions during the year	-						ŀ	1e				_
f		ng balance							ŀ	1f				_
		-		000 0										
2a		the organization include											s LIN	lo
		es," explain the arrange												
Pa	rt V	Endowment Fund	as. Complete if	tne organ (a)Currer			rior yea		n Form ' (c)Two ye				(e)Four yea	re back
1a	Beginn	ning of year balance .		(a)currer	it year	(0)-	погуеа	' 	(C) I WO ye	ars Dack	(d) Tillee ye	ars back	(e) our yea	15 Dack
	-	butions												
		vestment earnings, gair	ns. and losses											
		s or scholarships												
	Other	expenditures for facilitie												
f	Admin	nistrative expenses .												
g	End of	f year balance												
2	Provi	ide the estimated perce	ntage of the curre	nt year end	balance	(line 1	g, colu	mn (a)) held a:	s	,	•		
а		d designated or quasi-e												
Ь	Perm	nanent endowment 🕨												
С	Temp	porarily restricted endov	wment ▶											
	The p	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%									
3a		there endowment funds nization by	not in the posses	sion of the	organızatı	on that	are h	eld an	d admını	stered fo	r the		Yes	No
	(i) u	inrelated organizations					•					<u> </u>	a(i)	
	• •	related organizations .											a(ii)	
Д 4		es" on 3a(11), are the rel cribe in Part XIII the inte	-		•			•				. L	3b	<u> </u>
					ii s endow	/IIIeIIc I	unus							
. (-)	rt VI	Land, Buildings, Complete if the ord			" on Forr	n 990	, Part	IV, lı	ne 11a.	See Fo	rm 990. Pa	art X, lır	ne 10.	
	Descr	ription of property	(a) Cost or oth (investme	er basis	(b) Cost						depreciation		d) Book valu	ie
1a	Land						47.48	37,150					4	7,487,150
		ngs						22,549			114,583,385			6,739,164
		hold improvements					-	_,_ ,_			,,000			
		ment					132,85	58,234			91,461,846		4	1,396,388
•	-4a.b.		l		I		_,		1		, -,	İ		. ,

25,297,429

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

25,297,429

390,920,131

art VII Investments—Other Securities. Complete if the org			
(a) Description of security or category (including name of security)	(b) Book		thod of valuation -of-year market value
) Financial derivatives	value .		
) Closely-held equity interests			
	_		
al. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
rt VIII Investments—Program Related.	000 Dowt IV lun	- 11a Cao Farm 00	O Dowl V June 12
Complete if the organization answered 'Yes' on Form (a) Description of investment	(b) Book value	(c) Me	thod of valuation
		Cost or end	-of-year market value
() ()			
)			
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes'	on Form 990, Part	: IV, line 11d See For	
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 990, Part	: IV, line 11d See For	m 990, Part X, line 15 (b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 990, Part	: IV, line 11d See For	
on tal. (Column (b) must equal Form 990, Part X, col (B) line 13) The art IX Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 990, Part	: IV, line 11d See For	
(a) Description	on Form 990, Part	: IV, line 11d See Fori	
al. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 990, Part	: IV, line 11d See For	
al. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 990, Part	: IV, line 11d See For	
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Tal. (Column (b) must equal Form 990, Part X, col (B) line 13) Tart IX Other Assets. Complete if the organization answered 'Yes' (a) Description		IV, line 11d See For	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes' (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description			(b) Book value
Tal. (Column (b) must equal Form 990, Part X, col (B) line 13) Tart IX Other Assets. Complete if the organization answered 'Yes' (a) Description (b) Must equal Form 990, Part X, col (B) line 13)	red 'Yes' on Form		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) (a) Description (b) Description (c) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) (c) Part X Other Liabilities. Complete if the organization answers See Form 990, Part X, line 25. (a) Description of liability	red 'Yes' on Form		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' (a) Description tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability Federal income taxes PITAL LEASE LIABILITY	red 'Yes' on Form		(b) Book value
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al. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes' (a) Description tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability Federal income taxes PITAL LEASE LIABILITY E TO GAI FOUNDATION, INC TEREST RATE SWAP OBLIGATION	red 'Yes' on For		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes' (a) Description tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability Federal income taxes PITAL LEASE LIABILITY E TO GAI FOUNDATION, INC	red 'Yes' on For		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes' (a) Description tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability Federal income taxes PITAL LEASE LIABILITY E TO GAI FOUNDATION, INC FEREST RATE SWAP OBLIGATION	red 'Yes' on For		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' (a) Description tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability Federal income taxes PITAL LEASE LIABILITY The TO GAI FOUNDATION, INC TEREST RATE SWAP OBLIGATION	red 'Yes' on For		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes' (a) Description tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability Federal income taxes PITAL LEASE LIABILITY E TO GAI FOUNDATION, INC TEREST RATE SWAP OBLIGATION	red 'Yes' on For		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes' (a) Description (b) Description (c) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability Federal income taxes PITAL LEASE LIABILITY IE TO GAI FOUNDATION, INC TEREST RATE SWAP OBLIGATION	red 'Yes' on For		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) art IX Other Assets. Complete if the organization answered 'Yes' (a) Description tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability Federal income taxes PITAL LEASE LIABILITY E TO GAI FOUNDATION, INC TEREST RATE SWAP OBLIGATION	red 'Yes' on For		(b) Book value

Schedule D (Form 990) 2018

Page 4

L	rotal revenue, gains, and other si	upport per audited financial statements .		+	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on i	nvestments	2a		
b	Donated services and use of facili	ties	2b		
c	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII) .		2d		
e	Add lines 2a through 2d			2e	
3	Subtract line $\mathbf{2e}$ from line 1 .			3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII) .		4b		
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12)	5	
Par		penses per Audited Financial Staten zation answered 'Yes' on Form 990, Par	• • • • • • • • • • • • • • • • • • •	er Return.	
L	Total expenses and losses per au	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25			
а	Donated services and use of facili	ties	2a		
b	Prior year adjustments		2b		
c	Other losses		2c		
d	Other (Describe in Part XIII) .		2d		
e	Add lines 2a through 2d			2e	
3	Subtract line $\mathbf{2e}$ from line 1 .			3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b 🔒 🔒	4a		
b	Other (Describe in Part XIII) .		4b		
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4	1c. (This must equal Form 990, Part I, line 18	3)	5	
Pai	t XIIII Supplemental Info	rmation			
		art II, lines 3, 5, and 9, Part III, lines 1a and s 2d and 4b Also complete this part to provid		art V, line 4, Part	X, line 2, Part
	Return Reference		Explanation		
ee A	Addıtıonal Data Table				

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software Version: EIN:

NANCIAL STATEMENTS "

Name: GEORGIA AQUARIUM INC & SUBSIDIARY

58-2574918

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Supplemental Information

Return Reference Explanation PART X, LINE 2 AUDIT NOTE, INCOME TAXES "GAAP PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD B

Software ID:

PART X, LINE 2

AUDIT NOTE, INCOME TAXES "GAAP PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD B
E RECOGNIZED, MEASURED, PRESENTED, AND DISCLOSED IN THE ORGANIZATION'S FINANCIAL STATEMENT
S THE ORGANIZATION'S MANAGEMENT HAS EVALUATED THE IMPLICATIONS OF THESE STANDARDS AND HAS
NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS FOR THE ORGANIZATION, THEREFORE, NO TAX EXPENS
E OR ACCRUALS FOR UNCERTAIN TAX POSITIONS ARE INCLUDED IN THE ACCOMPANYING CONSOLIDATED FI

Supplemental Information	
Return Reference	Explanation
FORM 990, SCHEDULE D, PART XI & XII	PART XI & XII ARE NOT REQUIRED THE GEORGIA AQUARIUM, INC AUDIT IS A CONSOLIDATED AUDIT I NCLUDING BOTH (I) THE GEORGIA AQUARIUM, INC AND ITS DISREGARDED ENTITY SUBSIDIARIES LISTE D ON SCHEDULE R AND (II) THE GEORGIA AQUARIUM FOUNDATION, INC , A SEPARATE 501(C)(3) ENTIT Y

efil	e GRAPHIC pi	rint - DO NOT PROCESS As File	d Dat	ta -	DLN: 934	19331	9023	169
	nedule J	Comper	ısat	ion Information	00	1B No	1545-0	0047
•	n 990) tment of the Treasury	Con ► Complete if the organization ►	ipens i ansv Attacl	Trustees, Key Employees, and Hig ated Employees wered "Yes" on Form 990, Part IV h to Form 990. r instructions and the latest inforr	, line 23.		1{ to Pul	
	al Revenue Service						ectio	n
	me of the organiza RGIA AQUARIUM IN				Employer identificat	ion nu	ımber	
					58-2574918			
Pa	rt I Questi	ons Regarding Compensation						
1a		opiate box(es) if the organization provided ection A, line 1a Complete Part III to prov					Yes	No_
	_	s or charter travel		Housing allowance or residence for	•			
		companions	님	Payments for business use of perso				
		nification and gross-up payments	H	Health or social club dues or initiati				
	□ Discretion	nary spending account	ш	Personal services (e g , maid, chaut	reur, cner)			
b		xes in line 1a are checked, did the organiz all of the expenses described above? If "No			nent or reimbursement	1b		
2		ation require substantiation prior to reimbi			. 4-3	2		
	directors, truste	ees, officers, including the CEO/Executive I	Jirecto	or, regarding the items checked in line	e Ta,			
3	organization's C	If any, of the following the filing organizat CEO/Executive Director Check all that appled organization to establish compensation	y Do	not check any boxes for methods				
	✓ Compens	ation committee		Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	☐ Form 990	of other organizations	✓	Approval by the board or compensa	ition committee			
4	During the year related organiza	, did any person listed on Form 990, Part aton	VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-control payme	ent?			4a		No
b		r receive payment from, a supplemental n		lified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equity-based	compe	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide t	he ap	plicable amounts for each item in Par	t III			
	Only 501(c)(3	;), 501(c)(4), and 501(c)(29) organiza	ations	must complete lines 5-9				
5	For persons liste	ed on Form 990, Part VII, Section A, line 1 ontingent on the revenues of		•				
а	The organization	n?				5a		No
b	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, line 1 ontingent on the net earnings of	a, dıd	the organization pay or accrue any				
а	The organization	n?				6a	Yes	
b	Any related orga					6b		No
	If "Yes," on line	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A, line 1 escribed in lines 5 and 6 ⁷ If "Yes," describ			d	7		No
8		ints reported on Form 990, Part VII, paid on its contract exception described in Regu			escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow the rebu	uttable	e presumption procedure described in	Regulations section	9		
For I	Danerwork Pedi	uction Act Notice, see the Instructions	for E	orm 990 Cat No. 5	50053T Schedule 1	/Form	990)	2018

For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii). Do not list any individuals that are not listed on Form 99 Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the tot	990, F	Part VII						vidual
(A) Name and Title			kdown of W-2 and/o compensation	or 1099-MISC	(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
	c	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
		!		· · · · · · · · · · · · · · · · · · ·	!		<u></u> '	
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Schedule J (Form 990) 2018	Page 3									
Part III Supplemental Inform	nation									
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information										
Return Reference	Explanation									
PART I, LINE 6	CERTAIN SENIOR LEVEL EMPLOYEES ARE ELIGIBLE TO RECEIVE INCENTIVE COMPENSATION IN AMOUNTS FROM 15% TO 20% OF THEIR SALARY BASED ON									

TARGETED ATTENDENCE AND OPERATING INCOME GOALS SET IN THE BUDGETING PROCESS

1 (Form 990) 2018 Schedule :

Software ID:

Software Version:

EIN: 58-2574918

Name: GEORGIA AQUARIUM INC & SUBSIDIARY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

rom 550, senedale	<u> </u>	oait II - Officers, Di			-			I
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
JOSEPH J HANDY PRESIDENT/COO/DIRECTOR	(1)	313,041	63,612	2,040	8,526	18,330	405,549	0
THESISENT, GOO, SINEGRON	(11)	0	0	0	0	0	0	0
GREG D BOSSART SVP/CHIEF VETERINARY	(1)	394,874	58,875	7,977	3,900	17,058	482,684	0
OFFCR	(11)	0	0	0	0	0	0	0
MARTIN GRAY SVP/CHIEF MARKETING	(1)	272,490	48,731	6,135	12,731	12,755	352,842	0
OFFICE	(11)	0	0	0	0	0	0	0
TIMOTHY J MULLICAN DVM SVP & SPECIAL ADVISOR TO	(1)	258,301	48,039	4,866	14,154	10,394	335,754	0
CEO	(11)	0	0	0	0	0	0	0
CHRISTINA D ROBINSON SVP/CFO/CONTROLLER	(1)	172,703	30,613	1,860	11,449	9,664	226,289	0
	(11)	0	0	0	0	0	0	0
BRIAN L DAVIS PHD EVP OPERATIONS	(1)	159,932	0	0	4,685	9,061	173,678	0
	(11)	0	0	0	0	0	0	0
ERIC A HALL LEFT 2018 SENIOR DIRECTOR LIFE	(1)	144,539	22,401	1,617	3,039	9,374	180,970	0
SUPPORT SYSTEMS	(11)	0	0	0	0	0	0	0
DEBBIE CAMPBELL VP, MARKETING &	(1)	176,273	27,830	2,377	10,604	9,706	226,790	0
CÓMMUNICAT	(11)	0	0	0	0	0	0	0
BEACH M CLARK LEFT 2018 VP, DATA SCI/AQ	(1)	127,249	30,171	2,195	1,619	2,909	164,143	0
TECHOLOGY '	(11)	0	0	0	0	0	0	0
ERIC GAGLIONE VP, ZOOLOGICAL	(1)	143,216	20,276	2,024	4,444	12,617	182,577	0
OPERATIONS	(11)		0	0	0	0	0	0
GARY P INKS VP & GEN MGR MDA	(1)	149,460	0	18,363	4,349	5,032	177,204	0
	(11)	0	0	0	0	0	0	0
WILLIAM S RAMSEY VP, GROUP SALES	(1)	92,098	7,463	51,977	4,192	5,452	161,182	0
	(11)	0	0	0	0	0	0	0
ANTHONY RIVIERA VP, GUEST SERVICES &	(1)	165,090	25,813	1,824	5,013	9,044	206,784	0
HÖSPI	(11)	0	0	0	0	0	0	0
PATRICK D STARNES VP, FACILITY OPERATIONS	(1)	164,427	26,662	3,490	10,159	14,568	219,306	0
	(11)		0	0	0	0	0	0
JOHN WALKER SR MGR GROUP SALES	(1)	56,187	0	94,100	4,577	5,179	160,043	0
	(11)	0	0	0	0	0	0	0
ALISTAIR DOVE VP, RESEARCH &	(1)	123,356	19,879	1,652	3,860	13,981	162,728	0
CONSERVATION	(11)	0	0	0	0	0	0	0
CAMILLE A HANNANS VP, HUMAN RESOURCES	(1)	127,026	21,087	1,759	8,035	5,734	163,641	0
	(11)	0	0	0	0	0	0	0

ef	ile GRAPHIC print - DO NO	PROCESS As	Filed Data -									DLN: 9	349331	902	3169
	te: To capture the full cont	ent of this docum	ent, please select	: landscape mode	(11" x 8.	5") wł	nen p	rinting.							
	hedule K	Sur	pplemental In	formation o	n Tax-F	yem	nt F	Ronds				OMB	No 1545-	0047	
(F	orm 990)		e organization answ				•		criptions,)	018	R	
		•	explanations,	and any additional	information	-			• •						
	artment of the Treasury rnal Revenue Service			Attach to Form 99¢ s.gov/Form990 for		nforma	tion.						en to Pub Inspection		
Nam	ne of the organization	A D.V								Employ	er ident		number		
GEC	DRGIA AQUARIUM INC & SUBSIDIA	AKY								58-257	74918				
Pa	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rice	((f) Description	on of purpose	(g) De	feased	(h) beha		(i) F	
												ISSL		fınan	icing
										Yes	No	Yes	No '	Yes	No
Α	THE ATLANTA DEVELOPMENT AUTHORITY	58-2322663	04780NFZ5	01-29-2009	80,0	00,000			OF AN EXPANSION M'S FACILITIES		Х		X		X
	Actioniti							IL AQUARTO	15 TACILITIES						
Pa	art II Proceeds														
								В		С				<u> </u>	
	Amount of bonds retired					51,116	5,000								
	Amount of bonds legally defeas														
3	Total proceeds of issue					80,000	0,000								
<u> 4</u>	Gross proceeds in reserve fund											_			
5	Capitalized interest from proceed														
<u>6</u> —	Proceeds in refunding escrows														
7	Issuance costs from proceeds . Credit enhancement from proce					552	2,542					_			
8	Working capital expenditures fr														
9	Capital expenditures from proce					70.44									
10	Other spent proceeds			· · ·		79,447	7,458								
11 12	Other unspent proceeds														
13	Year of substantial completion				20	10									
	Tear of Substantial Completion			•	Yes	No	$\overline{}$	Yes	No Y	es	No		Yes		No
14	Were the bonds issued as part	of a current refunding	ıssue ⁷		X	.,,			110					•	
15	Were the bonds issued as part	of an advance refundi	ng issue?			Х									
16	Has the final allocation of proce	eeds been made?			Х										
17	Does the organization maintain proceeds?				×										
Pā	art III Private Business Us						<u> </u>			<u> </u>					
					ı	١		B		C			Г		
					Yes	No	,	Yes	No Y	es	No		Yes	1	No
1	Was the organization a partner financed by tax-exempt bonds?	·				Х									
2	Are there any lease arrangeme property?	nts that may result in	private business use o			×									
Ear	Panerwork Peduction Act Noti				Cat	No 50	11035					hodula	K (Form	000	\ 2018

C

d

6

Part IV

C

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

C

No

Yes

C

No

Yes

Are there any management or service contracts that may result in private business use of If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nongualified bonds of

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

hedge with respect to the bond issue?

Arbitrage

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Α

No

Х

Х

Х

Χ

Χ

Yes

Χ

Α

Nο

Χ

Χ

Χ

Χ

Χ

Yes

В

No

Yes

No

Yes

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

the GIC satisfied?

requirements of section 148? . . .

Return Reference

Yes

Α

No

Explanation

Yes

Х

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

No

Yes

В

No

Yes

No

Yes

No

Page 3

No

D

D

Nο

Yes

Schedule K (Form 990) 2018

Yes

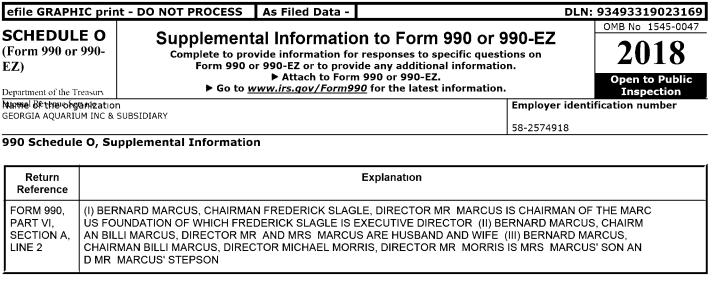
Schedule K (Form 990) 2018

(GIC)?

period?

Part V

Part VI



Return Explanation
Reference

FORM 990,

PART VI,

SECTION B,

LINE 11B

990 Schedule O, Supplemental Information

Return Explanation
Reference

FORM 990, MONITORING IS ACHIEVED THROUGH RELATED PARTY QUESTIONNAIRES THAT EACH BOARD MEMBER AND OFF ICER MUST COMPLETE ANNUALLY AND WHICH ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE BOAR SECTION B, ID OF DIRECTORS

Return Explanation
Reference

FORM 990, PART VI, NIZATIONAL PAY INCREASES AND INDIVIDUAL OFFICER INCREASES ARE REVIEWED AND APPROVED BY THE SECTION B, LEADERSHIP DEVELOPMENT & COMPENSATION COMMITTEE

Return Explanation Reference

FORM 990,	GOVERNING DOCUMENTS AND INTERNAL POLICIES ARE GIVEN TO EMPLOYEES WHEN THEY ARE HIRED BY TH
PART VI,	E ORGANIZATION AND THE POLICIES ARE AVAILABLE WITHIN THE ORGANIZATION'S OFFICE TO THOSE WH
SECTION C,	O FALL UNDER THEIR COVENANTS, BUT AS PROPRIETARY INFORMATION OF THE ORGANIZATION, THEY AND
1 IN IT 40	THE ENAMORAL OTATEMENTO ARE NOT MARE AVAILABLE TO THE CENERAL BURLIO

LINE 19 THE FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, ROUNDING 16 PART XI, LINE 9

Return Explanation

FORM 990, PART XII, INDEED FROM THE PRIOR YEAR

LINE 2C

THE PROCESS BY WHICH THE BOARD CHOOSES AN AUDITOR AND REVIEWS ITS FINANCIALS HAS NOT CHANGED FROMM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** (Form 990)

Department of the Treasury

Name of the organization GEORGIA AQUARIUM INC & SUBSIDIARY

Internal Revenue Service

As Filed Data -

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

DLN: 93493319023169

Open to Public Inspection

Employer identification number

				58-2574918			
Part I Identification of Disregarded Entities Complete If	the organization answere	d "Yes" on Form 9	990, Part IV, line 3	3.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country		(e) End-of-year assets	(f) Direct controlling entity		
(1) AQUARIUM PARKING DECK LLC 225 BAKER STREET NW ATLANTA, GA 30313 58-2574918	PARKING DECK OPERATIONS FOR THE AQUARIUM	GA	5,256,068	27,554,570	NONE		_
(2) DOLPHIN CONSERVATION FIELD STATION LLC 225 BAKER STREET NW ATLANTA, GA 30313 58-2574918	FOR THE STUDY, RESCUE, TREATMENT AND REHABILITATION OF MARINE MAMMALS	GA	0	770,266	NONE		
							_
							_
							-
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Complete if the organi:	zation answered "	Yes" on Form 990,	Part IV, line 34 be	ecause it had one or r	nore	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	
/4ACCORCIA AQUADUM COUNDATION INC	FUNDRAISING FOR THE	<u></u>	E01/C)/2)	LINE 12A I	CEODCIA AQUADIUM INC	Yes	No
(1)GEORGIA AQUARIUM FOUNDATION INC 225 BAKER STREET NW	GEORGIA AQUARIUM	GA	501(C)(3)	LINE 12A, I	GEORGIA AQUARIUM INC	Yes	
ATLANTA, GA 30313 27-4284050							
(2)MARINELAND CONSERVATION FOUNDATION INN 225 BAKER STREET NW	FUNDRAISING FOR THE MARINELAND DOLPHIN ADVENTURE	FL	501(C)(3)	LINE 12A, I	GEORGIA AQUARIUM INC	Yes	
ATLANTA, GA 30313 81-2655897							
or Paperwork Reduction Act Notice, see the Instructions for Form	200	Cat No 50135	v		Schedule R (Form 9	2001 20	110

Part III Identification of Related Organization one or more related organizations treated	ed as a partnership o	during the ta	x year.	e if the org	janization ———	answered	Yes" on Form	1 990,	Part IV	v, line 34 be	ecaus	se it r	ad 		
(a) Name, address, and EIN of related organization			ctivity domicile (state or foreign	Primary Legal activity domicile co (state or foreign	Primary Legal Direct domicile (state or		rrect Predominant trolling income(related,		of Share of end-of-year assets	(h) Disproprtiona allocations		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or aging	(k) Percentage ownership
				514)			Yes	No		Yes	No				
Part IV Identification of Related Organization because it had one or more related organization.							nswered "Yes	" on F	orm 9	90, Part IV,	line	34			
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity (C corp, S corp or trust)			(g) e of end- year assets	of-Percer owner	ntage	(1)	(i) ction 512(b) 3) controlled entity?		
													<u>es 110</u>		

Sched	ule R (Form 990) 2018		Pa	age 3
Par	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 Du	iring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e	Yes	
f	Dividends from related organization(s)	1f		No
	Sale of assets to related organization(s)	1g		No
	Purchase of assets from related organization(s)	1h		No
	Exchange of assets with related organization(s)	1i		No
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
	Other transfer of cash or property from related organization(s)	1s		No

р	Reimbursement paid to related organization(s) for expenses	1 p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
See A	Additional Data Table		
	(a) (b) (c) (d) Name of related organization Transaction type (a-s) (b) (c) (d) Amount involved Method of determining am	ount inv	olved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner	or g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	ı									Schedul	e R (Form	199	0) 2018

Schedule R (Form 990) 2018 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation FORM 990, SCHEDULE R, PART V, GEORGIA AQUARIUM FOUNDATION, INC ACTS AS THE FUNDRAISING ARM OF GEORGIA AQUARIUM, INC GEORGIA AQUARIUM. INC SHARES OFFICE SPACE AND LINES L, N & O OFFICE EQUIPMENT AND EMPLOYEES WITH THE GEORGIA AQUARIUM FOUNDATION, INC. WHICH FILES ITS OWN SEPARATE FORM 990 GEORGIA AQUARIUM, INC 'S EXPENSES TO RUN THE FOUNDATION TOTALED \$592,871 IN ADDITION, THE GEORGIA AQUARIUM FOUNDATION RECEIVED \$740,021 IN NON-CASH SERVICES FROM THE GENERAL PUBLIC WHICH THEY TRANSFERRED TO GEORGIA AQUARIUM, INC.

Schedule R (Form 990) 2018

Additional Data

(1)

(2)

(3)

(4)

(5)

(6)

Software Version:

GEORGIA AQUARIUM FOUNDATION INC

GEORGIA AQUARIUM FOUNDATION INC

GEORGIA AQUARIUM FOUNDATION INC

MARINELAND CONSERVATION FOUNDATION INC

MARINELAND CONSERVATION FOUNDATION INC

MARINELAND CONSERVATION FOUNDATION INC

EIN: 58-2574918 Name: GEORGIA AQUARIUM INC & SUBSIDIARY

Software ID:

Form 990, Schedule R, Part V - Transactions With Related Organizations

	Name of related organization
(1)	GEORGIA AQUARIUM FOUNDATION INC

(b)

Transaction

type(a-s)

Е

Ν

Ν

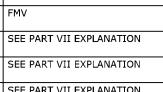
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(c)

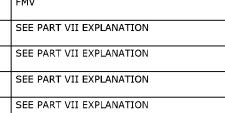
Amount Involved

28,884,000



SEE PART VII EXPLANATION

SEE PART VII EXPLANATION



(d) Method of determining amount involved