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Form **990-EZ**

SECRETAIN MAR 1 @ 2011

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

_		ne 2008 calendar year, or tax year beginning NOV 4 , 2008 and er	ding SE	P 30,	2009
В	Check if applicat	please V Walle of Organization		D Employer i	dentification number
	Addre	ss use IRS Northeastern Regional Association of			
	Name	pontor Coastal Ocean Observing Systems	26-4	607435	
Ī	Initia		E Telephone number		
Ē	Term	In- Specific 570 Ocean Boulevard	1 1	603-	319-1785
<u>_</u>	Jation Ame	Illistration	<u> </u>	F Group Exe	
F	Applic Deno) · ·		•	•
<u> </u>			0 1000	Number •	Cash X Accrual
	■ 260	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed. Schedule A (Form 990 or 990-EZ).	1	ting method	Casii _A Accidai
-				specify)	
		he: ▶ neracoos.org	H Check		he organization is not
		printer and the state of the st			lule B (Form 990, 990-EZ, or 990-PF)
	Check		e normally not	more than \$2	25,000 A return is not
		d, but if the organization chooses to file a return, be sure to file a complete return			100 554
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of	Form 990-EZ	<u> </u>	199,554.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances	(See the instru	ictions for Pa	
	1	Contributions, gifts, grants, and similar amounts received		1	193,582.
	2	Program service revenue including government fees and contracts		. 2	5,929.
	3	Membership dues and assessments		3	
	4	Investment income	•	4	
	5a	Gross amount from sale of assets other than inventory . 5a			
	b	Less cost or other basis and sales expenses 5b			
	3	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule))	5c	
ē	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming,			
ē	a	Gross revenue (not including \$ = = 9 2 2011 O of contributions			
Revenue	-	reported on line 1) (6)			
_	ь	Less direct expenses othe r than fundraising expenses 6b			
	6	Net income or (loss) from special counts and activities (Subtract line 6b from line 6a)		6c	
	1 _	Gross sales of inventory, less returns and allowances . 7a			······
	7a	Less cost of goods sold 7b			
	b	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		76	
	8	Other revenue (describe Interest income) 8	43.
				▶ 9	199,554.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) Stmt 4		10	42,431.
	10	Benefits paid to or for members	• •	11	_12/1011
' A	11	Salaries, other compensation, and employee benefits		12	55,718.
Se	12	Professional fees and other payments to independent contractors		13	6,572.
penses	13	• • • • • • • • • • • • • • • • • • • •	••	14	278.
Ä	14	Occupancy, rent, utilities, and maintenance		15	19.
	15	Printing, publications, postage, and shipping Other expenses (describe ► See Stat	ement	1) $\frac{15}{16}$	23,699.
	16		± / 10 17	128,717.	
_	17	Total expenses. Add lines 10 through 16		70,837.	
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	70,037.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		40	0.
Ä		(must agree with end-of-year figure reported on prior year's return)		19	<u> </u>
ž	20	Other changes in net assets or fund balances (attach explanation)	•	20	70,837.
Fin	21	Net assets or fund balances at end of year Combine lines 18 through 20	OO instead of I	▶ 21	10,037.
P	art II				(R) End of year
		<u> </u>) Beginning of		(B) End of year
22		sh, savings, and investments		0 . 22	89,872.
23		ad and buildings Soo Statement 2		0 . 24	7 157
24		er assets (describe See Statement 2)			7,157.
25		al assets		0 . 25	97,029.
20		al liabilities (describe Accrued expenses)		0 . 26	<u>26,192.</u>
833		assets or fund balances (line 27 of column (B) must agree with line 21)		0.27	70,837.
12	2171 17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.		$\Delta \Delta$	Form 990-EZ (2008)

Form **990-EZ** (2008)

Coastal Ocean Observing Systems 26-4607435 Form 990-EZ (2008) Page 2 Part III Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses (Required for 501(c)(3) What is the organization's primary exempt purpose? See Statement 8 and (4) organizations and Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services 4947(a)(1) trusts, optional for others) provided, the number of persons benefited, or other relevant information for each program title See Statement 7 115,173. 28a) If this amount includes foreign grants, check here (Grants \$ 29 29a) If this amount includes foreign grants, check here (Grants \$ 30 30a) If this amount includes foreign grants, check here (Grants \$ 31 Other program services (attach schedule) 31a) If this amount includes foreign grants, check here 115,173. Total program service expenses (add lines 28a through 31a) ▶ 32 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the Instructions for Part IV) (d) Contributions (c) Compensation (b) Title and average hours (e) Expense to employee (a) Name and address per week devoted to (If not paid, enter benefit plans & account and -0-.) other allowances position deferred compensation See Statement 6

Form 990-EZ (2008)

Northeastern Regional Association of

Northeastern Regional Association of

Form 990-EZ (2008) Coastal Ocean Observing Systems

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

Pa	TE Y Other Information (Note the statement requirements in the instructions for Fact 41.)		Yes	No			
99	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	. 63	X			
	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X			
35	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.						
_	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy	Í .	1	Ì			
ă		35a		X			
_	tax requirements?	35b	N/				
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		Х			
	Enter amount or political expenditures, entered of memory as deserved in the memory as a second of memory as a	37b		Х			
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	0.0					
36 a		38a	1	Х			
_	in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule I. Part II and enter the total amount involved	000					
	Tros, compute concentration on the total annual and an an an annual and an	-					
39	Section 501(c)(7) organizations Enter Instruction fees and capital contributions included on line 9 N/A						
	This could be supplied to the	1					
	dross receipts, included on line 5, for public doc or olde identities	┪					
4U a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under Section 4911 ► 0 • Section 4912 ► 0 • Section 4955 ► 0 •						
	300001173117	İ	1	İ			
D	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or	40b		X			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	700		-			
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under						
	sections 4912, 4955, and 4958 Sections 4912, 4955, and 4958 O • O •						
	Cittel amount of tax on line 400 femburson by the organization						
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e	1	Х			
	transaction? If "Yes," complete Form 8886-T	406	l .				
41	List the states with which a copy of this return is filed. ► ME The books are in care of ► J • Ru Morrison Telephone no ► 603-3	19-1	785				
42 a							
	LOCATED AT P 370 000000	0 0 0 7	-				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	X			
	account)?	720	-	 			
	If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	1	X			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S?	766		1			
	If "Yes," enter the name of the foreign country		•	Г			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		_			
	and enter the amount of tax-exempt interest received or accrued during the tax year .	11/ 1.					
			Yes	N,			
	Dut the second s		163	1			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44	1	x			
	Form 990-EZ	44	 	 ^			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	f	1	X			
	completed instead of Form 990-EZ	45	1				

Page 4

<u> </u>	tables for lines 50 and 51.	(-/(-/ 3								
46 D	id the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for public	 :	Ī	'es No				
	ffice? If "Yes," complete Schedule C, Part I		, , , , , , , , , , , , , , , , , , , ,	Γ	46	X				
	id the organization engage in lobbying activities? If "Yes," complete Sci	hedule C. Part II	•	Ϊ Γ	47	X				
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										
49a Did the organization make any transfers to an exempt non-charitable related organization?										
b If "Yes," was the related organization(s) a section 527 organization?										
	omplete this table for the five highest compensated employees (other than	officers directors trustees and	kev emninvees) who	· L.	49b re than	\$100,000				
	of compensation from the organization of there is none, enter "None."				TO CHUIT	4.00,000				
Ī										
				(D) Contributions						
	(a) Name and address of each amployee said more	(b) Title and average hours	(c) Compensation	to employee	(E)	Expense				
	(a) Name and address of each employee paid more than \$100,000	per week devoted to position		benefit plans & deferred	1	ount and allowances				
	NONE	position		compensation	Other	311041411063				
				i	 					
					†					
			2		1					
										
					 					
	<u> </u>	·· ·			├					
				 	ļ					
	sincer or other employees pala ever three, see	>	A100 000 - f		<u> </u>	16.41				
	omplete this table for the five highest compensated independent contracto	ors who each received more than	\$ 100,000 of compe	nsation from the o	rganizai	ion ir there				
IS	none, enter "None "									
	NONE									
	(a) Name and address of each independent contractor paid more	e than \$100,000	(b) Type of ser	vice (c)	Compe	nsation				
										
										
		<u> </u>								
				1						
Total n	umber of other independent contractors each receiving over \$100,000	<u> </u>		1						
	Under penalties of peging, I declare that I have examined this return, including a correct, and compare Declaration of preparer (other than officer) is based on all	accompanying schedules and statemer I information of which preparer has any	its, and to the best of my knowledge	y knowledge and beli	ef, it is tr	ie,				
Sign	Minde lever			2/15/20	!/					
Here	Signature of officer			Date						
	Linda Mercer, Treasurer									
	Type or print name and title									
Paid	Preparer's signature▶	Date Che	ck if self-	parer's Identifying Nu	mber (Se	e instr)				
Prepar	er's AM	01/07/11 emp								
Use On			EIN	>						
	if self-employed). Albert F. Stowe, CFR, If self-employed).		Phon							
	address, and ZIP+4 Portsmouth, NH 03801		no	(603)4	33_	8838				
Marith	e IRS discuss this return with the preparer shown above? See instructions		<u> </u>	(003)±		No				
ITION LIN	2 mg alocado tino letaria mini ma higharat otromit anova, ogo motractiono	·				-EZ (2008)				
				Fι	350	(2000)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Northeastern Regional Association of Coastal Ocean Observing Systems

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

Employer identification number 26-4607435

he organ	nization is not a	private foundation t	pecause it is: (Please che	eck only o	ne organiz	ation.)						
1 🔲	A church, cor	nvention of churches	, or association of churc	ches desci	nbed in se	ction 170	(b)(1)(A)(i)					
2 🔲	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
з 🔲	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
- —	city, and state		•									
5 🔲		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170	section 170(b)(1)(A)(iv). (Complete Part II.)										
6 🔲	A federal, sta	te, or local governme	ent or governmental unit	described	d ın sectio	n 170(b)(1)(A)(v).					
7 🗀	An organization	on that normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desci	ribed in	
	-	b)(1)(A)(vi). (Complet										
8 🖂	•	*	ection 170(b)(1)(A)(vi). (Complete	Part II.)							
9 X			eives: (1) more than 33 1			rom contri	butions. m	nembershii	o fees, a	nd gross rec	eipts fro	m
•			nctions - subject to certa									
			exable income (less sect									
		509(a)(2). (Complete			,,			,				
10 🗀			perated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	I), (see ins	tructions	3		
" =			perated exclusively for th								f one or	
··			itions described in section									
			organization and comple				.,. 000 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,(-,· · · · ·			
			7		e III • Func		enrated		d 🗌	Type III - C	ther	
			t the organization is not					r more disc				
e			han one or more publicly									
									λ(α)(1) Οι	30000011 000	(ω)(Σ).	
f			ten determination from t	ine ino ina	шизату	pe i, Type	ii, or Type	7 111			Γ	_
		rganization, check th			4 _ L 4 a	. f	af tha fall				Ļ	
9	Since August	t 17, 2006, has the d	rganization accepted an	ny giπ or co	ontribution	i irom any	OI (IIO 1011)	owing pers)		Yes N	lo
			rectly controls, either ale	one or tog	etner with	persons c	iescribed i	ın (II) and (I	iii) below		165 1	<u>-</u>
	-	• •	upported organization?					• •		11g(i)		—
		•	described in (i) above?		_					11g(ii)		—
			person described in (i) of							11g(iii)		—
h	Provide the fo	ollowing information	about the organizations	the organ	ization sup	oports.						
			(III) Torre of	<u> </u>		. .						
(i) Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	organization sted in your	(v) Did yot organizat		(vi) is organizatio	on in col 1	(vii) Am		
org	janization		(described on lines 1-9		document?		support?	(i) organiz U S	ed in the l	sup	oort	
			above or IRC section	Yes	No	Yes	No	Yes	No			
		-	(see instructions))	163	140	163		103				—
, 												
	·				<u> </u>					 		
				ļ				ļ				
Total												

Schedule .	A	Form	990	or	990-EZ	2008
	_		~~~	Ο,	<u> </u>	,

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in)▶ **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total (a) 2004 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 - 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) 6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in)▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 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 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 15 % 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Northeastern Regional Association of Schedule A (Form 990 or 990 EZ) 2008 Coastal Ocean Observing Systems 26-4607435 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	<u> </u>					
•	furnished by a governmental unit to						
	the organization without charge					1	
6	Total. Add lines 1 · 5			-			
_	Amounts included on lines 1, 2, and						
,,	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						0.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6						
-	dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>		
11	Add lines 10a and 10b 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						
40	assets (Explain in Part IV.)	,,,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0.
	Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	r the ereconstates	e first second thi	rd fourth or fifth t	ay year as a sect	ion 501(c)(3) organ	
14		me organization	a mai, second, ini	ia, iourni, or mar t	an your as a sect	.c.i co i (c)(o) orgai	► X
	check this box and stop here ction C. Computation of Publ	io Support Do	roontage				
				column (fl)		15	%
	Public support percentage for 2008 (COLUMNIT (1))	•	16	%
	Public support percentage from 2007					110	
	ction D. Computation of Inve					17	%
17	· · · · · · · · · · · · · · · · · · ·				•••••	18	
18					 . 15 io mara than	L	
19	a 33 1/3% support tests - 2008. If the						. I / IS HOL
	more than 33 1/3%, check this box a						ond
(33 1/3% support tests - 2007. If the						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	DOX ON line 14, 19	a, or 19b, check t	nis box and see I	nstructions	

Form 990-EZ	Other Expenses		Statement
Description			Amount
Conferences, conventions Travel and meals Insurance Supplies	s and meetings		4,952 12,054 919 5,774
Total to Form 990-EZ, li	ine 16		23,699
Form 990-EZ	Other Assets		Statement :
Description		Beg. of Year	End of Year
Accounts receivable Prepaid insurance		0.	5,929 1,228
Total to Form 990-EZ, li	ine 24	0.	7,157
	Footnotes		Statement

Amended return reflects adjustments for accruals and prepaids that were not included in the original return.

Page 1 Part I lines 1, 2 and 8 of the 990-EZ changed to reflect proper reporting of revised amounts. Page 1 lines 12,14,16 and 17-21 were adjusted due to the adjustments for accruals, prepaids and depreciation.

Page 1 Part II lines 24-27 adjusted for the changes indicated above.

Page 2 Part III was increased \$13,536 as a result of how the changes above effected program expenses.

Form 990-EZ Cash Grants and Alloc	Cash Grants and Allocations				
Class of Activity/Donee's Name and Address	Donee's Relationship	Amount			
Web development Applied Science Associates 55 Village Square Drive South Kingstown, RI 02879	None	8,497.			
Education and outreach Carla Companion 326 Lilac Lane Dover, NH 03820	None	210.			
Web development Gulf of Maine Ocean Observing System 350 Commerical Street, Suite 308 Portland, ME 04101	None	24,450.			
Energy work group Neal R. Pettigrew PO Box 367 Blue Hill, ME 04614	None	1,274.			
Support Ron Rozsa 210 Amidon Road Ashford, CT 06278	None	8,000.			
Total Included on Form 990-EZ, Line 10		42,431.			

FORM 990-EZ		Information Regarding Transfers Associated with Personal Benefit Contracts	Statemen			nent	t 5	
A)	directly or	ganization, during the year, receive any funds, indirectly, to pay premiums on a personal atract?	[]	Yes	[X]	No	
B)	Did the org	ganization, during the year, pay premiums, indirectly, on a personal benefit contract?.	• []	Yes	[X]	No	

Form 990-EZ	Part IV - List of Trustees and	Officers, Dire Key Employees	ectors,	State	ment 6
Name and Address		Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Cheryl Zimmerman		Secretary 2.00	0.	0.	0.
Linda Mercer		Treasurer 2.00	0.	0.	0.
Peter Smith		Vice Presider 2.00	nt 0.	0.	0.
Malcolm Spaulding		President 2.00	0.	0.	0.
Janet Campbell		Director 1.00	0.	0.	0.
Bruce Carlisle		Director 1.00	0.	0.	0.
John Conway		Director 1.00	0.	0.	0.
John Farrington		Director 1.00	0.	0.	0.
Al Hanson		Director 1.00	0.	0.	0.
Jon Hare		Director 1.00	0.	0.	0.
Peter Jumars		Director 1.00	0.	0.	0.
Larry Madin		Director 1.00	0.	0.	0.
Chris Nash		Director 1.00	0.	0.	0.
Kevin O'Brien		Director 1.00	0.	0.	0.

Northeastern Regional Associati		26-4607435		
James O'Donnell	Director 1.00	0.	0.	0.
Jack Ringelberg	Director 1.00	0.	0.	0.
Michael Szemerda	Director 1.00	0.	0.	0.
Christine Tilburg	Director 1.00	0.	0.	0.
Totals Included on Form 990-EZ, I	Part IV	0.	0.	0.

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Statement

The organization began significant operations in June 2009. From June 2009 through September 2009, the focus of the organization was on developing a plan to deliver priority products and services to stakeholders and users that would be followed by designing the appropriate observing system.

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Statement

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(2) To promote the development, assessment, and dissemination of data and

data products that meet the needs of end users.

⁽¹⁾ To lead the development, implementation, operating, and evaluation of a sustained, regional coastal ocean observing system for the northeast United States and Canadian Maritime provinces, as part of the United States Integrated Ocean Observing System (IOOS).

⁽³⁾ To advocate through education and outreach for the regional, national, and global ocean observing system and the application of scientific assessments using environmental data to meet societal needs.