



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



EXTENSION GRANTED TILL 8/15/2011

## Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury  
Internal Revenue Service

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

2010

Open to Public  
Inspection

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

A For the 2010 calendar year, or tax year beginning

and ending

B Check if applicable

C Name of organization

D Employer identification number

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

SCIENTIFIC COMMITTEE ON OCEANIC RESEARCH

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)      Room/suite  
UNIVERSITY OF DELAWARE, ROBINSON HALLCity or town, state or country, and ZIP + 4  
NEWARK, DE 19716F Name and address of principal officer: DR. EDWARD R. URBAN, JR.  
ROBINSON HALL, UNIVERSITY OF DELAWARE, NEWARKI Tax-exempt status:  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

J Website: ► WWW.SCOR-INT.ORG

K Form of organization:  Corporation  Trust  Association  Other ►

L Year of formation: 2004 M State of legal domicile: MD

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ADVANCE THE SCIENCE OF OCEANOGRAPHY THRU INTERNATIONAL COORDINATION OF SCIENTIFIC RESEARCH.
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990, line 34 RECEIVED
Revenue	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances. Subtract line 21 from line 20

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

AUG  
Sign

Signature of officer

8/10/11

Here

DR. EDWARD R. URBAN, JR., EXECUTIVE DIRECTOR

Type or print name and title

SCANNED  
Paid  
Preparer  
Use Only

Print/Type preparer's name NEANNA M. AMOS	Preparer's signature Dianne M Amos	Date 8/8/11	Check if self-employed <input type="checkbox"/>	PTIN PTIN
Firm's name KAHN BERMAN SOLOMON TAIBEL & MOGOL, PA		Date 8/8/11	Check if self-employed <input type="checkbox"/>	Firm's EIN ►
Firm's address 9515 DEEREKO ROAD SUITE 801 TIMONIUM, MD 21093-2108		Date 8/8/11	Check if self-employed <input type="checkbox"/>	Phone no. 410-308-0300

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission.

**THE ORGANIZATION EXISTS TO PROMOTE INTERNATIONAL COOPERATION IN OCEAN SCIENCES THROUGH RESEARCH PLANNING, WORKSHOPS, SYMPOSIA, AND PUBLICATIONS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 842,987. including grants of \$ 362,478. ) (Revenue \$ 202,524. )

**A MAJOR FUNCTION OF SCOR IS PLANNING AND COORDINATING INTERNATIONAL RESEARCH PROJECTS AND IDENTIFICATION OF NEW PRIORITY RESEARCH TOPICS. TO CONDUCT THIS FUNCTION, SCOR SPONSORED FIVE (5) INTERNATIONAL RESEARCH PROJECTS IN 2010 THROUGH MEETINGS AND OTHER ACTIVITIES OF THEIR SCIENTIFIC STEERING COMMITTEES. SCOR SPONSORED TEN (10) WORKING GROUPS IN 2010, WHICH DOCUMENT THE STATE OF SPECIFIC AREAS OF OCEAN SCIENCE, IDENTIFYING HIGH-PRIORITY RESEARCH TOPICS, AND ADDRESSING TECHNICAL ISSUES THAT HINDER THE ADVANCE OF OCEAN SCIENCE. FINALLY, SCOR SPONSORS COMMITTEES, WORKSHOPS, AND SYMPOSIA THAT ADDRESS OTHER ISSUES OF IMPORTANCE FOR HUMAN USES AND IMPACTS ON THE OCEAN, SUCH AS OCEAN ACIDIFICATION, MARINE BIODIVERSITY, THE OCEAN CARBON CYCLE, AND MANAGEMENT OF OCEAN DATA.**

4b (Code: \_\_\_\_\_) (Expenses \$ 71,206. including grants of \$ 65,499. ) (Revenue \$ \_\_\_\_\_)

**ASSISTANCE TO SCIENTISTS FROM DEVELOPING COUNTRIES AND COUNTRIES WITH ECONOMIES IN TRANSITION TO ATTEND MAJOR OCEAN SCIENCE MEETINGS AROUND THE WORLD. MEETING PLANNERS CAN APPLY TO SCOR FOR FUNDING FOR SUCH TRAVEL GRANTS AND IN A TYPICAL YEAR SCOR SUPPORTS TEN (10) MEETINGS AND THE TRAVEL COSTS OF 50-60 STUDENTS AND SCIENTISTS.**

4c (Code. \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_)4d Other program services. (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 914,193.

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
*If "Yes," complete Schedule A*

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*

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 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*

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*

b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*

c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*

e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*

12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*

b Was the organization included in consolidated, independent audited financial statements for the tax year?  
*If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*

13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*

15 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, Parts II and IV*

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*

20a Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	X	
2	X	
3	X	
4	X	
5		
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b		

## Part IV Checklist of Required Schedules (continued)

		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	X
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	X
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? If "Yes," complete Schedule J	23	X
24a	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, 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	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
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	X
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	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee 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 transaction 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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28b	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	28c	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	29	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	30	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	31	X
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	32	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	33	X
		34	X
		35	X
36	<b>Section 501(c)(3) organizations.</b> 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	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	2a	0
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
3b	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)?	4a	X
4b	If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
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	X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7	
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9	
9a	Did the organization make any taxable distributions under section 4966?	9a	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:	10	
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:	11	
11a	Gross income from members or shareholders	11a	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13	
13a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13a	
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
13c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI 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

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year 

1a	10
----	----

1b Enter the number of voting members included in line 1a, above, who are independent 

1b	10
----	----

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 

2	X
---	---

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 

3	X
---	---

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 

4	X
---	---

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 

5	X
---	---

6 Does the organization have members or stockholders? 

6	X
---	---

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 

7a	X
----	---

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 

7b	X
----	---

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 

8a	X
----	---

a The governing body? 

8b	X
----	---

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 

9	X
---	---

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates? 

10a	X
-----	---

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 

10b	
-----	--

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 

11a	X
-----	---

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 

12a	X
-----	---

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 

12b	X
-----	---

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 

12c	X
-----	---

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 

13	X
----	---

14 Does the organization have a written whistleblower policy? 

14	X
----	---

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 

15a	X
-----	---

a The organization's CEO, Executive Director, or top management official 

15b	X
-----	---

b Other officers or key employees of the organization  
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 

16a	X
-----	---

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 

16b	
-----	--

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 

16b	
-----	--

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► DR. EDWARD R. URBAN, JR. - (302) 831-7011  
UNIVERSITY OF DELAWARE, ROBINSON HALL, NEWARK, DE 19716

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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, if any. See instructions for definition of "key employee."
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)  $\frac{1}{2} \times 10^3$       (B)  $10^3$       (C)  $10^4$       (D)  $10^5$       (E)  $10^6$

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

**1b Sub-total**

100,301. 0. 24,252.

0. 0. 0.

100,301. 0. 24,252.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

1

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

4 X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person.

6 x

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

the organization.	<b>NONE</b>	
	<b>(A)</b> Name and business address	<b>(B)</b> Description of services

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100 000 in compensation from the organization ► 0

0

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f				
Program Service Revenue	2 a FEES FROM GOVERNMENT A	Business Code 541700	661,091.	661,091.	
	b MEMBERSHIP DUES	541700	311,058.	311,058.	
	c SCIENTIFIC MTGS/WKSHOP	541700	202,524.	202,524.	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		1,174,673.		
	3	Investment income (including dividends, interest, and other similar amounts)		1.	
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6 a	Gross Rents	(i) Real	(ii) Personal		
b	Less: rental expenses				
c	Rental income or (loss)				
d	Net rental income or (loss)				
7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b	Less: cost or other basis and sales expenses				
c	Gain or (loss)				
d	Net gain or (loss)				
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			
b	Less: direct expenses	b			
c	Net income or (loss) from fundraising events				
9 a	Gross income from gaming activities. See Part IV, line 19	a			
b	Less: direct expenses	b			
c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a			
b	Less: cost of goods sold	b			
c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code			
11 a					
b					
c					
d	All other revenue				
e	Total. Add lines 11a-11d		1,174,674.	1,174,673.	0.
12	Total revenue. See instructions.				1.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 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)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	400,253.	400,253.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	124,553.	18,757.	105,796.	
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	21,425.	5,000.	16,425.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	9,240.		9,240.	
10 Payroll taxes	9,274.		9,274.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	41,183.	10,596.	30,587.	
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	36,157.	2,884.	33,273.	
14 Information technology	8,720.	8,720.		
15 Royalties				
16 Occupancy				
17 Travel	52,884.	7,409.	45,475.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	423,943.	415,575.	8,368.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,360.		2,360.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>PUBLICATIONS</b>	54,043.	44,999.	9,044.	
b <b>BAD DEBT</b>	2,035.		2,035.	
c				
d				
e				
f All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>1,186,070.</b>	<b>914,193.</b>	<b>271,877.</b>	<b>0.</b>
<b>26 Joint costs.</b> Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	275,860.	1	262,067.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	76,967.	3	93,728.
	4 Accounts receivable, net	47,648.	4	22,579.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	197.	9	1,302.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		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)	400,672.	16	379,676.
Liabilities	17 Accounts payable and accrued expenses	57,832.	17	51,238.
	18 Grants payable		18	
	19 Deferred revenue	161,681.	19	158,675.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	219,513.	26	209,913.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	181,159.	27	169,763.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	181,159.	33	169,763.
	34 Total liabilities and net assets/fund balances	400,672.	34	379,676.

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,174,674.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,186,070.
3 Revenue less expenses Subtract line 2 from line 1	3	-11,396.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	181,159.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	169,763.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
2b Were the organization's financial statements audited by an independent accountant?  
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?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  
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 separate basis, consolidated basis, or both.  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a 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?  
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.

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a	<input checked="" type="checkbox"/>	
3b	<input checked="" type="checkbox"/>	

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

# Public Charity Status and Public Support

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number

**Name of the organization**

## SCIENTIFIC COMMITTEE ON OCEANIC RESEARCH

**4947(a)(1) nonexempt charitable trust**

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

Name of the organization	SCIENTIFIC COMMITTEE ON OCEANIC RESEARCH	Employer identification number
		52-1842894

**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.)

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

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

3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. \_\_\_\_\_

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

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

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

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

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

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

11  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.

a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

- 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")
- 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- 3 The value of services or facilities furnished by a governmental unit to the organization without charge
- 4 **Total.** Add lines 1 through 3
- 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

**6 Public support.** Subtract line 5 from line 4

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1						
2						
3						
4						
5						
6						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

- 7 Amounts from line 4
- 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
- 9 Net income from unrelated business activities, whether or not the business is regularly carried on
- 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)
- 11 **Total support.** Add lines 7 through 10

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

**12**13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))

**14**

%

15 Public support percentage from 2009 Schedule A, Part II, line 14

**15**

%

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► 17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I 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.)

**Section A. Public Support**

Calendar 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 include any "unusual grants.")	754,810.	912,515.	988,307.	942,933.	972,148.	4570713.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,649.	67,943.	179,201.	175,917.	202,524.	634,234.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	763,459.	980,458.	1167508.	1118850.	1174672.	5204947.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b 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.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						5204947.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	763,459.	980,458.	1167508.	1118850.	1174672.	5204947.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,052.	8,028.	1,807.	2.	1.	18,890.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9,052.	8,028.	1,807.	2.	1.	18,890.
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 assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	772,511.	988,486.	1169315.	1118852.	1174673.	5223837.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.64	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.53	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.36	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.47	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

SCIENTIFIC COMMITTEE ON OCEANIC RESEARCH

Employer identification number

52-1842894**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confering impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

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  Scholarly research
- c  Preservation for future generations

d  Loan or exchange programs

e  Other \_\_\_\_\_

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 organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

	Amount
1c	
1d	
1e	
1f	

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- 1a Beginning of year balance
- b Contributions
- c Net investment earnings, gains, and losses
- d Grants or scholarships
- e Other expenditures for facilities and programs
- f Administrative expenses
- g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by.

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 0.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►

2. FIN 48 (ASC 740) 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

2. FIN 48 (ASC 740)

032053

12-20-10

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,174,674.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,186,070.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	-11,396.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	
9 Total adjustments (net) Add lines 4 through 8	9	0.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-11,396.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	1,174,674.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	1,174,674.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,174,674.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	1,186,070.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	1,186,070.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,186,070.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS TAKEN**

**FOR ALL OPEN TAX YEARS. DURING 2010, THE ORGANIZATION WAS AUDITED FOR TAX**

**YEAR ENDING DECEMBER 31, 2007, WHICH RESULTED IN THE ORGANIZATION**

**CONTINUING TO QUALIFY FOR TAX EXEMPTION. THE ORGANIZATION IS NOT**

**CURRENTLY UNDER AUDIT, NOR HAS THE ORGANIZATION BEEN CONTACTED BY ANY**

**OTHER TAXING JURISDICTIONS THAT IT IS SUBJECT TO EXAMINATION. AS OF**

**DECEMBER 31, 2010, NO INTEREST OR PENALTIES HAVE BEEN RECORDED.**

**Part XIV** Supplemental Information (continued)

BASED ON THE EVALUATION OF THE ORGANIZATION'S TAX POSITIONS, MANAGEMENT

BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER EXAMINATION.

THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS

BEEN RECORDED AS OF DECEMBER 31, 2010, AND FOR THE YEAR THEN ENDED.

**SCHEDULE F**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

Employer identification number

**SCIENTIFIC COMMITTEE ON OCEANIC RESEARCH****52-1842894****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	COORDINATION OF INTERNATIONAL RESEARCH	24,461.
EUROPE	0	0	PROGRAM SERVICES	COORDINATION OF INTERNATIONAL RESEARCH	489,309.
NORTH AMERICA	0	0	PROGRAM SERVICES	COORDINATION OF INTERNATIONAL RESEARCH	72,060.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	COORDINATION OF INTERNATIONAL RESEARCH	4,249.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL GRANTS TO RECIPIENTS LOCATED IN THE REGION	5,000.
SOUTH ASIA	0	0	PROGRAM SERVICES	TRAVEL GRANTS TO RECIPIENTS LOCATED IN THE REGION	962.
EUROPE	0	0	PROGRAM SERVICES	TRAVEL GRANTS TO RECIPIENTS LOCATED IN THE REGION	34,419.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL GRANTS TO RECIPIENTS LOCATED IN THE REGION	2,296.
<b>3 a Sub-total</b>	<b>0</b>	<b>0</b>			<b>632,756.</b>
<b>b Total from continuation sheets to Part I</b>	<b>0</b>	<b>0</b>			<b>55,894.</b>
<b>c Totals (add lines 3a and 3b)</b>	<b>0</b>	<b>0</b>			<b>688,650.</b>

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

Schedule F (Form 990) 2010

## Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
<u>EUROPE</u>	0	0	SCOR MGMT/EXEC COMMITTEE REPRESENTATION		37,357.
<u>NORTH AMERICA</u>	0	0	SCOR MGMT/EXEC COMMITTEE REPRESENTATION		1,367.
<u>SOUTH AMERICA</u>	0	0	PROGRAM SERVICES	COORDINATION OF INTERNATIONAL RESEARCH	17,170.
<b>Totals</b>	►				55,894.

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

**Recipient who received more than \$5,000.** Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TRAVEL GRANT	7,530	BANK TRANSFER	0		
		EUROPE	COORDINATION OF SCIENTIFIC MEETINGS	59,228	BANK TRANSFER	0		
		NORTH AMERICA	COORDINATION OF SCIENTIFIC MEETINGS	64,613	BANK TRANSFER	0		
		EUROPE	COORDINATION OF SCIENTIFIC MEETINGS	109,904	BANK TRANSFER	0		
		EAST ASIA AND THE PACIFIC	TRAVEL GRANT	10,000	BANK TRANSFER	0		
		EUROPE	TRAVEL GRANT	10,030	BANK TRANSFER	0		
		EUROPE	COORDINATION OF DATA MANAGEMENT	101,055	BANK TRANSFER	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL GRANTS TO ATTEND SCIENTIFIC MEETINGS	EUROPE	11	16,859	BANK TRANSFER/DIRECT PAYMENT OF TRAVEL OR LODGING EXPENSES	0		
TRAVEL GRANTS TO ATTEND SCIENTIFIC MEETINGS	SOUTH ASIA	2	962	BANK TRANSFER/DIRECT PAYMENT OF TRAVEL OR LODGING EXPENSES	0		
TRAVEL GRANTS TO ATTEND SCIENTIFIC MEETINGS	SUB-SAHARAN AFRICA	1	2,296	BANK TRANSFER/DIRECT PAYMENT OF TRAVEL OR LODGING EXPENSES	0		

**Part IV Foreign Forms**

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, *Return by a U S Transferor of Property to a Foreign Corporation* (see *Instructions for Form 926*)  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, *Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A, *Annual Information Return of Foreign Trust With a U S. Owner* (see *Instructions for Forms 3520 and 3520-A*)  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, *Information Return of U.S. Persons with respect to Certain Foreign Corporations*. (see *Instructions for Form 5471*)  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, *Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund*. (see *Instructions for Form 8621*)  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, *Return of U.S. Persons with respect to Certain Foreign Partnerships* (see *Instructions for Form 8865*)  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, *International Boycott Report* (see *Instructions for Form 5713*)  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: FUNDS PROVIDED TO OTHER ENTITIES OUTSIDE THE UNITED STATES ARE RELATED TO TWO TYPES OF ACTIVITIES: (1) SUPPORT OF ACTIVITIES OF PROJECT OFFICES (PRIMARILY TRAVEL SUPPORT AND PUBLICATION EXPENSES) AND (2) SUPPORT OF THE TRAVEL OF INDIVIDUALS FROM DEVELOPING COUNTRIES AND COUNTRIES WITH ECONOMIES IN TRANSITION (E.G., COUNTRIES OF THE FORMER SOVIET UNION) TO OCEAN SCIENCE MEETINGS. IN THE CASE OF FUNDS PROVIDED TO PROJECT OFFICES, THE OFFICE DIRECTORS ARE REQUIRED TO READ INFORMATION THAT WE PROVIDE RELATED TO ACCEPTABLE USES OF U.S. GOVERNMENT FUNDS AND TO SIGN A FORM AGREEING TO FOLLOW U.S. REQUIREMENTS. WE KEEP THESE SIGNED FORMS ON FILE IN OUR OFFICE. THE PROJECT OFFICES ARE REQUIRED TO SUBMIT DETAILED QUARTERLY REPORTS TO OUR OFFICE, SHOWING EACH EXPENDITURE. WHEN THE FUNDS ARE USED FOR AIRFARES, THE PROJECT OFFICES MUST IDENTIFY THE AIRLINE USED, TO SHOW THAT U.S. AIR CARRIERS WERE USED WHEN THIS IS REQUIRED UNDER U.S. REGULATIONS. PROJECT OFFICES MUST ALSO VERIFY THAT THEY DID NOT USE ANY OF THE U.S. FUNDS FOR ALCOHOLIC BEVERAGES. IN THE CASE OF FUNDS TRANSFERRED TO AN ORGANIZATION OR INSTITUTION TO SUPPORT TRAVEL FOR SCIENTISTS FROM DEVELOPING COUNTRIES OR COUNTRIES WITH ECONOMIES IN TRANSITION TO ATTEND OCEAN SCIENCE MEETINGS OR TRAINING OPPORTUNITIES, WE REQUIRE THE RECIPIENT ORGANIZATIONS TO FOLLOW THE SAME U.S. GRANT REGULATIONS. OUR ORGANIZATION ALSO MUST APPROVE THE RECIPIENTS OF THE TRAVEL FUNDS AND THUS WE CAN ENSURE THAT THE RECIPIENTS ARE NOT FROM RESTRICTED COUNTRIES.

SCHEDULE F, PART III, COL (C): THESE ARE ACTUAL NUMBERS, NOT ESTIMATES, AS WE KEEP TRACK OF EACH PERSON WHOSE TRAVEL IS SUPPORTED.



**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TRAVEL GRANTS TO ATTEND SCIENTIFIC MEETINGS	13	12,776.	0.		

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: FUNDS PROVIDED TO OTHER ENTITIES IN THE UNITED STATES ARE RELATED TO SUPPORT OF THE TRAVEL OF INDIVIDUALS TO OCEAN SCIENCE MEETINGS. IN THE CASE OF FUNDS PROVIDED TO PROJECT OFFICES, THE OFFICE DIRECTORS ARE REQUIRED TO READ INFORMATION THAT WE PROVIDE RELATED TO ACCEPTABLE USES OF U.S. GOVERNMENT FUNDS AND TO SIGN A FORM AGREEING TO FOLLOW U.S. REQUIREMENTS. WE KEEP THESE SIGNED FORMS ON FILE IN OUR OFFICE. THE PROJECT OFFICES ARE REQUIRED TO SUBMIT DETAILED QUARTERLY REPORTS TO OUR OFFICE, SHOWING EACH EXPENDITURE. WHEN THE FUNDS ARE USED

THE PROJECT OFFICES MUST IDENTIFY THE AIRLINE USED, TO SHOW AIRFARES FOR AIRFARES.

THAT U.S. AIR CARRIERS WERE USED WHEN THIS IS REQUIRED UNDER U.S. REGULATIONS. PROJECT OFFICES MUST ALSO VERIFY THAT THEY DID NOT USE ANY OF THE U.S. FUNDS FOR ALCOHOLIC BEVERAGES. IN THE CASE OF FUNDS TRANSFERRED TO AN ORGANIZATION OR INSTITUTION TO SUPPORT TRAVEL FOR SCIENTISTS FROM DEVELOPING COUNTRIES OR COUNTRIES WITH ECONOMIES IN TRANSITION TO ATTEND OCEAN SCIENCE MEETINGS OR TRAINING OPPORTUNITIES, WE REQUIRE THE RECIPIENT ORGANIZATIONS TO FOLLOW THE SAME U.S. GRANT REGULATIONS. OUR ORGANIZATION ALSO MUST APPROVE THE RECIPIENTS OF THE TRAVEL FUNDS AND THUS WE CAN ENSURE THAT THE RECIPIENTS ARE NOT FROM RESTRICTED COUNTRIES.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**SCIENTIFIC COMMITTEE ON OCEANIC RESEARCH**

Employer identification number  
**52-1842894**

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

a Receive a severance payment or change-of-control payment from the organization or a related organization?  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of.

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DR. EDWARD R. URBAN, 1 JR.	(i) 100,301. 0.	(ii) 0. 0.	(iii) 0. 0.	0.	10,994. 0.	13,258. 0.	124,553. 0.
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

**SCH. J. PART II: THE UNIVERSITY OF DELAWARE**

ADMINISTERS THE PAYROLL AND FRINGE BENEFITS FOR THE ORGANIZATION. DURING

2010, UD PAID SALARIES TOTALING \$121,726, PAYROLL TAXES TOTALING \$9,274,

AND BENEFITS TOTALING \$33,492 TO THE EXECUTIVE DIRECTOR AND HIS

ADMINISTRATIVE ASSISTANT. THE EXECUTIVE DIRECTOR'S SALARY AND BENEFITS ARE

REPORTED ON FORM 990, PART VII, SECTION A AND ALSO SCHEDULE J.

## 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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

SCIENTIFIC COMMITTEE ON OCEANIC RESEARCH

Employer identification number  
52-1842894

FORM 990, PART VI, SECTION A, LINE 3: THE UNIVERSITY OF DELAWARE MANAGES  
THE PAYROLL AND FRINGE BENEFITS FOR THE EXECUTIVE DIRECTOR AND  
ADMINISTRATIVE ASSISTANT OF SCOR.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS COMPRISED OF  
THREE CATEGORIES OF MEMBERS: NOMINATED MEMBERS, REPRESENTATIVE MEMBERS AND  
INVITED MEMBERS.

NOMINATED MEMBERS ARE NOMINATED BY COMMITTEES FOR OCEANIC RESEARCH IN 35  
MEMBER NATIONS. IN ORDER TO PROVIDE BROAD DISCIPLINARY REPRESENTATION,  
EACH SUCH BODY MAY NOMINATE UP TO THREE SCIENTISTS AS NOMINATED MEMBERS.

REPRESENTATIVE MEMBERS ARE THE ELECTED PRESIDENTS AND SECRETARIES OF  
AFFILIATED ORGANIZATIONS (EX-OFFICIO), THE CHAIRMEN OF ACTIVE SCOR  
SUBSIDIARY BODIES (EX-OFFICIO), THE SCOR SCIENTIFIC REPORTERS (EX-OFFICIO),  
AND THE NOMINEES OF ICSU AND OF ITS SCIENTIFIC UNIONS AND ITS SCIENTIFIC  
AND SPECIAL COMMITTEES THAT WISH TO PARTICIPATE IN SCOR.

INVITED MEMBERS ARE INDIVIDUAL MARINE SCIENTISTS WHO HAVE BEEN INVITED BY  
THE EXECUTIVE COMMITTEE FROM COUNTRIES THAT HAVE NOT ESTABLISHED A  
COMMITTEE FOR OCEANIC RESEARCH.

FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS APPROXIMATELY  
100 MEMBERS, WHO APPROVE 6 OF THE 10 MEMBERS OF THE ORGANIZATION'S  
EXECUTIVE COMMITTEE, THE OFFICERS. EVERY TWO YEARS, THE EXECUTIVE  
COMMITTEE ESTABLISHES A NOMINATING COMMITTEE TO PREPARE A SLATE OF NOMINEES

Name of the organization

SCIENTIFIC COMMITTEE ON OCEANIC RESEARCH

Employer identification number

52-1842894

FOR THE OFFICER POSITIONS. THE SLATE IS CONSIDERED BY THE MEMBERS OF THE ORGANIZATION AND ACCEPTED PRIOR TO THE ORGANIZATION'S ANNUAL MEETING. IF THREE OR MORE NATIONAL COMMITTEES OBJECT, THEY MAY REQUEST THAT THE NAMES ARE TO BE PUT TO AN IN-PERSON VOTE AT THE ORGANIZATION'S ANNUAL MEETING, OTHERWISE THE SLATE PROPOSED BY THE NOMINATING COMMITTEE WILL BE DECLARED ELECTED.

THE EXECUTIVE COMMITTEE ALSO INCLUDES 3 EX-OFFICIO MEMBERS WHO SERVE AS REPRESENTATIVES OF THE AFFILIATED ORGANIZATIONS AND AS MANY AS 2 CO-OPTED MEMBERS SELECTED BY THE EXECUTIVE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS TAKEN BY THE ORGANIZATION'S EXECUTIVE COMMITTEE AT THE ANNUAL MEETING, PARTICULARLY DECISIONS RELATED TO THE COMING YEAR'S DISCRETIONARY SPENDING AND THE NEW WORKING GROUPS TO BE SET UP IN THE COMING YEAR, ARE DISCUSSED AT THE ANNUAL MEETING AND AGREED BY CONSENSUS AMONG PARTICIPANTS.

FORM 990, PART VI, SECTION B, LINE 11: COPIES OF FORM 990 WERE EMAILED TO EXECUTIVE COMMITTEE MEMBERS, WHO WERE ASKED TO REVIEW AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C: SENIOR STAFF AND EXECUTIVE COMMITTEE MEMBERS ARE REQUIRED TO SUBMIT CONFLICT OF INTEREST STATEMENTS TO THE EXECUTIVE DIRECTOR, AND UPDATE THEM ANNUALLY. POTENTIAL CONFLICTS, IF ANY, ARE COMMUNICATED BY THE EXECUTIVE DIRECTOR TO THE ENTIRE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S SALARY IS DELIBERATED BY THE EXECUTIVE COMMITTEE. THEY MEET IN CLOSED SESSION AND

Name of the organization

SCIENTIFIC COMMITTEE ON OCEANIC RESEARCH

Employer identification number

52-1842894

DISCUSS AND AGREE BY CONSENSUS. WRITTEN MINUTES OF ALL SESSIONS ARE MAINTAINED BY THE CORRESPONDING SECRETARY AND A COPY IN THE SCOR OFFICE.  
ONCE THE SALARY IS DETERMINED, THE PRESIDENT OF THE BOARD SENDS A LETTER TO THE DEAN OF THE COLLEGE CONCERNING THE CHANGE. THE UNIVERSITY, WHICH IS INDEPENDENT FROM THE ORGANIZATION, COMPARES THE PROPOSED SALARY TO OTHERS WITH SIMILAR POSITIONS WITHIN THE UNIVESITY TO ENSURE IT IS COMPARABLE AND WITHIN UNIVERSITY PAY SCALES.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES GOVERNING DOCUMENTS, CONFICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

PROF. WOLFGANG FENNEL - BALTIC SEA RESEARCH INSTITUTE

ROSTOCK, GERMANY 18119

DR. MARY FEELEY - EXXONMOBIL EXPLORATION CO., PO BOX 4778 GP8-896

HOUSTON, TX 77210-4778

PROF. SATORU TAGUCHI - DEPT OF ENVIRONMENTAL ENG. FOR SYMBIOSIS, SOKA UNIVE TOKYO, JAPAN 192-8577

DR. JOHN VOLKMAN - MARINE BIOGEOCHEMISTRY PROGRAM, CSIRO MARINE ATMOSP, RSC HOBART TASMANIA, AUSTRALIA 7001

DR. ILANA WAINER - INSTITUTO OCEANOGRÁFICO - USP, PRACA DO OCEANOGRÁFICO 19 SAO PAULO, BRAZIL 05508-120

MICHAEL MACCRACKEN - 6308 BERKSHIRE DRIVE, BETHESDA, MD 20814

LAWRENCE MYSAK - DEPT OF ATMOSPHERIC & OCEANIC SCIENCES, MCGILL UNIV., 805

Name of the organization

SCIENTIFIC COMMITTEE ON OCEANIC RESEARCH

Employer identification number

52-1842894MONTREAL, QUEBEC, CANADA H3A 2K6PROF. MARK COSTELLO - LEIGH MARINE LABORATORY, UNIVERSITY OF AUCKLAND, PO BWARKWORTH, NEW ZEALAND 0941PROF. BJORN SUNDBY - UNIVERSITY OF CAPE TOWN, DEPT. OF GEOLOGICAL SCIENCESRONDEBOSCH, SOUTH AFRICA 7700THE AUDIT PROCESS HAS NOT CHANGED FROM THE PRIOR YEARS.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- 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 filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only 

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

Type or print	Name of exempt organization <b>SCIENTIFIC COMMITTEE ON OCEANIC RESEARCH</b>	Employer identification number <b>52-1842894</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O. box, see instructions. <b>UNIVERSITY OF DELAWARE, ROBINSON HALL</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEWARK, DE 19716</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**DR. EDWARD R. URBAN, JR.**

- The books are in the care of ► **UNIVERSITY OF DELAWARE, ROBINSON HALL - NEWARK, DE 19716**  
Telephone No. ► **(302) 831-7011** FAX No. ►

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

1 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:

►  calendar year **2010** or►  tax year beginning , and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

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

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)