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Internal Revenue Service

# 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)

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

OMB No 1545-0047 Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning $OCT = 1$ , $2010$ and	ending S	EP 30, 2011					
Bc	heck if ipplicable	C Name of organization NERACOOS		D Employer identific	cation number				
Г	Address change	Coastal Ocean Observing Systems							
$\Box$	Name change	Doing Business As		26-4	607435				
	initial retum Termin-	Number and street (or P 0 box if mail is not delivered to street address) 570 Ocean Boulevard	Room/suite	E Telephone numbe	r 319–1785				
누	ated Amende			1 517 404					
$\vdash$	return Applica	City or town, state or country, and ZIP + 4		G Gross receipts \$					
L	tion pending	Kye, Nii 03070		H(a) Is this a group re	Yes X No				
		F Name and address of principal officer:Linda Mercer same as C above		for affiliates?					
		The state of the s	507	H(b) Are all affiliates inc					
		mpt status: X 501(c)(3)	or 527	1	list. (see instructions)				
		neracoos.org	I Voor	H(c) Group exemptio	A State of legal domicile NH				
		Agentization (E.S.) ***	L Year	orioimation 2000 n	n State of legal doffliche 1411				
1	art f	Summary	oad th	a develonme	nt				
9	1 E	Briefly describe the organization's mission or most significant activities. To $1$ implementation, operation, and evaluation	n of a	sustained.	regional				
nar									
Je z	I .	Check this box I if the organization discontinued its operations or dispo	sea or more	3	18				
Ĝ		lumber of voting members of the governing body (Part VI, line 1a)		4	18				
<b>∞</b> 5	1	lumber of independent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2010 (Part V, line 2a)		5	3				
Ë.	1	otal number of individuals employed in calendar year 2010 (Fait V, inte 2a)		6	0				
Activities & Governance	1	otal number of volunteers (estimate in necessary)  otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
Ă		let unrelated business taxable income from Form 990-T, line 34		7b	0.				
_	D	et unrelated business taxable income nontrouti 550 t, incom		Prior Year	Current Year				
	8 0	Contributions and grants (Part VIII, line 1h)		345,050.	1,508,268.				
Ę	1	Program service revenue (Part VIII, line 2g)		20,384.	9,019.				
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		61.	117.				
ď	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		365,495.	1,517,404.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		71,916.	1,244,901.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Ś	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		194,325.	246,896.				
use	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	ьт	otal fundraising expenses (Part IX, column (D), line 25)	25.		<u> </u>				
ŵ	11/ (	Other expenses (Part IX, column (A), lines 11a-11d-11f-24f)		104,205.	114,751.				
	18 T	otal expenses. Add lines 13-17 (must equal Part X, column (A), line 25)	<u>_</u>	370,446.	1,606,548.				
	19 F	Revenue less expenses. Subtract line 18 from line 12		<4,951 <u>.</u>	> <89,144.>				
Met Assets or Fund Balances		otal assets (Part X, line 16)	Be	ginning of Current Year	End of Year				
alar	20 1	otal assets (Part X, line 16)		116,207.	641,399.				
쫉	21 7	otal liabilities (Part X, line 26)		50,320.	664,656.				
		Net assets or fund balances. Subtract line 21 from line 20 N. UT		65,887.	<23,257.>				
	art (I	Signature Block							
		ties of perjury, I deplare that I have examined this return, including accompanying schedule			ly knowledge and belief, it is				
		, and complete declaration of disprairer (other than officer) is based on all information of w	hich prepare	r has any knowledge	77				
X Sign		Signature of officer		Date	12				
<u>Sig</u>	n	•		54,0					
Hei	re	Linda Mercer, Treasurer Type or print name and title							
뽀			·	Date Check	X PTIN				
Ş	.	Print/Type preparer's name  Albert P. Stowe, CPA  Preparer's signature		) 2 / 0 4 / 1 2 self-employ	<u> </u>				
<b>4</b>	d parer		Firm's EIN	<u> </u>					
160	Onty	Firm's address 200 Marcy Street	Tilli S CIN						
USE	Unity	Portsmouth, NH 03801		Phone no (	603)433-8838				
M	u tha ID	S discuss this return with the preparer shown above? (see instructions)		I mone no /	X Yes No				
ivia	y trie iH	o discress this territi with the biebalet shown above tises instructions)		/ ::	- 000 (5 5				

	, i NE	ERACOOS			
	990 (2010) CC		Observing Systems	26-46	07435 Page
Pai	t III Statement of Pro	gram Service Accon	nplishments		_
	` Check if Schedule O co	ntains a response to any c	question in this Part III		
1	Briefly describe the organizat	on's mission:			
	To lead the dev	<u>elopment, imp</u>	olementation, ope	rating, and evaluation	ation of
	a sustained, re	gional coasta	<u>il ocean observin</u>	g system for the	northeast
				s, as part of the	United
	States Integrat	ed Ocean Obse	erving System (IO	os).	
2	Did the organization undertak	e any significant program:	services during the year which we	ere not listed on	
	the pnor Form 990 or 990-EZ	?			Yes X N
	If "Yes," describe these new	services on Schedule O.			
3	Did the organization cease co	nducting, or make significa	ant changes in how it conducts, a	any program services?	Yes X N
	If "Yes," describe these chan	ges on Schedule O.			
4	Describe the exempt purpose	achievements for each of	f the organization's three largest p	program services by expenses.	
	Section 501(c)(3) and 501(c)(4	4) organizations and sectio	on 4947(a)(1) trusts are required to	report the amount of grants and	
	allocations to others, the tota	l expenses, and revenue, r	f any, for each program service re	ported.	_
4a	(Code: ) (E	xpenses \$ 1,533,6	664 including grants of \$ $1$	, 244, 901. ) (Revenue \$	9,019
	The goal of the	project is t	o establish, in	the Northeastern	Region, ar
	observing syste	m capable of	achieving the mi	ssion established	for the
	Integrated Ocea	n Observing S	System (IOOS). S	pecific objective	s are to
	develop integra	ted plans for	products, scien	ce and technology	, and
	data, and to re	fine and adva	ance the administ	rative and govern	ance
			ern Regional Asso		
4b	(Code. ) (E	xpenses \$	including grants of \$	) (Revenue \$	
	·				
4c	(Code: ) (E	xpenses \$	including grants of \$	) (Revenue \$	
	<del></del>				
		<del> </del>			
		· · · · · · · · · · · · · · · · · · ·			
4d	Other program services. (Des	cribe in Schedule O \			
	(Expenses \$	including grants of	of \$ ) (Reve	nue\$	
4e			33,664.		
7.5				-	Form <b>990</b> (20

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	х	
_	If "Yes," complete Schedule A	2	X	
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	3		Х
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		71
4	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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	9		Х
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	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		l	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		:	v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	11d		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's separate of consolidated inflancial 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	11f		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	12a	Х	
ь	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		X
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	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		y
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
20-2	complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
-	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		

Part IV Checklist of Required Schedules (continued)

		1	162	140
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		v	
	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,		Х	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ŀ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		Х
	Schedule J	23_		Λ
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	24a		Х
_	Schedule K. If "No", go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
С		24c		
4	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
•	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		28b		_X_
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
	contributions? If "Yes," complete Schedule M	30		^
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		Х
	If "Yes," complete Schedule N, Part I	31		Λ.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		
33	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	<b>990</b> (	2010)

\* Form 990 (2010)

Form 990	) (2010	)	Coastal	ocean	observ	<u>ing</u>	Systems
Part V	St	atements	Regarding Ot	her IRS F	Filings and	Tax C	ompliance

Series the number reported in Box 3 of Form 1096, Enter 0- if not applicable   1a   5   5   1b   0   0   0   0   0   0   0   0   0		Check if Schedule O contains a response to any question in this Part V			
1a Enter the number reported in Box 3 of Form 1996. Enter 0º find applicable Enter the number of Forms WaSC included in line 1a Enter 0º find applicable Child the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winnes? Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. (filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3 but the organization have interable observables sincerious 61 8,000 or more dumpt the year? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3 but the organization have vier and 2a is greater than 250, you may be required to e-file. (see instructions) 3 but the organization have vier and 2a is greater than 250, you may be required to e-file. (see instructions) 3 but 10° 10° 10° 10° 10° 10° 10° 10° 10° 10°				Yes	No
b Enter the number of Forms W2Cs included in line 1a. Enter O-fi not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
combining with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) withing with with the year within the year country with the year country within the year covered by this return.  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.  3 If all least one is reported on line 2a, did the organization file all required idedral employment tax returns?  Note. If the sum of lines 1a and 2 as igneater than 250, you may be required to e-file (see instructions)  3 bit the organization have unreliated business gross income of \$1,000 or more dump the year?  3 bit files and the state of the payor?  3 bit files and the state of the foreign country with the year?  4 bit files, the state of the foreign country.  5 bit files, enter the name of the foreign country.  5 be instructions for filing requirements for Form ID F 90.22.1, Report of Foreign Bank and Financial Accounts.  5 bit was the organization and a party to a prohibited that was or is a party to a prohibited that where it is a state of the foreign country.  5 bit files, the state of the organization file form 8868-7?  5 bit files, the state of \$5 did the organization file form 8868-7?  5 cit files, the state of \$5 did the organization file form 8868-7?  5 cit files, the state of \$5 did the organization file form 8868-7?  5 cit files, the state of \$5 did the organization file form 8868-7?  5 cit files, the state of \$5 did the organization file form 8868-7?  5 cit files, the state of \$5 did the organization file form 8869 as central state of the payor?  5 cit files, the organization secure applies that are normally greater than \$100,000, and did the organization solicit any contributions that were nor tax deductible?  6 cit files, form \$600 and \$600 a	_	,	]		1
Gambling) winnings to prize winners?  8 Earth reh 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  8 If all teast on ex reported on line 2s, did the organization file all required federal employment tax returns?  8 If Yea, I had it least on ex reported on line 2s, did the organization file all required federal employment tax returns?  8 If Yea, I had it file a form 990-7 for the year If Yea, provide an explanation in Schedule O  8 If Yea, I had it file a form 990-7 for the year If Yea, provide an explanation in Schedule O  8 If Yea, I had it file a form 990-7 for the year If Yea, provide an explanation in Schedule O  8 If Yea, I had it file a form 990-7 for the year If Yea, provide an explanation in Schedule O  9 If Yea, I do not not not not not not not not not no	_		]		
2a Einer the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return  b If all least one is reported on line 2a, dot the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary 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 At any time the financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If Yes, "the ine 5a or 5b, 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 accounts.  5a Was the organization a party to a pricibilitied that it was or is a party to a pricibilitied fax sheller transaction?  5b If Yes, "to line 5a or 5b, did the organization that it was or is a party to a pricibilitied fax sheller transaction?  5b If Yes, "to line 5a or 5b, did the organization that it was or is a party to a pricibilitied fax sheller transaction?  5c If Yes, "to line 5a or 5b, did the organization in that it was or is a party to a pricibilitie fax sheller transaction?  5c If Yes, "to line 5a or 5b, did the organization in include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If Yes, "to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes, "did the organization include wit			1c	X	
the for the calendary year ending with or within the year covered by this return  If all least one is reported on line 2a, dut the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  3a but the organization have unrelated business gross income of \$1,000 or more duming the year?  5b if 1'Yes, his if filed a Form 990-1 for this year? if 1'No., forwards an explanation in Schedule O  4a At any time during the calendar year, dut the organization have an interest in, or a signature or other authority over, a financial accountry is considered and the financial accountry.  5a Was the organization aparty to a prohibited tax shelter transaction of the file of any taxable party notify the reginarization that it was or is a party to a prohibited tax shelter transaction?  5b Was 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?  6b West organization and the organization file Form 88867?  7c Organizations that may receive deductible contributions under section 170(c).  8b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8b If Yes, 'indicate the number of Forms 8282 filed during the year and the organization file form 8282?  7c Did the organization exceve a payment in excess of \$75 made party as a contribution of qualified intellectual property, did the organization file form 8299 as required?  7d If Yes, 'indicate the number of Forms 8282 filed during the year year personal	2a				
It aleast one is reported on line 2a, did the organization file all required federal employment tax returns?   2b   X		1 . 1	,		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	ь	• • • • • • • • • • • • • • • • • • • •	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes, *has it filed a Form 990-T for this year? If *No," provide an explanation in Schedule O  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)?  5b If Yes, *I enter the name of the foreign country: ▶  5c enstructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization party to a prohibited tax sheller transaction?  5c If Yes, *I to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction?  5c If Yes, *I to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction?  5c If Yes, *I to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction?  5c If Yes, *I did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that ware not tax deductible contributions under section 170(c).  8d bit the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  8d bif Yes, *I did the organization notify the donor of the value of the goods or services provided?  9d bif the organization receive a payment in excess of \$75 made party as a contribution of party for which it was required to file Form 8282?  9d If Yes, *I did the organization notify the donor of the value of the goods or services provided?  9d If Yes, *I did the organization notify the donor of the value of the goods or services provided?  9d If Yes, *I did the organization received a contribution of qualified intellectual property, did the organization file or \$75 made party \$10 made \$10 made \$10 made \$10 made \$10 made \$	-				[
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make a distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  a Gross income from embers or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  11b I'Yes, enter the amount of tax-exempt interest received or accrued during the year  12b I'Yes, a set the instructions for additional information the organization must report on Schedule O.  b 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  c Enter the amount of reserves on hand  13b I Section 501(c) (29) qualified nonprofit health plans  c Enter the amount of reserves on hand  13b I Section 501(c) (29) qualified nonprofit health plans in more than one state?  Note. See the instructions for additional information the organization must r	d	If "Yes," indicate the number of Forms 8282 filed during the year	-		1
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If Yes,* enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b 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  c Enter the amount of reserves on hand  13b  13c  Lital Title Title And Title	е				
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c 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					
14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X	c		1		
,			14a	<u> </u>	Х
			$\overline{}$		

Page 6

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.

	(6 1110 64) 64 (64 64) 64 (64 64)			(TT)
	Check if Schedule O contains a response to any question in this Part VI		<del></del>	X
<u>Sec</u>	tion A. Governing Body and Management			l
		٠٠٠٠٠٠٠٠	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 18	4		
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	_		l .
	governing body?	7a		X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		Х	
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Λ.	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ.
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Yes	No
	D. H	10a	162	No X
	Does the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10ь		
	and branches to ensure their operations are consistent with those of the organization?	11a	X	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1110		
		12a	Х	
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
U	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
ь	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
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?	16a	<u> </u>	X
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	<u> </u>	İ
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ►ME			
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 X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ıncıal	
	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 of the person who possesses the books and records of the organization.	ition:	_	
	J. Ru Morrison - 603-319-1785			
	570 Ocean Blvd., Rye, NH 03870			

### Form 990 (2010) 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.

(A)	(B)				<b>C)</b>			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	rustae or director	ec eatson landungual	Call of		Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Malcolm Spaulding										
President	2.00	X		X				0.	0.	0
Peter Smith										
Vice President	2.00	X		X				0.	0.	0
Cheryl Zimmerman										
Secretary	2.00	Х		X				0.	0.	0
Linda Mercer										
Treasurer	2.00	Х		X				0.	0.	0
Jonathan Pennock										
Director	1.00	X	<u></u>					0.	0.	0
Bruce Carlisle								_		_
Director	1.00	X		ļ				0.	0.	0
Dave Casoni								_		
Director	1.00	X		<u> </u>		_		0.	0.	. 0
John Conway										
Director	1.00	X						0.	0.	0
Steve Lohrenz	1								_	_
Director	1.00	Х			L	ļ. <u>.</u>		0.	0.	0
Alfred Hanson			ļ						_	_
Director	1.00	Х	ļ			L.		0.	0.	0
Peter Jumars										
Director	1.00	X		<u> </u>				0.	0.	0
Chris Nash										
Director	1.00	X			ļ	ļ		0.	0.	0
Kevin O'Brien		l								•
Director	1.00	X	<u> </u>					0.	0.	0
James O'Donnell	1 1 1 1	١,,								_
Director	1.00	X	-	ļ	ļ	<u> </u>		0.	0.	0
Jack Ringelberg	1 00	, ,				1		_	_	
Director	1.00	Х	_		_		<u> </u>	0.	0.	0
Michael Szemerda	1 00	١,,						_	_	^
Director	1.00	Х	<u> </u>	<u> </u>		-	_	0.	0.	0
Christine Tilburg	1 00	v						0.	0.	^
Director 032007 12-21-10	1.00	X	L	L		<u> </u>	<u>l</u>	<u> </u>		0 Form <b>990</b> (2010

Form 990 (2010)

Part VIII Section A. Officers, Directors		mplo	oyee			High	est					
(A)	(B) Average	(C) Position						(D)	(E)	١,	(F)	ad
Name and title	hours per week	H				app	oly)	Reportable compensation from	Reportable compensation from related	1	Estimat amount other	of
	(describe hours for	director				20		the	organizations (W-2/1099-MISC)	- 1	mpensa from th	
	related	stee or	trustee			pensate		organization (W-2/1099-MISC)	(44-2/1099-14113C)	- 1	rganiza	
	organizations in Schedule	Individual trustee or	Institutional trustee	 	Кеу етріоуев	Highest compensated employee	, b			- 1	nd rela ganızat	
	0)	Indiv	Instit	O∰G.	Keye	High	Former					10113
John Trowbridge	1.00	X						0.	0			0
Director  John Ru Morrison	1.00	^			<u> </u>		<del> </del>	0.		<del>-</del>		
Executive Director	40.00		ļ	X	<u> </u>	X		124,611.	0	•		0
		$\vdash$							····	+		
		├				$\vdash$				+		
							<u> </u>			$\perp$		
		<del> </del>	-			$\vdash$	$\vdash$		×	+		
		<u> </u>										
1b Sub-total			]			┢	<u> </u>	124,611.	0	-		0
c Total from continuation sheets to Pa	art VII, Section A					<b>&gt;</b>		0.	0	•		0
d Total (add lines 1b and 1c)						<u> </u>		124,611.	0	•		0
2 Total number of individuals (including licompensation from the organization	_	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 in reportable			
compensation from the organization											Yes	No
3 Did the organization list any former of			e, ke	y en	olqn	yee,	or t	nighest compensated er	mployee on			
line 1a? If "Yes," complete Schedule J				000	atio.		اخم ام	har aamaanaatian from	the erganization	3		X
4 For any individual listed on line 1a, is the and related organizations greater than	•								the organization	4		X
5 Did any person listed on line 1a receive	e or accrue compe	nsat	ion 1	from	any	y uni			dual for services			
rendered to the organization? If "Yes,"  Section B. Independent Contractors	complete Schedui	e J f	for s	uch	per	son			<del></del>	_ 5		X
Complete this table for your five higher	st compensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compe	nsatior	from	
the organization. NONE	·								· · · · · · · · · · · · · · · · · · ·			
(A) Name and busi								( <b>B)</b> Description of s	ervices		(C) ensatio	on
Trains and see												
							$\dashv$					
							$\dashv$					
2 Total number of independent contract		not li	mite	d to		_	stec	d above) who received n	nore than			
\$100,000 in compensation from the or	rganization >					0		<del></del>			- 000	/OO 4 O

<sup>2</sup> Form 990 (2010)

Pa	rt VI	II Statement of Reve	nue					
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
t s	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
g E	c		1c					
it a	d	. 🖚	1d					
S,E	е			504,268.				
io is	f							
돌	·	similar amounts not included abo		4,000.				
들이		Noncash contributions included in line		····				
Öğ	-	Total. Add lines 1a-1f	3 10 11 V	<b>•</b>	1,508,268.			
$\neg$	•			Business Code		,		
	2 a	NFRA		541700	9,019.	9,019.		
. Ş.	_ b							
Ser	c					-		-
ڇ چَ	ď							
Program Service Revenue	e							
P	f		enue				-	
ļ		Total. Add lines 2a-2f		<b>&gt;</b>	9,019.			
$\neg$	3	Investment income (including	dividends, inter	est, and	•			
		other similar amounts)	•	•	117.			117.
	4	Income from investment of ta	ax-exempt bond	proceeds				
	5	Royalties	•	•				
	_		(i) Real	(II) Personal				
	6 a	Gross Rents						
	b	Less. rental expenses						
	c							
	c			<b>&gt;</b>	•	1		
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
	t	Less: cost or other basis						
		and sales expenses		İ				
]	c	Gain or (loss)						
		Net gain or (loss)	<u></u>	<b>•</b>				
		Gross income from fundraisii	ng events (not					
Other Revenue		including \$	-					
e e		contributions reported on line						
E.		Part IV, line 18	·					
垂	t	Less: direct expenses	t	,				
١	c	: Net income or (loss) from fun	draising events	<b>•</b>				
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	a				,	
Ì	t	Less: direct expenses	t	· [				
	c	Net income or (loss) from gai	ming activities					
	10 a	Gross sales of inventory, less	s returns					
		and allowances	a	)				
	t	Less: cost of goods sold	t	·				
		Net income or (loss) from sal	es of inventory	<u> </u>				
		Miscellaneous Reven	ue	Business Code				
	11 a	·					<u> </u>	
	t	·						
	•	·						
	c	All other revenue				ļ <b>.</b>		
	•	Total. Add lines 11a-11d		<b>•</b>	4 = 4 =			
0000	12	Total revenue. See instructions			1,517,404.	9,019.	0 .	
03200	.10							Form <b>990</b> (2010)

#### 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) (D) Fundraising (A) (C) Do not include amounts reported on lines 6b, Management and general expenses Program service Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 1,188,783. 1,188,783. organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 36,118. 36,118. the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. 20,000 20,000. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 3,249. 3,249. 129,942. 123,444. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 86,979. 82,831. 4,148. 7 Other salaries and wages Pension plan contributions (include section 401(k) 6,193. 7,362. 1,028. 141. and section 403(b) employer contributions) 7,253. 7,253. Other employee benefits 14,600. 235. 525 15,360. 10 Payroll taxes Fees for services (non-employees): Management Legal 14,586. 14,586. Accounting C Lobbying Professional fundraising services See Part IV, line 17 Investment management fees 30,000. 30,000. Other 12 Advertising and promotion 5,175 10,339. 15,514 Office expenses 13 14 Information technology Royalties 15 16 Occupancy 23,682. 23,682. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 5,384 5,384 23 Insurance 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) Ō. 19,765. 19,765. 0. Meeting and conferences 5,820. 0. 0. 5,820. Professional associatio All other expenses 69,259. 1,606,548. 1,533,664. 3,625. 25 Total functional expenses. Add lines 1 through 24f Joint costs. Check here 

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

Form 990 (2010)

**Balance Sheet** Part X (A) (B) Beginning of year End of year 104,847. 37,213. 1 Cash · non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 6,366. 599,367. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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 Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 4,994. 4,819. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities Investments · other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 116,207. 11,353. 641,399. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 38,967. 33,405.25 25 Other liabilities. Complete Part X of Schedule D 50,320. 664,656. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 65,887. <23,257.> 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 

and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 65,887. <23,257.> 33 33 Total net assets or fund balances 116,207. 641,399. 34 Total liabilities and net assets/fund balances

	NERACOOS				
Forn	n 990 (2010) Coastal Ocean Observing Systems	26	-4607435	Pa	ıge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
			1		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,51	7,4	04.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,60		
3	Revenue less expenses. Subtract line 2 from line 1	3			44.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6.5	5,8	87.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>0.</u>
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	<2:	3,2	57.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audi	t,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule '	o.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	·		
	separate basis, consolidated basis, or both.				
	X 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 Sir	ngle A	udit		
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired ai	udit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь	X	

### ' '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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

NERACOOS

Coastal Ocean Observing Systems

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

The status and the status are the foundation because the (Forlings 1 through 11 shock only one box.)

				<u> `                                  </u>				<del></del>					
he	organi	zation is not a	private foundation	because it is: (For lines 1	l through 1	1, check o	only one b	ox)					
1		A church, cor	nvention of churches	s, or association of churc	ches descr	ıbed ın <b>se</b>	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization o	described i	n <b>section</b>	170(b)(1)(	A)(iii).					
4		A medical res	earch organization of	operated in conjunction	with a hos	pital descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's name	∍,
		city, and state											
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	mental uni	t describe	d in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	t described	l in <b>sectio</b>	n 170(b)(1	)(A)(v).					
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desc	ribed in	1
		section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9	X	An organizati	on that normally rec	eives. (1) more than 33 1	1/3% of its	support fi	om contri	butions, m	nembershi	p fees, an	d gross re	ceipts fi	rom
		activities relat	ted to its exempt fur	nctions - subject to certa	an exception	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	ınvestr	nent
		income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	ınızatıon a	fter June 3	0, 1975	5.
		See section	<b>509(a)(2)</b> . (Complete	Part III.)									
10				perated exclusively to te									
11				perated exclusively for the									г
				ations described in section				). See <b>sec</b>	tion 509(	a)(3). Che	ck the box	. that	
		describes the	type of supporting	organization and compl									
		a L Type I			: Тур		•	-			Type III - 0		
е				at the organization is not									1
				han one or more publicly						9(a)(1) or s	ection 509	i(a)(2)	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				<del></del>
			rganization, check th										Ш
9	J			organization accepted ar									
		(i) A persor	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (II) and (	iii) below,		Yes	No
		-		upported organization?							11g(i)	<del>                                     </del>	
				n described in (i) above?		_					11g(ii)		
		• •	•	person described in (i)							11g(iii)	<u> </u>	
h	•	Provide the fo	ollowing information	about the supported or	ganization	(s).							
0	\ Name	of supported	(ii) EIN	(iii) Type of	(iv) is the o	rganization	(v) Did you	u notify the	(vi) is	s the	(vil) Ar	nount of	
١٠.		inization	(, 2	organization (described on lines 1-9	in col (i) lis				organizati (i) organiz	red in the l		port	
	-			above or IRC section	governing	document?	(i) of you	r support?	U.S	7			
				(see instructions))	Yes	No	Yes	No	Yes	No			
										-			
										<u> </u>			
										1 1			
			-		<del> </del>			-		<del>                                     </del>			
								ļ					
_	_		1	1	1		•	T.	,	, ,			

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

Schedule A (Form 990 or 990-EZ) 2010

PE	irt II Support Schedule for	Organization:	s Described in	Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(	vi)
L	(Complete only if you checke						
	fails to qualify under the tests			_			-
Sec	ction A. Public Support						<del></del>
	indar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(5) 2000	(5) 2001	(0) 2000	(4/ 2000	1 10/20.0	
•	membership fees received. (Do not						
	include any "unusual grants.")						1
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						
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						
Se	ction B. Total Support						<u> </u>
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		-			<del>- </del>	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)		ļ.,	,	<del> </del>	<del>_</del>	
11	Total support. Add lines 7 through 10		<u> </u>		1		1
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo	•	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
<del></del>	organization, check this box and sto	p here					
_	ction C. Computation of Publ		•••			Tall	
	Public support percentage for 2010 (	•		column (t))		14	%
15					44 . 00 4/00/	15	<u>%</u>
16a	33 1/3% support test - 2010.If the c				14 IS 33 1/3% or i	more, cneck this bo	x and
_	stop here. The organization qualifies	• • • •	-		U. 45 · 00 4/0/		
t	33 1/3% support test - 2009. If the constant and the second secon				ı iine 15 is 33 1/39	% or more, check th	is box
<i>-</i> -	and stop here. The organization qua	, ,	• • •		- 40 40 40th	and line 4.4 := 4000	
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art iv now the orga	mzation
	meets the 'facts-and-circumstances' 10% -facts-and-circumstances tes	_				17a and line 15 in	10% or
	, 10 /0 -lacts-and-circumstances tes	2005.II HIE OIG	janikation diu not (	JUSCON & DOOK OUT HILL	6 13, 10d, 10D, Of	. , a, and interiors	10 /0 01

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

' Schedule A (Form 990 or 990-EZ) 2010 Coastal Ocean Observing Systems
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 b	elow, please com	olete Part II.)				
	ction A. Public Support		#1.0007	(1) 0000	4.0000	(-) 2010	(A T-4-1
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			102 502	245 050	1508268.	2046900.
	include any "unusuai grants.")			193,582.	345,050.	1300200.	2040900.
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	l		5,929.	20,384.	9,019.	35,332.
3	Gross receipts from activities that	· -					
	are not an unrelated trade or bus-	ı			-		
	iness under section 513	ı		1			
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities	ı		Ì			
	furnished by a governmental unit to	ı		1			
	the organization without charge						
6	Total. Add lines 1 through 5			199,511.	365,434.	1517287.	2082232.
	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.
_	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)			· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,	2082232.
	etion B. Total Support		1	<u> </u>			
		(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2006	(B) 2007	199,511.	365,434.	1517287.	2082232.
	Amounts from line 6			133/3110	303/1311	13172071	20022021
ıva	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			43.	61.	117.	221.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975				·		
c	Add lines 10a and 10b		<u> </u>	43.	61.	117.	221.
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)			199,554.	365,495.	1517404.	2082453.
	First five years. If the Form 990 is for	the organization'	s first, second, th	ırd. fourth, or fifth ta	ax vear as a sectio	n 501(c)(3) organiz	ation.
• •	check this box and stop here		,,		•	,,,,	▶ 🗔
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			-	
	Public support percentage for 2010 (			column (fl)		15	99.99 %
	Public support percentage from 2009			001011111 (1))		16	%
16 So	ction D. Computation of Investigation					110	
						17	.01 %
17	Investment income percentage for 20			ine 13, column (i))		18	<u> </u>
18	Investment income percentage from			. on line 4.4	1E 10 mars 45 == 1		
19a	33 1/3% support tests - 2010. If the						I / Is not ► X
t	more than 33 1/3%, check this box a 33 1/3% support tests - 2009. If the	organization did	not check a box o	on line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	<u>in did not check a</u>	box on line 14, 1	9a, or 19b, check th	his box and see in	structions	

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 Open to Public Inspection

Name of the organization

**NERACOOS** 

Coastal Ocean Observing Systems

**Employer identification number** 26-4607435

Par	ert   Organizations Maintaining Donor A	Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Par	t 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 advis	sors in writing that the assets held in donor advised	funds
	are the organization's property, subject to the organiz	<del>-</del>	Yes No
6	Did the organization inform all grantees, donors, and	-	ed only
	for charitable purposes and not for the benefit of the		•
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No
Par		the organization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the org		
	Preservation of land for public use (e.g., recreat	ion or education) Preservation of an histori	cally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	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		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified hist	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	quired after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transfer	rred, released, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conserva	ition easement is located -	
5	Does the organization have a written policy regarding	the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation ease	ments it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing conservation easements durin	g the year ▶
7	Amount of expenses incurred in monitoring, inspecting		
8	Does each conservation easement reported on line 2(	d) above satisfy the requirements of section 170(h)(4	4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports cor	nservation easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the or	rganization's financial statements that describes the	organization's accounting for
<b>*</b>	conservation easements.		- O::1 A A
rai	ort III Organizations Maintaining Collection		er Similar Assets.
4 -	Complete if the organization answered "Yes" to	· · · · · · · · · · · · · · · · · ·	A
12	If the organization elected, as permitted under SFAS	•	
	historical treasures, or other similar assets held for pu		of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that		d balanca abankanada af ad bakana.
D	If the organization elected, as permitted under SFAS		
	treasures, or other similar assets held for public exhib	ition, education, or research in turtherance 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		<b>&gt;</b> \$
2	If the organization received or held works of art, history		iin, provide
_	the following amounts required to be reported under S	SHAS 116 (ASC 958) relating to these items:	<b>.</b>
a	·		\$
D	Assets included in Form 990. Part X		<b>~</b> 3

-4607435 Page <b>2</b>
------------------------

	t III Organizations Maintaining C	ollections of A			easures. (	or Othe	er Sin	nilar Ass	ets (cont	inued)	<del>-</del>
	Using the organization's acquisition, accession										 3
•	(check all that apply):		,								-
а	Public exhibition		4	oan or exc	hange progra	ams					
b	Scholarly research	Č		Other	nungo progri	u					
	Preservation for future generations	`	, <u> </u>	Ottiloi							
C	Provide a description of the organization's co	alloctions and evalu	in how th	ov furthar ti	ha organizati	on's ava	mot ou	rocea in Pa	rt XIV		
4	During the year, did the organization solicit o								ut Aiv.		
5	to be sold to raise funds rather than to be ma					ei Siiiiia	assett	, L	Yes		No
Do	t W Escrow and Custodial Arran					'Voo' to	Form (	000 Bort IV			110
rai	reported an amount on Form 990, Par	-	iete ii tile	organizatio	in answered	162 10	ronn s	990, Fail IV	, iiiie 9, Oi		
			diant for		o or other se	note not	. unalud	nd n			
12	Is the organization an agent, trustee, custodi	an or other intermed	diary lor	Contribution	is of other as	55612 1101	. IIICIUU		Yes		No
	on Form 990, Part X?		_11	labla.				_			110
b	If "Yes," explain the arrangement in Part XIV	and complete the to	ollowing	able:					A	•	
							-	_	Amoun	·	
C	Beginning balance						10				
	Additions during the year						10				
е	Distributions during the year						10				
f	Ending balance						1	<u> </u>	<del></del>		1
	Did the organization include an amount on Fe		€21?					Ŀ	Yes		No
,	If "Yes," explain the arrangement in Part XIV.			<del></del>							
Par	t V Endowment Funds. Complete r	·-··	nswered	"Yes" to Fo							
	ļ	(a) Current year	(b) P	nor year	(c) Two yea	rs back	(d) Thr	ee years bac	(e) Fou	r years	back
1a	Beginning of year balance	<del></del>									<del></del>
þ	Contributions										
С	Net investment earnings, gains, and losses	·							<u> </u>		
d	Grants or scholarships										
е	Other expenditures for facilities				Ì						
	and programs						·····				
f	Administrative expenses										
9	End of year balance										
2	Provide the estimated percentage of the year	r end balance held	as:								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		<del></del> %									
	Are there endowment funds not in the posse	ssion of the organiz	zation tha	at are held a	ind administe	ered for t	he orga	anization			
	by:	•					_			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b		
4	Describe in Part XIV the intended uses of the	•									
	t VI Land, Buildings, and Equipm					·					
<u> </u>	Description of investment	(a) Cost or o			or other	(c) A	ccumu	lated	(d) Boo	k value	
	bosonphon of investment	basis (invest			(other)		preciat	i	(=, 250		-
12	Land										
			<del></del>								
	Buildings		-	_					··		
	Leasehold improvements									· · · · · · · · · · · · · · · · · · ·	
	Equipment Other										
	. Add lines 1a through 1e. (Column (d) must e	oual Form 990 Par	t X colur	nn (R), line 1	10(c).)	I		▶			0.

\* Schedule D (Form 990) 2010

Coastal	Ocean	Observing	Systems
COAStal	UCEAII	ODSELVING	O A D C CIUD

' (a) Description of security or category (including name of security)	(b) Book value	1	(c) Method of valuat t or end-of-year mar	
1) Financial derivatives				
c) Closely-held equity interests				
) Other				
(A)				
(B)	_			
(C)				<del></del>
(D)				
(E)				
(F)				
(G)				_
(H)				
(I)				
otal. (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 valuated or end-of-year mar	
(1)				
(2)			<del></del>	
(3)				
(4)				
(5)				
(6)				
(7)			<u> </u>	
(8)	_			
(9)				
(10)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, I		1.4.1.111		(b) Book value
	(a) Description			(b) BOOK Value
(1)				12 1/2/11
(2)				
(3)				<del></del>
(4)				
(5)				<del></del> ,
(6)		<del></del>		
(7)				
(8)		<u>.                                    </u>		
(9)				
(10)	les 15 )		<b>&gt;</b>	<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities. See Form 990, Part				
(a) Decemption of liability	. A, III e 25.	(b) Amount		
· · · · · · · · · · · · · · · · · · ·		(b) / tinodit		
(1) Federal income taxes (2) Accrued payroll		4,091.		
		307.		
	ribution	5,321.		
	LIDUCION	23,686.		
		23,000.		
(6)				
/ <del></del> ->				
(7)				
(8)				
(8) (9)				
(8) (9) (10)				
(8) (9)		22.405		

**NERACOOS** 

Coastal Ocean Observing Systems 26-4607435 Page 4 Schedule D (Form 990) 2010 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1,517,404. Total revenue (Form 990, Part VIII, column (A), line 12) 1,606,548. Total expenses (Form 990, Part IX, column (A), line 25) 2 2 <89,144.> 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 6 6 Investment expenses 7 7 Prior period adjustments 8 8 Other (Describe in Part XIV.) 0 9 Total adjustments (net). Add lines 4 through 8 9 <89,144 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1,517,404. Total revenue, gains, and other support per audited financial statements 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 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIV.) 2e e Add lines 2a through 2d 1,517 3 Subtract line 2e from line 1 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 4ь b Other (Describe in Part XIV.) 40 Add lines 4a and 4b ,517 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1,606,548. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. 2a Donated services and use of facilities 2b **b** Prior year adjustments 2c c Other losses Other (Describe in Part XIV.) 2d 2e Add lines 2a through 2d 1,606,548 3 Subtract line 2e from line 1 3 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 4b b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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.

## (Form 990)

**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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	of the organization ACOOS					Employer ident	mication number
	stal Ocean O	bserving	Systems			26-46074	35
Part				tside the United States. Comple	te if the organ		
<u> </u>	to Form 990, Par						. 55
1			n maintain record	ds to substantiate the amount of the gr	ants or assista	ance, the	
				selection criteria used to award the gra		nce?	Yes No
2	For grantmakers. Desc	inbe in Part V the	e organization's	procedures for monitoring the use of gr	ant funds outs	side the United St	ates.
2	Activities per Region (T	ho following Dort	l line 2 table or	an be duplicated if additional space is n	andad \		
3	(a) Region	(b) Number of		(d) Activities conducted in region		vity listed in (d)	(f) Total
	(a) Neglon	offices in the region	employees, agents, and independent contractors in region	(by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prod describe	gram service, e specific type ce(s) in region	expenditures for and investments in region
							1
	<del></del>						<del> </del>
			·				
			- <u></u>			·	
							Ì
							1
	·						
		-					<del> </del>
3 a 3	Sub-total	0	0				0.
ь .	Total from continuation						
	sheets to Part I	0	0				0,
	Totals (add lines 3a						
	and 3b)	0	0				0.

NERACOOS

Coastal Ocean Observing Systems

-4 "Van" to Form 990. Part IV, line 15, for any Schedule F (Form 990) 2010
Part II Grants and Other

Page 2

26-4607435

(h) Descript	(g) Amount of	(e) Amount (f) Manner of (g) Amount of (h) Descript	(e) Amount	(d) Purpose of		(b) IBS code section	
			-		space is needed.	Part II can be duplicated if additional space is needed.	Part II can be
			than \$5,000	\$5,000. Check this box if no one recipient received more than \$5,000	,000. Check this box if n	recipient who received more than \$5	recipient who
au, ran IV, IIne	Tes to rorm 9	ganization answered	Jompiete it the o	Organizations or entities outside the United States. Complete if the organization answered these to Form 990, Part IV, little	ganizations or Entitles	Grants and Other Assistance to Ul	Grants and O

1 (a) Name of organization	of organization 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)
			Continued Development of the Northeastern					
		North America	kegional Association of Coastal Ocean	20,000.Check	beck	0.		
· · · ·								·
~						:		
***************************************								
	<del></del>							
2 Enter total number of the IRS, or for which t	recipient organization	is listed above that are has provided a section	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	foreign country,	recognized as tax-ex	empt by		

See Part V for Column (d) descriptions

Enter total number of other organizations or entitles

က

Schedule F (Form 990) 2010

NERACOOS

Coastal Ocean Observing Systems

Schedule F (Form 990) 2010 COastal Ocean Observing Systems 26–4607435

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.

26-4607435

Part III can be duplicated if additional space is needed.

3	,		j (	,	ı		_
(h) Method of valuation (book, FMV, vappraisal, other)							Schedule F (Form 990) 2010
(g) Description of non-cash assistance							Schedu
(f) Amount of non-cash assistance							
(e) Manner of cash disbursement							
(d) Amount of cash grant							
(c) Number of recipients							
(b) Region							
(a) Type of grant or assistance (b) Region							

<b>*</b>	NERACOOS edule F (Form 990) 2010 Coastal Ocean Observing Syste	ems 26-4607435	Page 4
	rt V   Form 990) 2010   Coastal Ocean Observing Syste	20 4007433	Page 4
L			
1	Was the organization a U.S. transferor of property to a foreign corporation during to organization may be required to file Form 926, Return by a U.S. Transferor of Proper Corporation (see Instructions for Form 926)	•	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes,		
	may be required to file Form 3520, Annual Return to Report Transactions with Fore		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return o a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
	2 0.5 Owner (see institutions for Forms 6020 and 6020 Ty		
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. Pers		-
	Certain Foreign Corporations. (see Instructions for Form 5471)	L Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investme	nt company or a	
	qualified electing fund during the tax year? If "Yes," the organization may be require	ed to file Form 8621,	
	Return by a Shareholder of a Passive Foreign Investment Company or Qualified Ele	_	Later)
	Instructions for Form 8621)	└── Yes	X 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 res	spect to Certain	
	Foreign Partnerships. (see Instructions for Form 8865)	Yes	X 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 Re		(TOT)
	for Form 5713)	L Yes	X No

Schedule F (Form 990) 2010

Coastal Ocean Observing Systems 26-4607435 Page **5** Schedule F (Form 990) 2010 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. Part II, Column (d): Region: North America (d) Purpose of Grant: Continued Development of the Northeastern Regional Association of Coastal Ocean Observing System

**NERACOOS** 

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2010	Open to Public Inspection
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**2** Employer identification number 26-4607435 X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Coastal Ocean Observing Systems Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization NERACOOS Part

recipient that 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	55,000. Check this	s box if no one recipien	t received more tha	an \$5,000. Part II	can be duplicated if a	dditional space is nee	
1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Continued Development of
University of Maine							the Northeastern Regional
Office of Sponsored Programs, 5717							Association of Coastal
Orono, ME 04469	01-6000769	Not applicable	612,352.	0.			Ocean Observing System
						_	Continued Development of
University of Connecticut							the Northeastern Regional
438 Whitney Rd Ext. Unit 1133							Association of Coastal
Storrs, CT 06269	06-0772160	Not applicable	244,297.	0			Ocean Observing System
							Continued Development of
Gulf of Maine Research Institute							the Northeastern Regional
350 Commercial Street							Association of Coastal
Portland, ME 04101	01-0504905	501(C)(3)	136,201.	0			Ocean Observing System
							Continued Development of
University of Massachusetts							the Northeastern Regional
Dartmouth - 285 Old Westport Rd -							Association of Coastal
North Dartmouth, MA 02747	04-3167352	Not applicable	66,279.	0.			Ocean Observing System
							Continued Development of
University of Rhode Island							the Northeastern Regional
70 Lower College Rd							Association of Coastal
Kingston, RI 02881	05-6000522	Not applicable	56,669.	0.	3		Ocean Observing System
_							Continued Development of
University of New Hampshire							the Northeastern Regional
51 College Rd							Association of Coastal
Durham, NH 03824	02-6000937	501(C)(3)	31,478.	0.			Ocean Observing System

2 Enter total number of section 501(c)(3) and government organizations
 3 Enter total number of other organizations
 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

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S01(C)(3) 15,725. 0.  W/A 14,141. 0.  W/A 5,292. 0.	(form 990) COASTAL OCC Continuation of Grants and Other As (a) Name and address of organization or government	er Assistance to Governments  (b) EIN (c) IRC	Coastal Ocean Observing Systems  Continuation of Grants and Other Assistance to Governments and Organization or government  (a) Name and address of (b) EIN (c) IRC section or government (d) Amount of (e) Amount of (f) Method o	nizations in the Un (d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	Description of	26-4607435 Page 1
N/A 14,141. 0.  N/A 5,292. 0.	7.		501(5)(3)	7.7 7.1	c	appraisal, other)		Continued Development of the Northeastern Regional Association of Coastal Ocean Observing System
N/A 5,292. 0.	2 22		N/A	14.141.	Ö			Continued Development of the Northeastern Regional Association of Coastal Ocean Observing System
	2		N/A	5,292.	0.			Continued Development of the Northeastern Regional Association of Coastal Ocean Observing System
	1							

NERACOOS

Part III

Coastal Ocean Observing Systems

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. Schedule I (Form 990) (2010)

Page 2

26-4607435

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. as disbursing funds upon Line 2: NERACOOS requests monthly and/or quarterly compared to the budget and approved by the Executive Director prior All invoices from sub recipients are reviewed, (d) Amount of non-cash assistance °. 36,118. (c) Amount of cash grant status reports from all sub recipients as well (b) Number of recipients Continued Development of the Northeastern Regional Association of Coastal Ocean Observing System (a) Type of grant or assistance Schedule I, Part I, completion of work. payment. Schedule I (Form 990) (2010)

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

Department of the Treasury

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

NERACOOS Coastal Ocean Observing Systems Employer identification number 26-4607435

Form 990, Part I, Line 1, Description of Organization Mission:
coastal ocean observing system for the northeast United States and
Canadian Maritime provinces, as part of the United States Ocean
Observing System (IOOS). The organization also promotes the
development, assessment, and dissemination of data products that meet
the needs of end users and advocates through education and outreach for
the regional, national, and global ocean observing system and the
application of scientific assessments using environmental data to meet
societal needs.
Form 990, Part VI, Section B, line 11: The Form 990 is provided to the
Board of Directors prior to filing.
Form 990, Part VI, Section B, Line 12c: Annually the Board of Directors
are required to provide and update conflict of interest statements.
Form 990, Part VI, Section B, Line 15: Executive Director's salary was
determined by the Board of Directors using comparable data and industry
benchmarks.
Form 990, Part VI, Section C, Line 19: The Organization makes its
governing documents, conflict of interest policy, and financial statements
available to the public upon request.