

### 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**

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

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		For the	e 2009 calen	dar year,	or tax y	ear begi	inning Aug	g 1	, 20	009, ar	nd endir	ng Jul			, 2010		
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	Мау	the IRS	S discuss this	s return w	th the	preparer	shown abov	e? (see	instructions)		_				X Yes	, [	No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

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	m 990 (2009) Ocean State Research Institute, Inc	05-04	40574	4		Page					
1,44	The state of the s				Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' conscient the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	mplete		1	x						
2		•		2	<del>  ^</del>	x					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to for public office? If 'Yes,' complete Schedule C, Part I	candidate	es	3		x					
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II			4		х					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	otice and	d	5_							
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I										
7	7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II										
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes complete Schedule D, Part III	."		8		x					
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	X;		9		x					
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-encityes,' complete Schedule D, Part V	owments	;7 If	10		х					
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable										
•	<ul> <li>Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete D, Part VI</li> </ul>	: Schedu	ıle								
•	<ul> <li>Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII</li> </ul>	of its to	tal								
•	<ul> <li>Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or mor assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII</li> </ul>	e of its to	otal								
•	<ul> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Part X, line 16? If 'Yes,' complete Schedule D, Part IX</li> </ul>	reported	din		的激烈						
•	<ul> <li>Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, F</li> </ul>	art X	ļ.			14 57 g					
	<ul> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that a the organization's liability for uncertain tax positions under FIN 48? If Yes, complete Schedule D, Part X</li> </ul>		;   <u> </u>								
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' comp Schedule D, Parts XI, XII, and XIII	<del></del>	<u> </u>	12	Х	8-274 <b>8</b> 5					
12/	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes A	No X								
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		-	13	<b> </b>	X					
	a Did the organization maintain an office, employees, or agents outside of the United States?		}	14a	<del> </del> -	_X					
ŧ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrais business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	ing,	-	14b		х					
15	5 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II										
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	e to	-	16		х					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	Part IX,		17		х					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on F lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	art VIII,		18		х					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? I complete Schedule G, Part III	' 'Yes,'		19		x					

20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule  ${\cal H}$ 

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
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		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		x
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		· · · · · -
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV .	28a		X
		200		
ļ	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete</i> Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33	_	х_
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		_x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
AΑ		Form	990 (	2009)

Ocean State Research Institute, Inc 05-0440574 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Yes No 7. t. 4-11 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S 10 Information Returns. Enter -0- if not applicable 1 a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 λ' ... λ' c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c Х 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 13 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2Ł х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 7 3 a Х **b** If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4 a X **b** If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b . 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a x provided to the payor? 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 7с 7 d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х q For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 q h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 ر د ماروند 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a b Did the organization make any distribution to a donor, donor advisor, or related person? 9b \* \* 10 Section 501(c)(7) organizations. Enter-10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations, Enter

BAA

a Gross income from other members or shareholders

amounts due or received from them.)

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Form 990 (2009)

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12a

11 a

11 b

12b

Section A. Governing Body and Management

Part VIX Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

					Yes	No
1	a Enter the number of voting members of the governing body .	1a	11		100	
	<b>b</b> Enter the number of voting members that are independent	1ь	11		77.	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship or a business relation, director, trustee or key employee?	ationsl	nip with any other	2	<b>3</b> 4	X
3	Did the organization delegate control over management duties customarily performed by or un of officers, directors or trustees, or key employees to a management company or other person	der th	e direct supervision	3		x
4	Did the organization make any significant changes to its organizational documents			4		х
	since the prior Form 990 was filed?					
5	Did the organization become aware during the year of a material diversion of the organization's	s asse	ets?	5		х
6	Does the organization have members or stockholders?			6		x
7	a Does the organization have members, stockholders, or other persons who may elect one or more governing body?	ore m	embers of the	7 a		x
-	${f b}$ Are any decisions of the governing body subject to approval by members, stockholders, or other	er per	sons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertained following:	aken (	during the year by			
i	The governing body?			8a	х	
١	b Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cann organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	ot be	reached at the	9		x
Sec	ction B. Policies (This Section B requests information about policies not i	requi	red by the Intern	al		
Rev	enue Code )				<del></del>	
					Yes	No
	a Does the organization have local chapters, branches, or affiliates?			10 a		X
l	o If 'Yes,' does the organization have written policies and procedures governing the activities of s and branches to ensure their operations are consistent with those of the organization?	such d	hapters, affiliates,	10ь	ļ	
11	Has the organization provided a copy of this Form 990 to all members of its governing body be	fore f	ling the form?	11	х	<del> </del>
	A Describe in Schedule O the process, if any, used by the organization to review this Form 990.				7.5	
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13			12a		
	Are officers, directors or trustees, and key employees required to disclose annually interests the to conflicts?	at co	uld give rise	12b		
(	Does the organization regularly and consistently monitor and enforce compliance with the police Schedule O how this is done	y? If	'Yes,' describe in	12c	x	
13	Does the organization have a written whistleblower policy?			13	х	
14	Does the organization have a written document retention and destruction policy?			14	х	
15	Did the process for determining compensation of the following persons include a review and appersons, comparability data, and contemporaneous substantiation of the deliberation and decisions.	prova	I by independent			<b>江</b> (1)
č	The organization's CEO, Executive Director, or top management official			15a	Х	<u> </u>
ŀ	Other officers of key employees of the organization		•	15b	Stanood, Can	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)					
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar ai entity during the year?	rrange	ment with a taxable	16a		X
Ł	of Yes,' has the organization adopted a written policy or procedure requiring the organization to in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the status with respect to such arrangements?	eval ne org	uate its participation anization's exempt	. 16b		
Sec	tion C. Disclosures			, , , , , , ,		
	List the states with which a copy of this Form 990 is required to be filed ▶				-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and inspection. Indicate how you make these available. Check all that apply.	990-	T (501(c)(3)s only) av	/ailable	for pu	blic
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how) the organization makes its governing document statements available to the public	nts, c	onflict of interest police	cy, and i	financi	al
20	State the name, physical address, and telephone number of the person who possesses the boo	ks an				
•	Regina Correa-Murphy Davis Park-VA Med Ctr, Providence R	<u> </u>	02908(	401)_4	57 - 3	066

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did no	t compens	ate ar	ту с	ırreı	nt of	ficer,	direc	ctor, or trustee			
(A)	(B) (c)						(D)	(E)	(F)		
Name and Title	Average hours		_			that app		Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	adivided frascee	unstitutionel trustee	Offi-er	Key employee	High est coincensated employee	ਨੂੰ ਹਮਜ਼ੀ <b>ਦਾ</b>	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
Regina M Correa-Murphy											
Executive Director	15.00	Х						30,285.	0.	30,285.	
Robert Swift											
President	1.00	Х		X				0.	0.	0.	
Michael Vezeridis											
Vice President	0.25	Х		X				0.	0.	0.	
William Burney											
Director	0.25	X						0.	0.	0.	
Satish Sharma, MD											
Director	0.25	X						0.	0.	0.	
Wen-Chih, MD											
Director	0.25	X						0.	0.	0.	
Gregory Gillette,MD											
Director	0.25	X						0.	0.	0.	
Michael Goldstein,MD			1 1						1		
Director	0.25	Х						0.	0.	0.	
Thomas O'Toole, MD											
Director	0.25	X						0.	0.	0.	
Sharon Rounds, MD											
Director	0.25	<u> </u>						0.	0.	0.	
Daniel Stack									·		
Director	0.25	X						0.	0.	0.	
David Foehr							ŀ		į		
Director	0.25	X			]			0.	0.	0.	
						-				· · · · · · · · · · · · · · · · · · ·	
		$\dashv$			_		$\dashv$				
	_									·	

Part VII   Section A. Officers, Directors, Trus	tees, r	\ey	En			es,	an			
(A)	(B)				c)		1.5	(D)	(E)	(F)
Name and Title	Average hours per weel		,	Officer				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
	per weel	ual trustee ctor	Institutional trustee		Key employee	Highest compensated employee				and related organizations
		-			-					
										· · · · <del>-</del> · · · · · · · · · · · · · · · · · · ·
1 b Total							<b>•</b>	30,285.	0.	30,285.
2 Total number of individuals (including but not limited from the organization ► 0	to those	e list	ed a	abov	e) v	vho :	rece	ived more than \$1	00,000 in reportabl	<del></del>
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste dividual	e, ke	еу е	mplo	oyee	e, or	hıgl	nest compensated	employee	Yes No
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	ortable an \$150	,000	pens ? If	atio 'Yes	n ai s' cc	nd o	ther lete	compensation fro Schedule J for suc	m ch	4 X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	mpensa edule J t	tion for su	fron uch	n an pers	y ur	nrela	ated	organization for se	ervices	5 X
Complete this table for your five highest compensate compensation from the organization.	d indepe	ende	nt c	ontr	acto	rs tl	hat r	eceived more than	\$100,000 of	
(A) Name and business address	5							(B) Description o	f Services	(C) Compensation
2 Total number of independent contractors (including b	ut not li	nited	d to	thos	se fi	sted	abo	ve) who received	more than	

\$100,000 in compensation from the organization > 0

Par	τ.νι	II Statement of Re	evenue			,	<u>,                                    </u>	
THE STATE OF THE S	がから				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, g similar amounts not included in Noncash contribus included in Total. Add lines 1a-1f	rants, and above 1 f	Business Code				
VENU	2 a					Tible the second leaf		للواسدية رمي " شائد فيسيدي
CE RE	Ь	Research Reven	ues	541700	633,776.	633,776.	0.	0.
PROGRAM SERVICE REVENUE		All other program service Total. Add lines 2a-2f	e revenue		633,776.	Capalina Section 1	द्धस्त्वे अस्टि र <sub>वि</sub> स्	
	3	Investment income (incl other similar amounts)	uding dividend:	s, interest and	468.	0.	0.	468.
	4 5	Income from investment	t of tax-exempt	bond proceeds	<b>-</b>			and the second and second
	b	Gross Rents Less: rental expenses	(ı) Real	(II) Personal				
		Rental income or (loss)  Net rental income or (lo	cc)			The state of the state of	1 1 20 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	La Transfer To bear I don't de
		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	_	Less cost or other basis and sales expenses Gain or (loss)						
		Net gain or (loss)			► Carlot House to the	1. 17. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16		100 m
OTHER REVENUE		Gross income from fund (not including \$		a				
PE		Less: direct expenses  Net income or (loss) fro	m fundraising e	b[	<u> </u>			الأنادية ، شدد للهاسد
		Gross income from gam See Part IV, line 19	•	a				
		Less direct expenses  Net income or (loss) fro	m gaming activ	b		the state of the state of	File amount on A.	. しょうぎ ユーニック 
		Gross sales of inventory		Thies				
	b	and allowances Less cost of goods solo	<b>.</b>	a b				
		Net income or (loss) fro	m sales of inve					10 Tex 2 1 1 1 4 4
	11 a		ue	Business Code	Antident of the stand wife	See La Los To-EN Ch.	Elica de la titul de la	Langette Joseph Confirm of E 1834
	c				<del> </del>			
		All other revenue   <b>Total.</b> Add lines 11a-11d	d	<u></u>	>	1	A STATE OF THE STA	
		Total revenue. See insti		ı	634,244.	633,776.	0.	468.

Part IX Statement of Functional Expenses

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

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

		piete column (i ) but a		(2), (3), (3)	
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				10000000000000000000000000000000000000
2					\$ 10 mm
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members .			<b>全国的</b> 特征关系和1000	記さきが記れています。
5	Compensation of current officers, directors, trustees, and key employees	30,668.	0.	30,668.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	292,816.	196,918.	95,898.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,599.	0.	2,599.	0.
9	Other employee benefits	55,743.	29,659.	26,084.	0.
10	Payroll taxes	26,867.	16,355.	10,512.	0.
	Fees for services (non-employees)				
	a Management	<del></del>			
	<b>b</b> Legal			<del></del>	
	c Accounting	7,100.	0.	7,100.	0.
	d Lobbying	7,100.		7,100.	
	e Prof fundraising svcs See Part IV, In 17.		CALDER PARTY STATE		<u> </u>
	-		-2-Manufacture And Continued Andrews	market Sandard and American	<u></u>
	I Investment management fees	4 224	3 694	650	
	g Other .	4,334.	3,684.	650.	0.
	Advertising and promotion	270.	270.	0.	0.
13	Office expenses	2,706.	0.	2,706.	0.
14	Information technology		·		
15	Royalties .			<del></del>	
16	Occupancy .				<del></del>
17	Travel	45,742.	41,168.	4,574.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,856.	12,470.	1,386.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,325.	41,159.	2,166.	0.
23	Insurance	6,198.	0.	6,198.	0.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	Lab Supplies	151,602.	151,602.	0.	0.
	Casual Labor	7,645.	7,645.	0.	0.
	Consulting fees	19,145.	19,145.	0,	0.
	Dues & Subscriptions	10,307.	10,307.	0.	0.
	Honorariums	2,720.	2,720.	0.	0.
	All other expenses—TUITION	7,231.	7,231.	0.	0.
	Total functional expenses. Add lines 1 through 24f	730,874.	540,333.	190,541.	0.
	Joint costs. Check here ► If following	730,074.			<u></u>
20	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form <b>990</b> (2009)

Pa	art X	Balance Sheet				
		,		(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash — non-interest-bearing .		197,342.	1	209,086.
	2	Savings and temporary cash investments		54,964.	2	55,431.
	3	Pledges and grants receivable, net		32,716.	3	55,754.
	4	Accounts receivable, net			- 4	1
	5	Receivables from current and former officers, directors, trustees, key er and highest compensated employees. Complete Part II of Schedule L	nployees,		5	
	6	Receivables from other disqualified persons (as defined under section 4	958(f)(1))	FREDS TALKET	میں اتائیہ تعریق	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		and persons described in section 4958(c)(3)(B) Complete Part II of Sch	nedule L		6	
S	7	Notes and loans receivable, net			7	
ASSETS	8	Inventories for sale or use			8	
T S	9	Prepaid expenses and deferred charges .		3,759.	9	3,780.
	10 a	· · · · · · · · · · · · · · · · · · ·	13,552.	THE RESERVE OF THE PARTY OF THE	和扩	
		Complete Part VI of Schedule D		THE REAL PROPERTY.		
	l ,	·	45,305.	211,572.	10 c	168,247.
	ļ	Investments – publicly-traded securities .	,		11	
	12	Investments – other securities See Part IV, line 11	•		12	
	13	Investments – program-related See Part IV, line 11		<del></del>	13	
	14	Intangible assets .			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equal line 34)		500,353.	16	492,298.
	17	Accounts payable and accrued expenses		19,931.	17	32,727.
	18	Grants payable	•	19,551.	18	32,121.
	19	Deferred revenue		440,491.	19	516,270.
L	20	Tax-exempt bond liabilities	•	110,191.	20	310,270.
A		Escrow or custodial account liability Complete Part IV of Schedule D			21	
B I	21	· · · · · · · · · · · · · · · · · · ·	200	10. 1988 克 · · · · · · · · · · · · · · · · · ·	<b>基</b>	(本)
L J T	22	Payables to current and former officers, directors, trustees, key employ highest compensated employees, and disqualified persons. Complete P	art II		\$ }	
E S	22	of Schedule L			22	
S	23	Secured mortgages and notes payable to unrelated third parties			24	
	24	Unsecured notes and loans payable to unrelated third parties				<del></del>
	25	Other liabilities Complete Part X of Schedule D		150 100	25	540.005
	26	Total liabilities. Add lines 17 through 25	<del></del>	460,422.	26	548,997.
E T		Organizations that follow SFAS 117, check here ► X and complet 27 through 29 and lines 33 and 34.	e lines		***	
Ş	27	Unrestricted net assets	•	39,931.	27	-56,699.
SETS	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
Q R		Organizations that do not follow SFAS 117, check here   and c	omplete			
£		lines 30 through 34.			7. A.	
רטבס	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equipment fund			31	
Ĩ,	32	Retained earnings, endowment, accumulated income, or other funds			32	
<b>BALAZCES</b>	33	Total net assets or fund balances.		39,931.	33	-56,699.
5	34	Total liabilities and net assets/fund balances		500,353.	34	492,298.

BAA

**492,298.** Form **990** (2009)

Form <b>990</b> (2009)	Ocean S	tate I	Research	Institute,	Inc	 05-0440574	Page
Part XI Fina	ncial State	ements	and Repor	ting		 	

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	Section 1		<b>H</b>
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			2
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
	b Were the organization's financial statements audited by an independent accountant?	2b	Х	ļ
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		. i,	
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	 *( 544	
	X Separate basis Consolidated basis Both consolidated and separate basis	Cr 23		4.3
3	a 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?	3 a		х
	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.	3ь		

ваа

Form 990 (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Employer identification number

							titu	<u> </u>											44057			
Par	:15	Rea	<u>son</u>	for Pu	ublic	Cha	rity St	atu	s (Al	l org	anız	ations	s mu	st c	comple	ete thi	<u>s</u> part.	) See	instruc	tions		
The c	rgar	nizatio	n is r	not a pr	ıvate f	ounda	tion bed	caus	e it is	· (For	lines	1 thro	ugh 1	l, cl	heck on	ly one l	oox)					
1		A chu	rch, i	convent	ion of	churc	hes or a	asso	cıatıoı	n of c	hurch	es des	cribed	ın :	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).																				
4	X	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: Va Hospital,																				
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 7	П	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)																				
8		A com	ımun	ity trust	descr	ıbed ıı	n sectio	on 17	70(b)(	1)(A)(	vi). (C	Comple	ete Par	t II	)							
9	_	from a invest	activi ment	ies rela income	ated to e and i	ıts ex ınrela	empt fi	unction in the same of the sam	ons – s taxa	· subje able ir	ect to ncome	certair	n exce	otio	ns. and	(2) no	more th	an 33-1	/3 % of i	es, and gro ts support e organizat	from ar	ross
10	_	•	-		_		•			•		•			•		509(a)(4	-				
11		more i	publi	dv subt	ported	orgai	nızatıon	ıs de	scribe	ed in s	sectio	n 5090	a)(1) (	or se	erform t ection 5 ugh 11t	09(a)(2	tions of ). See s	, or carr section !	y out the 5 <b>09(a)(3)</b> —	purposes Check th	of one e box t	or .hat
		a 🔲 '				ь	Туре					- '			tionally	•			d 📙	Type III-		
е	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 c			receiv	ed a v	written i	dete	rmına	tion fr	om th	ne IRS	that is	a	Type I,	Type II	or Type	lli supp	orting or	ganızatıon,		
g		Since	Augu	ıst 17, 2	2006, ł	nas th	e organ	ıızatı	on ac	cepte	d any	gift o	r conti	ıbu	tion from	n any c	f the fol	lowing p	ersons?			<del>,</del>
																					Yes	No
	•	(i) a I	a per below	son who , the go	o direc overnir	tly or ng boo	indirect by of the	tly co e sup	ontrol: oporte	s, eith ed org	ier ald anizat	one or t tion?	togeth	er v	vith per	sons de	scribed	ın (II) a	nd (III)	11 g (i)		
		(ii) a	a fan	uly mer	nber d	of a pe	erson d	escr	ıbed ıı	n (ı) a	bove?	7						11 g (ii)				
		(iii) a	a 35%	6 contro	olled e	ntity o	of a pers	son (	descri	bed ir	ı (ı) o	r (II) al	bove?							11 g (iii)	<u>)                                    </u>	<u> </u>
h		Provid	le the	follow	ng info	ormati	on abou	ut th	e sup	portec	d orga	nızatıo	ons			,		,		·	<del></del>	
	(i)	Name o Organ	of Supp nizatio			(ii)	EiN	;	(de	Type or bove or see ins	on line	es 1-9 ection	orga (i)	nizat listed gove	s the ion in col in your rning ment?	the orga	you notify inization in (i) of support?	organiza (i) organ	Is the ition in col iized in the S ?	(VII) Amol	nt of Sup	port
								- 1					Ye	s	No	Yes	No	Yes	No			
					1													1	† · · · · ·			
								}									J		]			
		_			<u> </u>														ļ			
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					343. du -	Fales Can		277 - 1	- · · ·	er more and	e=5 -	312 A 188	96 · 25 · 1	7.5	. H. J	المراورية أ	13.000	e' 3 11 1 1	451	L		
Гotal									<b>建</b>			1000		1			地					

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Oc	ean State Research Institute,	Inc	05-0440574
Pa	rt I Organizations Maintaining Dono	r Advised Funds or Other Similar Fun	ds or Accounts Complete if
	the organization answered 'Yes' t		'
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and done funds are the organization's property, subject to		or advised Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the	s, and donor advisors in writing that grant funds ne benefit of the donor or donor advisor or for ar	may be
	purpose conferring impermissible private benef		Yes No
<u>Pa</u>	rt II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	, , , , , , , , , , , , , , , , , , , ,	
	Preservation of land for public use (e.g., re	<b>—</b>	of an historically important land area
	Protection of natural habitat	Preservation of	f certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution in th	
			Held at the End of the Year
	a Total number of conservation easements		2a ′
	<b>b</b> Total acreage restricted by conservation easen		2b
	c Number of conservation easements on a certifi		2c
	d Number of conservation easements included in	• • •	2 d
3	Number of conservation easements modified, to	ransferred, released, extinguished, or terminate	d by the organization during the tax
	year ►		·
4	Number of states where property subject to cor	nservation easement is located >	_
5	Does the organization have a written policy reg and enforcement of the conservation easement	arding the periodic monitoring, inspection, hand it holds?	lling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring during the year		
,	Amount of expenses incurred in monitoring, ins during the year ►	specting, and enforcing conservation easements	\$
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sect .	Yes No
9	conservation easements	the organization's financial statements that des	cribes the organization's accounting for
Pa	rt III. Organizations Maintaining Colle	ctions of Art, Historical Treasures, or	Other Similar Assets
	Complete if the organization answ	vered 'Yes' to Form 990, Part IV, line	8.
1:	a If the organization elected, as permitted under treasures, or other similar assets held for public the text of the footnote to its financial statemen	c exhibition, education, or research in furtherand	t and balance sheet works of art, historical ce of public service, provide, in Part XIV,
l	b) If the organization elected, as permitted under treasures, or other similar assets held for public amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, I	ine 1	<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art amounts required to be reported under SFAS 1	, historical treasures, or other similar assets for 16 relating to these items	financial gain, provide the following
ä	Revenues included in Form 990, Part VIII, line	1	<b>&gt;</b> \$
ŧ	Assets included in Form 990, Part X .		<b>&gt;</b> \$

Schedule D (Form 990) 2009 Ocean	<u>State</u>	Resea	rch lnsti	tute, inc		05-04	40574		Page 2	
Part III Organizations Mainta	ining Coll	ections	s of Art, Hist	orical Treasures, c	or Other	Similar As	sets (d	contini	ued)	
3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):										
a Public exhibition			<b>d</b> 🔲 Loan	or exchange programs						
<b>b</b> Scholarly research	Scholarly research e Other									
c Preservation for future genera	c Preservation for future generations									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV										
5 During the year, did the organizat assets to be sold to raise funds ra	ther than to	be main	tained as part o	of the organization's coll	ection?		Yes		No	
Part IV Escrow and Custodia 9, or reported an amo					ered 'Ye	s' to Form 9	990, Pa	art IV,	line ———	
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodia	n, or oth	er intermediary	for contributions or other	er assets	not .	Yes	; [	No	
<b>b</b> if 'Yes,' explain the arrangement	n Part XIV a	and comp	olete the followi	ng table <sup>,</sup>						
					<u> </u>	ļ	Amour	<u>it</u>		
c Beginning balance .	•				10	<del></del>				
<b>d</b> Additions during the year .					10	<del> </del>				
e Distributions during the year					<u>1 e</u>	+				
f Ending balance					1 f	<u> </u>	<del></del>		<del></del>	
2a Did the organization include an ar		rm 990, I	Part X, line 21?				∐ Yes	L	No	
b If 'Yes,' explain the arrangement				107-14 F0	00 0-	10/ 1 10				
Párt V Endowment Funds Cor										
	(a) Curren	it year	(b) Prior ye			Three years back	(e)	Four year	s back	
1 a Beginning of year balance				1 1 5 3 1 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1			1 14.35° - 10	<u> </u>	<u> </u>	
<b>b</b> Contributions				1 2 3 3 3 3	7 4 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		F	2 C 2 S	riik iin	
c Net Investment earnings, gains, and losses					1 W					
<b>d</b> Grants or scholarships .				<b>加斯斯</b>	被"统	- Best Living W	起 影響	5.55	3 4	
e Other expenditures for facilities and programs				<b>2000年</b>				ار مراح <sup>ا</sup> با المراح <sup>ا</sup> با	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
f Administrative expenses				一 经 化 學 化 特		J. 16. 18 1 18 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	對 新學	V- 37	<u> </u>	
<b>g</b> End of year balance				a things in the or	40 10	The state of	ya Baran		41818	
2 Provide the estimated percentage	of the year	end bala	nce held as:							
a Board designated or quasi-endow	ment 🟲		%							
b Permanent endowment	٩٩	5								
c Term endowment ►	<u> </u>									
3a Are there endowment funds not in organization by:	the possess	sion of th	e organization (	that are held and admini	istered for	the	[	Yes	No	
(i) unrelated organizations			•				3a(i)			
(ii) related organizations							. 3a(ii)			
b If 'Yes' to 3a(II), are the related or	ganizations	listed as	required on Sc	hedule R?			3b			
4 Describe in Part XIV the intended	uses of the	organiza	tion's endowme	nt funds						
Part VI Investments—Land, Bu	uildings, a	and Eq	uipment. Se	e Form 990, Part X	, line 10	)				
Description of investment			t or other basis evestment)	(b) Cost or other basis (other)	Dep	cumulated reciation	(d) [	Book Va	alue	
1 a Land					1. 1. 1. 1.					
<b>b</b> Buildings										
c Leasehold improvements										
<b>d</b> Equipment				313,552.		145,305.		168,	,247.	
e Other										
Total. Add lines 1a through 1e (Column	(d) must equ	ual Form	990, Part X, co	olumn (B), line 10(c) )		•		168,	247.	
· · · · · · · · · · · · · · · · · · ·							1 1 5 45		0000	

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 Ocean State Resea		
Part VIII Investments—Other Securities See Fo	(b) Book value	(c) Method of valuation
(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests .		
Other		
	<del></del>	
Total (Column (b) must equal Form 990 Part X, col (B) line 12 ) ▶		以中国的一个人的时间,这个时间的一个人的时间,这个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一
Part VIII Investments—Program Related (See	orm 990 Part X I	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) DOOK Value	Cost or end-of-year market value
·		
	<u> </u>	
	<u>`</u>	
		· · · · · · · · · · · · · · · · · · ·
Total (Column (b) must equal Form 990, Part X, Col (B) line 13) Part IX: Other Assets (See Form 990, Part X,	line 15)	Part in the of the second with the second of the second second second the second second
	scription	(b) Book value
(a) De	scription	(b) Book Value
	<del>_</del>	
<del></del>		
	<del> </del>	
	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B), lin	e 15)	<b>▶</b>
Part X Other Liabilities (See Form 990, Part	X, line 25)	
(a) Description of Liability	(b) Amount	
Federal Income Taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		1. 1900 等面包含在1. 140 140 140 140 140 140 140 140 140 140

<sup>2.</sup> FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2009 Ocean State Research Institute, Inc	05-0440574	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	5	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		634,244.
2	Total expenses (Form 990, Part IX, column (A), line 25)		730,874.
3	Excess or (deficit) for the year Subtract line 2 from line 1 .		-96,630.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities .		
6	Investment expenses .		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-96,630.
Par	t XII. Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	634,244.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . 2a		
Ł	Donated services and use of facilities . 2b		
c	Recoveries of prior year grants		
c	Other (Describe in Part XIV) . 2d		
ε	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	634,244.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	10 mg	
а	Investments expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) . 4b		
c	Add lines <b>4a</b> and <b>4b</b> .	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	634,244.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	730,877.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments . 2b		
c	Other losses 2c		
	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	730,877.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	2 m	
	Investments expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	\.\bar{\psi}	
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	730,877.
Par	t XIV Supplemental Information		
line 4	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this partion.	V, lines 1b and 2b; part to provide any	Part V, additional
<b>-</b>			

# SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public

Employer identification number

Ocean State Resea	arch Institute, Inc	05-0440574
	No documents available to the public	
Pt VI-B, Line 11A	A Sent to board members & discussed at next conve	ened meeting
Pt_VI-B, Line_12c	Directors report conflicts & are updated annual	ly.Board
	with legal's input determines whether conflict	prohibits the
	individual from participating in governance dec	isions
Pt VI-B, Line 15	The Executive Director's compensation is determ	nined by
	a review of comparable data based on size of th	e entity
	and revenue. Other employees' compensatiom is d	
	using the Federal Goverment's general pay sched	
	~	
	~	

## Form 4562,

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545 0172

2009

Department of the Treasury Internal Revenue Service Name(s) shown on return

Business or activity to which this form relates

Ocean State Research Institute, Inc

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 67

Identifying number 05-0440574

	m 990 / Form 990		Property Under Se	ction 179					
	Note: If you have a	any listed property,	complete Part V before	you complete l	Part I				
1	Maximum amount See th	e instructions for a	higher limit for certain t	ousinesses				1	\$250,000
2	Total cost of section 179		2						
3	Threshold cost of section		3	\$800,000					
4	Reduction in limitation Si		4	<del> </del>					
5	Dollar limitation for tax ye separately, see instruction	ar Subtract line 4 t	rom line i it zero or les	ss, enter -U- II	marri	ea ming		5	
6	(a	Description of property		(b) Cost (busin	ess use	only)	(c) Elected co	st	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	<u></u>	<del></del>	<del></del>						
				1					
	Listed property Enter the Total elected cost of section			 N lines 6 and "	· L	7		8	
9	Tentative deduction Enter			.), illies o and i	′	•		9	<del> </del>
-	Carryover of disallowed de			62 .				10	
11	Business income limitation	n. Enter the smaller	of business income (no	ot less than zer	o) or	line 5 (s	see instrs)	11	
	Section 179 expense dedu				: 11			12	
	Carryover of disallowed de				<b>-</b>	13			
	Do not use Part II or Part		<u> </u>			a la colona de a		<u> </u>	
r ar	tili Special Deprec	lation Allowand	ce and Other Depre	eciation (be	not in	clude lis	sted property)	(See	instructions )
14	Special depreciation allow tax year (see instructions)	rance for qualified p	roperty (other than liste	d property) pla	ced ır	service	e during the	14	
15	Property subject to section							15	
	Other depreciation (includ	*** *						16	
	HII MACRS Depre		clude listed property ) (	See instruction	s)			1	<del></del>
		<b>,</b>	Section						
17	MACRS deductions for ass	sets placed in service	ce in tax years beginnin	g before 2009				17	43,325.
18	If you are electing to group asset accounts, check her		I in service during the ta	ax year into one	e or m	ore ger	neral 🕨 🗆		
			n Service During 2009	Tay Year Using	the (	General	Depreciation	Syste	and the second s
	(a)	(b) Month and	(c) Basis for depreciation	(d)	T	(e)	(f)	<del>oy s</del> ic	(g) Depreciation
	Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period		Convention			deduction
	3-year property		· · · · · · · · · · · · · · · · · · ·		+				
	5-year property								
	7-year property								<del> </del>
	10-year property								
	15-year property						<del></del>		
	20-year property		<del></del>	25 yrs	+		S/L		<del> </del>
	Residential rental			27.5 yrs	+	MM	S/L		
•••	property		<del></del>	27.5 yrs		MM	S/L		
i	Nonresidential real			39 yrs	1	MM	S/L		<u> </u>
	property					MM	S/L		
	Section C -	- Assets Placed in	Service During 2009 Ta	x Year Using t	he Al	ternativ	e Depreciation	Sys	tem
20 a	Class life						S/L		
Ь	12-year			12 yrs			S/L		
	40-year			40 yrs		MM	s/L		L
	IV Summary (See in							····	
-	Listed property Enter amo						<u> </u> 2	21	
	Total Add amounts from line 12, the appropriate lines of your retui	rn Partnerships and S co	orporations — see instructions	5	ere and	on		22	43,325.
23	For assets shown above and the portion of the basis att	nd placed in service ributable to section	during the current year 263A costs	r, enter	23				