See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

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 org- anizations 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*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning Oct 1 , 2008, and ending Sep 30 , 2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE OCEANOGRAPHY SOCIETY

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P.O. BOX 1931

City or town, state or country, and ZIP + 4
ROCKVILLE MD 20849

D Employer identification number
52-1563085

E Telephone number
(301) 251-7708

F Group Exemption Number ►

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ►

H Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► WWW.TOS.ORG

J Organization type (check only one) — ☒ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 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 ► $ 457,413.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	329,083.
	2	Program service revenue including government fees and contracts	2	71,294.
	3	Membership dues and assessments	3	54,180.
	4	Investment income	4	1,962.
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	b	Less: direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► MISCELLANEOUS REVENUE)	8	894.
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	457,413.
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	248,136.
	14	Occupancy, rent, utilities, and maintenance	14	5,056.
	15	Printing, publications, postage, and shipping	15	196,798.
	16	Other expenses (describe ► See Other Expenses Statement)	16	20,536.
	17	**Total expenses** (add lines 10 through 16) ►	17	470,526.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-13,113.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	138,014.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	124,901.

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	135,799.	22	114,850.
23	Land and buildings	0.	23	0.
24	Other assets (describe ► See L-24 Stmt)	12,520.	24	84,231.
25	**Total assets**	148,319.	25	199,081.
26	**Total liabilities** (describe ► See L-26 Stmt)	10,305.	26	74,180.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	138,014.	27	124,901.

69 14

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? RESEARCH & EDUCATION

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	PUBLICATION OF OCEANOGRAPHY MAGAZINE (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	28a	375,548.
29	COSTS ASSOCIATED WITH MANAGING THREE AWARD PROGRAMS (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	29a	11,205.
30	EXPENSES RELATED TO OCEAN RESEARCH CONFERENCE (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	30a	38,870.
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	425,623.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
DR. RICHARD SPINRAD 1315 EAST WEST HWY SILVER SPRING MD 20910	PART-YEAR PRESIDENT 1.00	0.	0.	
DR. CAROLYN THOROUGHGOOD 210 HULLIEN HALL NEWARK, DE 19716	PART-YEAR PRESIDENT 1.00	0.	0.	
H. LAWRENCE CLARK 5630 WISCONSIN AVE #1704 CHEVY CHASE MD 20815	PAST PRESIDENT 1.00	0.	0.	
DR. MICHAEL ROMAN 2020 HORN POINT ROAD CAMBRIDGE MD 21613	PRESIDENT-ELECT 1.00	0.	0.	
SUSAN BANAHAN 6052 22ND ST. N ARLINGTON, VA 22205	TREASURER 1.00	0.	0.	
DR. SUSAN COOK 1201 NEW YORK AVE, NW WASHINGTON DC 20005	SECRETARY 1.00	0.	0.	
DR. M SUSAN LOZIER PO BOX 90230 DURHAM NC 27708	COUNCIL 1.00	0.	0.	
DR. GISELE MULLER-PARKER 1900 SHANNON POINT ROAD ANACORTES, WA 98221	COUNCIL 1.00	0.	0.	
DR. MARY JANE PERRY 193 CLARK'S COVE RD WALPOLE, ME 04573	COUNCIL 1.00	0.	0.	
DR. PAUL BISSETT 10500 UNIVERSITY CENTER DR. TAMPA, FL 33612	COUNCIL 1.00	0.	0.	
DR. CLAUDIA BENITEZ-NELSON 700 SUMTER ST EWS 408 COLUMBIA SC 29208	COUNCIL 1.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	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	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____			
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____			
d	Enter amount of tax on line 40c reimbursed by the organization ► _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ► _____

42a The books are in care of ► JANE HODDINOTT Telephone no ► (301) 251-7708

Located at ► PO BOX 1931 ROCKVILLE MD ZIP + 4 ► 20850

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ► _____	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ? If 'Yes,' enter the name of the foreign country ► _____	42c		X

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

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
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 completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None'

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
MCARDLE PRINTING COMPANY, INC. 800 COMMERCE DR UPPER MARLBORO MD 20774	PRINTING	148,101.
Total number of other independent contractors receiving over $100,000 ►		

Sign Here

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

► Signature of officer 11 May 2010 Date

► Jennifer Ramarui Exective Direda Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►		Date 5/6/10	Check if self-employed ► ☐
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	ANDERSON, DAVIS & ASSOCIATES, CPA, PA 1406 B SOUTH CRAIN HWY, STE 204 GLEN BURNIE MD 21061-4099		Preparer's Identifying Number (See instructions) EIN ► Phone no ► (410) 766-2645

May the IRS discuss this return with the preparer shown above? See instructions ► [X] Yes [ ] No

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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
THE OCEANOGRAPHY SOCIETY	52-1563085

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

The organization is not a private foundation because it is (Please check only **one** organization.)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or 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(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g (i) (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
11g (ii) (ii) a family member of a person described in (i) above?		
11g (iii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II 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) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
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 form similar sources						
9 Net income form unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)	**14**	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	**15**	%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the 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 ► ☐

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)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	364,217.	338,105.	290,316.	362,793.	383,263.	1,738,694.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	136,853.	42,410.	42,160.	129,379.	71,294.	422,096.
3 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 1-5	501,070.	380,515.	332,476.	492,172.	454,557.	2,160,790.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	4,101.	40,160.	50,180.	1,440.	95,881.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000	2,819.	3,978.	1,128.	85,641.	0.	93,566.
c Add lines 7a and 7b	2,819.	8,079.	41,288.	135,821.	1,440.	189,447.
8 **Public support** (Subtract line 7c from line 6)						1,971,343.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	501,070.	380,515.	332,476.	492,172.	454,557.	2,160,790.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	397.	127.	46.	38.	1,962.	2,570.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	397.	127.	46.	38.	1,962.	2,570.
11 Net income from unrelated business activities not included inline 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 IV)					894.	894.
13 **Total support.** (add lns 9, 10c, 11, and 12)						2,164,254.

14 **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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	91.09%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	94.18%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	0.12%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	0.05%

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Other Income Part III, Line 12

Description: MISCELLANEOUS INCOME

2008: 894.

Form 990-EZ
Part II

Other Assets and Liabilities

2008

Name as Shown on Return	Employer Identification No
THE OCEANOGRAPHY SOCIETY	52-1563085

Line 24 - Other Assets:	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	7,520.	30,617.
GRANTS RECEIVABLE	0.	45,000.
PREPAID EXPENSES	5,000.	8,614.
Totals to Form 990-EZ, Part II, line 24	12,520.	84,231.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	5,998.	70,382.
DEFERRED DUES AND SUBSCRIPTIONS	4,307.	3,798.
Totals to Form 990-EZ, Part II, line 26	10,305.	74,180.

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
TRAVEL	12,222.
SUPPLIES	3,712.
MEETING EXPENSE	4,102.
INSURANCE	500.
Total	20,536.

Form 990-EZ, Page 2, Part IV
List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business [ ] Person [X] DR. JOHN CULLEN 1355 OXFORD STREET HALIFAX, NS, CA Foreign city HALIFAX, NS Foreign country CA	Title COUNCIL Hours/Week 1.00	0.	0.	
Business [ ] Person [X] DR. TOMMY DICKEY 6487 CALLE REAL, SUITE A GOLETA, CA 93117 Foreign city Foreign country	Title COUNCIL Hours/Week 1.00	0.	0.	
Business [ ] Person [X] DR. PERCY DONAGHAY UNIV OF RI, S FERRY RD. NARRAGANSETT RI 02882 Foreign city Foreign country	Title COUNCIL Hours/Week 1.00	0.	0.	
Business [ ] Person [X] DR. KAREN HEYWOOD UNIV OF EAST ANGLIA NORWICH, UK Foreign city NORWICH Foreign country UK	Title COUNCIL Hours/Week 1.00	0.	0.	
Business [ ] Person [X] DR. KATE MORAN 1 SOUTH LAB, NARRAGANSETT BAY CAMPUS NARRAGANSETT, RI 02852 Foreign city Foreign country	Title COUNCIL Hours/Week 1.00	0.	0.	
Business [ ] Person [X] LISA ROM 4201 WILSON BLVD. ARLINGTON VA 22230 Foreign city Foreign country	Title COUNCIL Hours/Week 1.00	0.	0.	

Form **8868**
(Rev April 2008)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form) .

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file).* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print

File by the due date for filing your return See instructions

Name of Exempt Organization	Employer identification number
THE OCEANOGRAPHY SOCIETY	52-1563085
Number, street, and room or suite number If a P O box, see instructions	
P.O. BOX 1931	
City, town or post office, state, and ZIP code For a foreign address, see instructions	
ROCKVILLE MD 20849	

Check type of return to be filed (file a separate application for each return)

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► JANE HODDINOTT

Telephone No ► (301) 251-7708 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . ► [ ] . If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 17, 20 10, to file the exempt organization return for the organization named above
The extension is for the organization's return for:
► [ ] calendar year 20 ___ or
► [X] tax year beginning Oct 1, 20 08, and ending Sep 30, 20 09

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**3a**	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Form 990-EZ, Page 2, Part IV Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(if not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account and other allowances
Business ☐ Person ☒ DR. ELLEN KAPPEL 5610 GLOSTER RD BETHESDA MD 20816 Foreign city Foreign country	Title COUNCIL Hours/Week 1.00	0.	0.	
Business ☐ Person ☒ JENNIFER RAMARUI 104 LYNCH ST ROCKVILLE, MD 20850 Foreign city Foreign country	Title EXECUTIVE DIRECTO Hours/Week 25.00	60,747.	0.	