

Return of Organization Exempt From Income Tax

2013

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning **2013**, and ending **2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INWATER RESEARCH GROUP INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4160 NE HYLINE DRIVE City or town, state or province, country, and ZIP or foreign postal code JENSEN BEACH, FL 34957-3828	D Employer identification no. [REDACTED] E Telephone number [REDACTED] G Gross receipts \$ 649,667
F Name and address of principal officer: MICHAEL BRESETTE Same as C above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: HTTP://WWW.INWATER.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2001 M State of legal domicile: FL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: IRG'S MISSION IS TO PROVIDE THE SCIENTIFIC COMMUNITY AND THE GENERAL PUBLIC WITH INFORMATION TO PROMOTE CONSERVATION OF COASTAL AND MARINE SPECIES AND THEIR HABITATS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	15
	6	Total number of volunteers (estimate if necessary)	6	15
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	619,105	649,667
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	619,105	649,667
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	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)	378,758	422,858
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	6,585	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	179,310	236,339
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	558,068	659,197
	19	Revenue less expenses. Subtract line 18 from line 12	61,037	(9,530)
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	147,576	170,078
	21	Total liabilities (Part X, line 26)	10,836	42,868
	22	Net assets or fund balances. Subtract line 21 from line 20	136,740	127,210

Part II 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.

Sign Here	MICHAEL BRESETTE Signature of officer	Date
	MICHAEL BRESETTE, PRESIDENT/DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JOSEPH COSTA	Preparer's signature JOSEPH COSTA	Date 08-01-2014	Check <input type="checkbox"/> if self-employed	PTIN P00365490
	Firm's name ▶ JOSEPH COSTA CPA PA	Firm's EIN ▶			
	Firm's address ▶ 308 CHIPPEWA AVENUE Tampa FL 33606	Phone no. 813-966-3974			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.