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SCANNED AUG 3 0 2011

Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

Open to Public Inspection

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, organizations that operate one or more hospital facilities, and certain controlling
organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 at the and of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

A F	or th	e 2010 calendar year, or tax year beginning		ending			<u> </u>	
B 0	heck if	C Name of organization			D Emplo	yer identif	ication number	
	i	ess change						
	7	change ORCID INC			27	-5142	743	
X	Initial		ss)	Room/suite	E Telephone number			
	1	nated C/O EWENSTEIN YOUNG, 6 WEST 77	TH STREET	· 2	21	2 967	-1100	
	٦ .	City or town, state or country, and ZIP + 4			F Group	Exemptio		
X		ation pending NEW YORK, NY 10024			Numb			
G A	— другия Ассонг	iting Method: CashX Accrual Other (specify)					f the organization is not	
		e: WWW.ORCID.ORG			l	•	h Schedule B	
		empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert	no.) 4947(a)	(1) or 527			EZ, or 990-PF).	
	Check I		, , , , , , , , , , , , , , , , , , , 	· /	<u> </u>			
		90 return is not required though Form 990-N (e-postcard) may be required (see i	-	-				
		te return.	nstructions). Dut ii	tile organization	01100303	to me a re	turn, oc sure to me a	
	<u> </u>	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200	1 000 or more or if	total accete (Dai	+ II			
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		ioiai asseis (Fai	· · · · · · · · · · · · · · · · · · ·	\$	158,000.	
	art I	Revenue, Expenses, and Changes in Net Assets or F		S (see the instri	uctions fo		130,000.	
	#1 L I			• (see the hist)	uotions io		X	
	1	Check if the organization used Schedule O to respond to any question in this F Contributions, gifts, grants, and similar amounts received	raiti		- 1	1	158,000.	
	1	, , , , , , , , , , , , , , , , , , , ,			<u> </u>	2	130,000.	
	2	Program service revenue including government fees and contracts			⊢	-		
	3	Membership dues and assessments			⊢	3 4		
	4	Investment income	ایدا		-	4		
	5a	Gross amount from sale of assets other than inventory	5a	·		W 4.2		
	b	Less' cost or other basis and sales expenses				<u>-</u>		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lin	e 5a)		<u> </u>	5c		
	6	Gaming and fundraising events						
ine	a	Gross income from gaming (attach Schedule G if greater than	ا ده ا			ign.		
Revenue	Ι.	\$15,000)	6a		\longrightarrow	`		
æ	"	Gross income from fundraising events (not including \$	of contribut	ions		*		
		from fundraising events reported on line 1) (attach Schedule G if the sum of suc	1 1			4		
	l	gross income and contributions exceeds \$15,000)	6b					
	°.	Less. direct expenses from gaming and fundraising events	6c					
	_a	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b a	1 1)	<u> </u>	6d		
		Gross sales of inventory, less returns and allowances	7a		\longrightarrow			
	1	Less: cost of goods sold	7b					
	°	Less: cost of goods sold Gross profit or (loss) from sales of inventory Submact line 76 from line 7a) Other revenue (describe in Schedule OR Total revenue, Add lines 1, 23, 4, 5c, 6d, 7c, and 8c, 2001)			\vdash	7c		
	8	Other revenue (describe in Schedule OR Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8a, 2011			. ⊢	8	150 000	
	ļ	Total revenue. Add lines 1, 2, 0, 4, 30, 80, 70, and 07 (0).				9	158,000.	
	10	Grants and similar amounts pair (list in Schedule 0) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping			-	10		
	11	Benefits paid to or for members			_	11		
Expenses	12	Salaries, other compensation, and employee benefits				12	F 675	
ë	13	Professional fees and other payments to independent contractors				13	5,675.	
Ä	14	Occupancy, rent, utilities, and maintenance			—	14		
_	1.	5, F========, F=====	ann acui	IDIII II O	-	15	2 745	
	16	Other expenses (describe in Schedule 0)	SEE SCHI	SDOPE O	_	16	2,745.	
	17	Total expenses. Add lines 10 through 16				17	8,420.	
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			L	18	149,580.	
SSe	19	Net assets or fund balances at beginning of year (from line 27, column (A))					^	
Net Assets		(must agree with end-of-year figure reported on prior year's return)			<u> </u>	19	0.	
Š	20	Other changes in net assets or fund balances (explain in Schedule 0)			<u> </u>	20	0.	
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20				21	149,580.	
LH/	A FOI	Paperwork Reduction Act Notice, see the separate instructions.					Form 990-EZ (2010)	

Form 990-EZ (2010)		2	<u>7-51</u>	<u>427</u>	43 Page 2
Part II Balance Sheets. (see the instructions for Part II.)					
Check if the organization used Schedule 0 to respond to any question					X
	(A	Beginning of year		(B) Er	nd of year
22 Cash, savings, and investments		0.	22		30,580.
23 Land and buildings		0	23		119,000.
24 Other assets (describe in Schedule O) SEE SCHEDULE O		0.	24		149,580.
25 Total assets 26 Total liabilities (describe in Schedule O)	<u> </u>	0.	26	-	0.
 Total liabilities (describe in Schedule 0) Net assets or fund balances (line 27 of column (B) must agree with line 21) 	<u> </u>	0.	27		149,580.
Part III Statement of Program Service Accomplishmen	ts (see the instructions for		1 = 1		penses
Check if the organization used Schedule O to respond to any question	=		X (Re	quired i	for section
What is the organization's primary exempt purpose? SEE SCHEDULE O		· 			and 501(c)(4) ons and section
Describe what was achieved in carrying out the organization's exempt pur	ooses. In a clear and conc	se manner, describ	e 494	7(a)(1)	trusts; optional
the services provided, the number of persons benefited, and other relevan			tor	others.)
28 IN THE PROCESS OF BUILDING A CENTRA			_ [
IDENTIFIERS FOR INDIVIDUAL RESEARCH	ERS TO FOSTER	SCHOLARLY	_		
COMMUNICATION AND RESEARCH			\		E 685
(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	28a		5,675.
29			-		
			-		
(Grants \$) If this amount includes foreign of	rante, chack hara		_{29a}	ļ	
30	rants, check here				
			— J		
			_		
(Grants \$) If this amount includes foreign g	rants, check here	> [30a		
31 Other program services (describe in Schedule O)		<u> </u>			
(Grants \$) If this amount includes foreign of	rants, check here	_	31a		
32 Total program service expenses (add lines 28a through 31a)			▶ 32		5,675
Part IV List of Officers, Directors, Trustees, and Key E		en if not compensated (se	e the instru	ictions fo	
Check if the organization used Schedule 0 to respond to any question		(-) (0	/d\ a		<u>X</u>
(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter	(d) Contrib	yee	(e) Expense account and
(a) Name and address	position	-0)	benefit pla deferre	ed	other allowances
MARTIN FENNER, C/O EWENSTEIN 6 WEST	DIRECTOR		compens	ation	
77TH STREET, NO.2, NEW YORK, NY	5.00	0.		0.	0.
BERNARD ROUS, C/O EWENSTEIN 6 WEST	DIRECTOR				
77TH STREET, NO.2, NEW YORK, NY	5.00	0.		0.	0.
SALVATORE MELE, C/O EWENSTEIN 6 WEST	DIRECTOR		•		
77TH STREET, NO.2, NEW YORK, NY	5.00				
SIMEON WARNER, C/O EWENSTEIN 6 WEST		0.		0.	0
	DIRECTOR				
77TH STREET, NO.2, NEW YORK, NY	5.00	0.		0.	0
ED PENTZ, C/O EWENSTEIN 6 WEST 77TH	5.00 DIRECTOR	0.		0.	0
ED PENTZ, C/O EWENSTEIN 6 WEST 77TH STREET, NO.2, NEW YORK, NY 10024	5.00 DIRECTOR 5.00				
ED PENTZ, C/O EWENSTEIN 6 WEST 77TH STREET, NO.2, NEW YORK, NY 10024 CHRIS SHILLUM, C/O EWENSTEIN 6 WEST	5.00 DIRECTOR 5.00 DIRECTOR	0.		0.	0
ED PENTZ, C/O EWENSTEIN 6 WEST 77TH STREET, NO.2, NEW YORK, NY 10024 CHRIS SHILLUM, C/O EWENSTEIN 6 WEST 77TH STREET, NO.2, NEW YORK, NY	5.00 DIRECTOR 5.00 DIRECTOR 5.00	0.		0.	0
ED PENTZ, C/O EWENSTEIN 6 WEST 77TH STREET, NO.2, NEW YORK, NY 10024 CHRIS SHILLUM, C/O EWENSTEIN 6 WEST 77TH STREET, NO.2, NEW YORK, NY AMY BRAND, C/O EWENSTEIN 6 WEST 77TH	5.00 DIRECTOR 5.00 DIRECTOR 5.00 SECRETARY	0.		0.	0 0
ED PENTZ, C/O EWENSTEIN 6 WEST 77TH STREET, NO.2, NEW YORK, NY 10024 CHRIS SHILLUM, C/O EWENSTEIN 6 WEST 77TH STREET, NO.2, NEW YORK, NY AMY BRAND, C/O EWENSTEIN 6 WEST 77TH STREET, NO.2, NEW YORK, NY 10024	5.00 DIRECTOR 5.00 DIRECTOR 5.00	0.		0.	0
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Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. 28 Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 29 b If "Yes," has it filed a tax return on Form 990-T for this year?	Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		-	
33 Del the organization engage in any activoty not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0. 34 Wes any significant changes made to the organization is naive. Deliversity, attach a conformed copy of the amended documents if they reflect a change to the organization is naive. Deliversity, and the change in Schedule (see instructions). 35 If the organization bad income from business activities, such as those reported on lines 2, 6s, and 7a (among others), butset reported on Form 990-1. 36 If the organization bad uncent from business ages income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(5), or 501(c)(5), or 501(c)(5) organization subject to section 603(3) entoine, reporting, and proxy tax requirements? 37a Interfer amount of political expenditures, direct or indirect, as described in the instructions. 37b If Yes, it and that a expenditures, direct or indirect, as described in the instructions. 37c Interfer amount of political expenditures, direct or indirect, as described in the instructions. 37e Interfer amount of political expenditures, direct or indirect, as described in the instructions. 37e Interfer amount of political expenditures, direct or indirect, as described in the instructions. 37e Interfer amount of political expenditures, direct or indirect, as described in the instructions. 37e Interfer amount of political expenditures, direct or indirect, as described in the instructions. 38e Interfer amount of political expenditures, direct or indirect, as described in the instructions. 38e Interfer amount of political expenditures, direct or indirect, as described in the instructions. 38e Interfer amount of political expenditures, direct or indirect, as described in the instructions. 38e Interfer amount of political expenditures, direct or indirect, as described in the instructions. 38e Interfer amount of political expenditures, direct or indirect and in the instruction in the instruction in the organizatio					X
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34 Were any significant changes made to the organization of governing documents? If Yes, attach a conformed documents if they reflect a change to the organization have. Otherwise, explain the change on Schedule 0 (see instructions) 35 If the organization had income from business activities, such as those reported on hine 2 (As, and 7 (almong others), buried reported on Form 990-1. 36 If the organization have unrelated buriness grows more of \$1,000 or more or was it a section 50 ((c)(4), 501(c)(5), or 501(c)(5), or 501(c)(5) organization subject to section 903(s) ontice, reporting, and proxy tax requirements? 37 If Yes, complete split their data return of more 990-1 for this year? 38 Did the organization buried report did such year? 39 Life the armount of political expenditures, direct or indirect, as described in the instructions. 30 Life the organization buried report did in the section 903(s) ontices are presented in the instructions. 30 Life the organization buried from 1120-POL for this year? 31 Life the organization buried from 1120-POL for this year? 32 Life the organization in the form 1120-POL for this year? 33 Life the organization of the form 1120-POL for this year? 34 Life the organization buried from 1120-POL for this year? 35 Life the organization of the form 1120-POL for this year? 36 Life the organization of the form 1120-POL for this year? 37 Life the organization of the form 1120-POL for this year? 38 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: 39 Life the organizations. All any time during the tax year, organization should be the organization engage in any section 4956 excess benefit transaction during the year? 39 Life the organization of the foreign country. 40 Life the states with which a copy of this return is filed. ▶ NONE 41 Life the states with which a copy of this return is filed. ▶ NONE 42 The organization books are in care of ▶ THE ORGANIZATION Telephone no ▶ 212 957-1100 Located at ▶ C/O EWRINSTEIN YOUNG, 6 WEST 7/TH STREE	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			
documents of they reflect a change to the organization name, Otherwise, explain the change on Schedule 0 (see instructions) If the organization had income from business activities, such as those reported on lines 2, 64, and 76 (among others), butted reported in Form 990-T, explain in Schedule 0 Why the organization of norm 190-T. 3 Did the organization subject to Section 60303(a notice, proprinting, and proxy tax requirements or form 190-T. 3 If 17%; has it flied a tax return on Form 990-T for this year? 3 If 17%; has it flied a tax return on Form 990-T for this year? 3 If 17% and 1 of pollitical reportations, discretion, proprinting, and proxy tax requirements. 3 If 17%; has it flied a tax return on Form 990-T for this year? 3 If this amount of pollitical reportations, forest or indirect, as described in the instructions. 3 If 17%; complete Schedule, I Part II and enter the total amount involved an aprior year and still outstanding at the end of the tax year covered by this return? 3 If 17%; complete Schedule, I, Part II and enter the total amount involved 3 If 17%; complete Schedule, I, Part II and enter the total amount involved 3 If 17%; complete Schedule, I, Part II and enter the total amount involved 3 If 17%; complete Schedule, I, Part II and enter the total amount involved 3 If 17%; complete Schedule, I, Part II and enter the total amount involved 3 If 17%; complete Schedule, I, Part II and enter the total amount involved 3 If 17%; complete Schedule, I, Part II and enter the total amount involved 3 If 17%; complete Schedule, I, Part II and enter the total amount involved 3 If 17%; complete Schedule, I, Part II and enter the total amount involved 3 If 17%; complete Schedule, I, Part II and enter the total amount involved 3 If 17%; complete Schedule, I, Part II and enter the total amount involved 3 If 17%; complete Schedule, I, Part II and enter the total amount involved 3 If 17%; complete Schedule, I, Part II and enter the total amount involved 3 If 17%; complete Schedule, I, Part II and enter		Schedule 0	33		X
35 If the organization had mome from business activities, such as those reported on lines 2, fish, and 7a (among others), butnet reported on Form 990-T, explain in Schedule 0 why the organization did not report the microme on Form 990-T. 2 Did the organization broad unrelated business gives income of \$1,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$01(c)(5), or \$01(c)(5) organization subject to section 803(c) notice, reporting, and proxy tax requirements? 3 Bill the organization undergo a liquidation, dissolution, termination, or significant disposition of net assatis during the year? If Yes, complete applicable parts of Schedule N 3 If a first amount of notifical expenditures, direct or indirect, as described in the instructions. 3 If a first amount of notifical expenditures, direct or indirect, as described in the instructions. 3 If a first amount of notifical expenditures, direct or indirect, as described in the instructions. 3 If a first amount of notifical expenditures, direct or indirect, as described in the instructions. 3 If a first amount of notifical expenditures, direct or indirect, as described in the instructions. 3 If a first amount of notifical expenditures, direct or indirect, as described in the instructions. 3 If a first amount of notifical expenditures, direct or indirect, as described in the instructions. 3 If a first amount of notifical expenditures, direct or indirect, as described in the instructions and assation form 112 PoOL for this year? 3 If a first amount of notifical expenditures, direct or indirect, as described in the instructions and assation and an	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
resported on Form 900-T, explain in Schedule O why the organization did not report the income on Form 990-T. a Did the organization was unrelated business gross mome of \$1,000 or more or was it a section 501(c)(5), or 501(c)(5), or 501(c)(6) organization subject to escentio 903(c) (note, reporting, and proyr kix resuments? b If Yes, has it filled a tax return on Form 990-T for the year? 50 Inch the organization undergo a begundation, dissolution, reminiation, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 37 Enter amount of political expenditures, direct or indirect, as described in the instructions. b If the organization here from 1120-PCL for this year? 38 In the organization of political expenditures, direct or indirect, as described in the instructions. b If the organization form 1120-PCL for this year? 38 In the organization form 1120-PCL for this year? 39 In the organization form 1120-PCL for this year? 39 In the organization form 1120-PCL for this year? 39 In the organization form 1120-PCL for this year? 30 In the organization file form 1120-PCL for this year? 30 In the organization file form 1120-PCL for this year? 31 In the organization file organization of the tax year owered by this return? 31 If yes, complete Schedule I, Part II and enter the total amount involved 32 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior forms 990 or 990-E2? 11 Yes, complete Schedule I, Part II and enter year, that has not been reported on any of its prior forms 990 or 990-E2? 12 Yes, form 12 Yes, complete Schedule I, Part II yes, the organization apparts to a prohibited tax shelter transaction during the year was the organization apparts to a prohibited tax shelter transaction? If Yes, complete form 886-T 40 In Yes, form 12 Yes, complete form 886-T 41 In the organization is books are		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
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38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeed were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If Yes, Complete Schedule L, Part II and enter the total amount involved 38 b N/A 39 Section 501(c)(3) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities: section 4911 ▶ 0.; section 4915 ▶ 0.; section 4915 ▶ 0. b Section 501(c)(3) organizations. Enter amount of tax imposed in the organization during the year under: section 4911 ▶ 0.; section 4915 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or old it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, Complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year was the organization aparty to a prohibited tax sheller transaction. It is the status with which a copy of this return is field. ▶ NONE 12		the state of the s			,,
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									Yes	
					meaning of section 512(b)			45		X
					ith a controlled entity within th	e meaning of section	1 512(b)(13)?	~		
			-	mpleted instead of Form				45a	<u> </u>	X
				olitical campaign activiti	es on behalf of or in oppositio	n to candidates for p	ublic office?	- <u>-</u> -		
Part VI	s," complete Sch			1 45 40	437-1/41		An ambe All	46	- 5044	X
rait Vi					47(a)(1) nonexempt					
					ust answer questions 47-49b a	and 52, and complete	the tables for i	mes o) and 5	<u>'</u>
	Check ii the	organization	used Schedule O to	respond to any question	i in this Part VI				Vac	No
47 Did th	ne organization e	nnane in loh	hvana activatice? If "	Yes," complete Sche	dulo C. Bart II			47	103	X
				•	complete Schedule E			48	<u> </u>	X
49a Did the organization make any transfers to an exempt non-charitable related organization?							49a		X	
		-	on a section 527 org		. 94			49b	\vdash	
		-	-		s (other than officers, directors	s, trustees and kev e	mplovees) who	each re	eceived	l more
			-	. If there is none, enter "		,	,			
		·			(b) Title and average hours	(c) Compensation	(d) Contribution	s (e) Expe	ense
	(a) Name a	and address	of each employee pa	aid more	per week devoted to		to employee benefit plans &	1 1	ccount	
		than	\$100,000 NO		position		deferred compensation	oth	er allov	wances
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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

2010
Open to Public Inspection

Employer identification number Name of the organization 27-5142743 ORCID INC 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: (For lines 1 through 11, check only one box.) 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 a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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. d ____ Type III - Other a Type I **b** Type II c ____ Type III - Functionally integrated 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? (II) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h' Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN organizátion in col. organization in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008 ⁻	(d) 2009	(e) 2010	(f) Total		
	Gifts, grants, contributions, and			, /		, ,			
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-	1							
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3			, .		\$ 860774503 t. 007307 f			
5	The portion of total contributions		a deligação de la completa de la co	ide Terronome					
	by each person (other than a	\$ 04 (100) BALLEY . A.	***********	10 X 77500 X XX		, Suite assisting a suiting a			
	governmental unit or publicly		Ser in State of the	' ਵਲੇ • `	Carlos Salar	cate of the			
	supported organization) included			ili ma arang ari		W 25 May 2			
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
_	column (f)								
	Public support. Subtract line 5 from line 4			A 625 8	, , , , , , , , , , , , , , , , , , ,	44.38.28.28.28.44			
	ction B. Total Support			I	1				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
_	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties					l i			
_	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the			1					
40	business is regularly carried on			<u> </u>					
10	Other income Do not include gain								
	or loss from the sale of capital	1							
44	assets (Explain in Part IV.)		100	71.5×86×3 .					
	Total support. Add lines 7 through 10		38%	<u> </u>	<u> </u>	40			
13	Gross receipts from related activities First five years. If the Form 990 is fo			rd fourth or fifth t	en unar an a anatu	12			
13	organization, check this box and sto		s iirst, second, thi	ra, iourin, or illin i	ax year as a secuc	on 50 r(c)(3)	▶□		
Sec	ction C. Computation of Publ		rcentage			.			
	Public support percentage for 2010 (column (f)\		14	%		
	Public support percentage from 2009		•	column (1))		15			
	33 1/3% support test - 2010. If the c	-	•	n line 13, and line	14 is 33 1/3% or m				
	stop here. The organization qualifies				111000 17070 01 11	iore, ericon uno ber	▶ □		
t	33 1/3% support test - 2009. If the c		•		Hine 15 is 33 1/3%	or more, check thi	s box		
-	and stop here. The organization qua	-					▶□		
17a	10% -facts-and-circumstances tes	•	• • •		e 13, 16a. or 16b. a	and line 14 is 10% o	or more.		
	and if the organization meets the "fac	_							
	meets the "facts-and-circumstances"				•		▶ □		
b	10% -facts-and-circumstances tes	•		-	=	17a, and line 15 is 1	10% or		
_	more, and if the organization meets t	•							
	organization meets the "facts-and-cir								
18			_				s 🔚		
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2010								

Schedule A (Form 990 or 990-EZ) 2010 ORCID INC 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")					158,000	158,000.
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	_			ļ		
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					158,000	158,000.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5 000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b		· · · · · · · · · · · · · · · · · · ·				0.
	Public support (Subtract line 7c from line 6.)		. '	'ar'	any Say	•".	158,000.
Se	ction B. Total Support		<u> </u>			<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total 0. 158,000.
9	Amounts from line 6					158,000	0. 158,000.
10	a Gross income from interest, 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						
	Add lines 10a and 10b				1		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital					·	
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)			1		158,00	0. 158,000.
	First five years. If the Form 990 is fo	r the organization	i's first, second, th	urd, fourth, or fifth	tax vear as a section	 	
	check this box and stop here		,, u	.,	,		▶ □
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2010 (, column (f))		15	100.00 %
	Public support percentage from 2009		•			16	%
	ction D. Computation of Inves)			
17	Investment income percentage for 20	010 (line 10c, colu	ımn (f) dıvıded by	line 13, column (f)))	17	.00 %
18	Investment income percentage from	2009 Schedule A	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2010. If the	organization did	not check the bo	x on line 14, and li	ne 15 is more than	33 1/3%, and II	
	more than 33 1/3%, check this box a	ind stop here. Th	ie organization qu	alifies as a publicly	y supported organiz	zation	ightharpoons X
	b 33 1/3% support tests - 2009. If the	organization did	not check a box	on line 14 or line 1	9a, and line 16 is m	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	eck this box and	stop here. The or	ganızatıon qualıfie:	s as a publicly supp	orted organiza	tion ►
20	Private foundation. If the organization	on did not check a	a box on line 14,	19a, or 19b, check			<u> </u>
0320	023 12-21-10				Scl	hedule A (Form	n 990 or 990-E Z) 2010

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2010
Open to Public
Inspection

Name of the organization Employer identification number ORCID INC 27-5142743 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: BANK FEES 35. MEETINGS AND CONFERENCES 2,710. TOTAL TO FORM 990-EZ, LINE 16 2,745. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR ACCOUNTS RECEIVABLE 0. 119,000. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROMOTING ACCURACY AND INTEGRITY AND FURTHERING COLLABORATION IN SCIENTIFIC RESEARCH AND SCHOLARSHIP BY WORKING TO SOLVE THE AUTHOR/CONTRIBUTOR NAME AMBIGUITY PROBLEM IN SCHOLARLY COMMUNICATIONS BY CREATING A CENTRAL REGISTRY OF UNIQUE IDENTIFIERS FOR INDIVIDUAL RESEARCHERS AND AN OPEN AND TRANSPARENT LINKING MECHANISM BETWEEN ORCID AND OTHER CURRENT AUTHOR ID SCHEMES. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

ORCID INC

Employer identification number 27-5142743

ORCID INC			27-51427	1
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated (see the instructions fo	or Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LIZ ALLEN, C/O EWENSTEIN 6 WEST 77TH STREET, NO.2, NEW YORK, NY 10024	DIRECTOR			
STREET, NO. 2, NEW YORK, NY 10024	5.00	0.	0.	0.
CRAIG VAN DYCK, C/O EWENSTEIN 6 WEST 77TH STREET, NO.2, NEW YORK, NY	DIRECTOR	0.	0.	0.
7/IN SIREET, NO.2, NEW YORK, NY	3.00	U .	0.	<u> </u>
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1 (-09- 10	1 5	Schedule	e ∪ (⊦orm 990 d	or 990-EZ) (2010

Form **8868**

(Rev January 2011)
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

 $ightharpoons \overline{X}$ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • 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. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits. 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 **Employer identification number** Name of exempt organization Type or print ORCID INC 27-5142743 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your C/O EWENSTEIN YOUNG, 6 WEST 77TH STREET, NO. return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10024 0 3 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) Ω7 Form 990-BL 02 Form 1041-A 08 Form 990-EZ Form 4720 09 03 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 THE ORGANIZATION C/O EWENSTEIN YOUNG, 6 WEST 77TH The books are in the care of \triangleright STREET, NO. - NEW YORK, NY 10024 Telephone No. ▶ 212 967-1100 FAX No. ▶ 212 967-2002 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 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011** , to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year 2010 or tax year beginning Initial return If the tax year entered in line 1 is for less than 12 months, check reason 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. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3b 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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.

023841 01-03-11 Form 8868 (Rev 1-2011)

For Paperwork Reduction Act Notice, see Instructions.