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Department of the Treasury 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

2010

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Α	For the	2010 calen	dar year, or tax year beginning Oct 1 ,2010, and ending	Sep 30	,	2011_
В	Check if ap	plicable	C Name of organization THE OCEANOGRAPHY SOCIETY	D Em	ployer Identil	ication Number
	Addre	ss change	Doing Business As	52	2-15630	085
	Name	change	Number and street (or P O box if mail is not delivered to street addr) Room/suit	te E Tele	phone numb	er
	Initial	return	P.O. BOX 1931	(3	301) Ź5	51-7708 _
	Termi		City, town or country State ZIP code + 4	1		
		ded return	ROCKVILLE MD 20849	G Grov	ss receints S	519,094.
		ation pending	T	(a) Is this a group re		
		zation pending	· · ·	(b) Are all affiliates		Yes No
$\overline{}$	Tay.eve	mpt status	X 501(c)(3) 501(c) () 4947(a)(1) or 527	If 'No,' attach a	list (see inst	ructions)
÷	Websi					
-				(c) Group exemption		
D ₂		organization	X Corporation Trust Association Other ► L Year of Formation	1 1988	VI State of le	gal domicile MD
JC		Summar		00000000	OGTEMU	WAS ESWIPED
			be the organization's mission or most significant activities THE OCEANO			
90			TO DISSEMINATE KNOWLEDGE OF OCEANOGRAPHY AND I			
Activities & Governance			I AND EDUCATION, TO PROMOTE COMMUNICATION AMONG DE A CONSTITUENCY FOR CONSENSUS-BUILDING ACROSS A			
Ver			ox I if the organization discontinued its operations or disposed of more to			
ဖိ			oting members of the governing body (Part VI, line 1a)	man 25% of its	net asser	10
ಳ			dependent voting members of the governing body (Part VI, line 1b)	•	4	10
ij			r of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
춫	I 6 Tα	ital number	of volunteers (estimate if necessary)		6	15
ĕ	7a To	tal unrelate	ed business revenue from Part VIII, column (C) line N 3050		7a	8,985.
	b Ne	et unrelated	business taxable income from Form 990-T, line 34		7 b	0.
			s and grants (Part VIII, line 1h)	Prior Ye	ar	Current Year
•	8 Co	ontributions	s and grants (Part VIII, line 1h)	366	,076.	412,883.
Revenue			vice revenue (i ait viii, line 2g)	192	,180.	104,298.
eVe	10 In	vestment ir	ncome (Part VIII, column (A), lines 3, 4, and かか (インス)		738.	64.
ď	11 0	ther revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)		,049.	1,849.
	12 To	otal revenue	e – add lines 8 through 11 (must equal Part VIII, column (A), fine 12)	562	,043.	519,094.
	13 Gr	rants and s	ımılar amounts paid (Part IX, column (A), lines 1-3)	3	,000.	
	1		I to or for members (Part IX, column (A), line 4)	····		
m	15 Sa	alaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a Pr	ofessional	fundraising fees (Part IX, column (A), line 11e)			
ě	b To	tal fundrais	sing expenses (Part IX, column (D), line 25) ►3,323.			
ŭ			ses (Part IX, column (A), lines 11a-11d, 11f-24f)	499	,636.	554,900.
	1		es Add lines 13-17 (must equal Part IX, column (A), line 25)		,636.	554,900.
	1		s expenses. Subtract line 18 from line 12		,407.	-35,806.
8 8		SVCHUC ICS	s expenses. Subtract line 10 from line 12			
		ntal assets	(Part X, line 16)	Beginning of Cur	, 454.	End of Year 186, 316.
Net Assets Fund Beland			es (Part X, line 26)		,548.	59,216.
25			r fund balances Subtract line 21 from line 20		•	
	rt 0	Signatui		162	,906.	127,100.
			· · · · · · · · · · · · · · · · · · ·			
com	er penalties plete Decla	of perjury, I daration of preparation	leclare that I have examined this return, including accompanying schedules and statements, and to the arer (other than officer) is based on all information of which preparer has any knowledge	best of my knowle	dge and belie	ef, it is true, correct, and
		T	n	1 77	6/12	
Sig	n		Ollan Baurkan ure of officer	Date	0/12	 -
He	re		TREASURER SUSAN BANAHAN			
110		Type o	r print name and title.			
			preparer's name Preparer's signature Date	Γ	<u> </u>	PTIN
_		1		Check	□"	•
Pa			et C. Davis, CFA Wait Jany 5/20	self-emp	ployed	
	eparer e Only	Firm's nam				
US	Unity	Firm's addr		Firm's E		
_		1	GLEN BURNIE MD 21061-4099	Phone r	10 (410	
Ma	v the IRS	discuss th	nis return with the preparer shown above? (see instructions)			X Yes No

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

TEEA0101 03/25/11

Form 990 (2010)

orm	990 (2010) THE OCEANOGRAPHY SOCIETY	52-156	<u>308</u> 5	<u></u>	Page 2
) Dir	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 OCEANOGRAPHY SOCIETY WAS FOUNDED		- - -		
	IN 1988 TO DISSEMINATE KNOWLEDGE OF OCEANOGRAPHY AND ITS APPLI	CATION T	HROU	<u> </u>	
	See Form 990, Page 2, Part III, Line 1 (continued)				
2	Did the organization undertake any significant program services during the year which were not listed o	n the prior		<u> </u>	
	Form 990 or 990-EZ?	•	\Box	res X	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 se	rvices?		Yes X	No
	If 'Yes,' describe these changes on Schedule O.				
4	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expenses, and revenue, if any, for each program service reported	es by expenses nd allocations	s. Sect to othe	ion 501(c ers, the to)(3) tal
4 a	(Code) (Expenses \$345,160. including grants of \$0.)	(Revenue \$		53,7	03.)
	PUBLICATION OF "OCEANOGRAPHY" MAGAZINE WHICH CONTAINS PEER-REV	IEWED AR	TICL.	ES	
	THAT CHRONICLE ALL ASPECTS OF OCEAN SCIENCE AND ITS APPLICATION	NS			
	IT IS PUBLISHED IN MARCH, JUNE, SEPTEMBER, AND DECEMBER IN ONL				
	PAPER FORMAT. ADDITIONALLY, EXTRA COPIES OF ANY ARTICLE WILL	BE PRODUC	CED_		
	UPON REQUEST.				
4 b	(Code:) (Expenses \$ 157,657. including grants of \$ 0.)	(Revenue \$			0.)
	THE SOCIETY SPONSORS MEETINGS AND CONFERENCES TO DISSEMINATE K				
	AND PROMOTE COMMUNICATION AMONG OCEANOGRAPHERS.				
4.	(Code) (Expenses \$11,164. including grants of \$0.)	(Revenue \$			0 \
•	THE SOCIETY MANAGES THREE AWARD PROGRAMS. THE JERLOV AWARD IS			-	0.)
	IN RECOGNITION OF CONTRIBUTIONS MADE TO THE ADVANCEMENT OF OUR	WAYNED O			
	OF THE NATURE AND CONSEQUENCES OF LIGHT IN THE OCEAN. THE WAL				
	IS AWARDED IN RECOGNITION OF DISTINGUISHED RESEARCH IN OCEANOG		AWA	ν _D	
	RELATED TO SOUND AND THE SEA AND IS GRANTED JOINTLY BY THE OCE		v 90		
	THE OFFICE OF NAVAL RESEARCH, AND OFFICE OF THE OCEANOGRAPHER			~TETT	
	THE FELLOWS PROGRAM RECOGNIZES INDIVIDUALS WHO HAVE ATTAINED E				
	IN OCEANOGRAPHY THROUGH THEIR OUTSTANDING CONTRIBUTIONS TO THE		 F		
	OCEANOGRAPHY OR ITS APPLICATIONS DURING A SUBSTANTIAL PERIOD C				
	ATTENDED TO THE PERSON TOWN POWERS WITHOUT THE FERTON O				
			. -		- - -
40	Other program services (Describe in Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue	\$)_	
	Total program service expenses ► 513, 981.				
٩A	TEEA0102 10/06/10			Form 99	0 (2010

Form 990 (2010) THE OCEANOGRAPHY SOCIETY Part W Checklist of Required Schedules

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
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	3		х
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	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 similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	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, VII, VIII, IX, or X as applicable.			
i	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
I	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	11 b		х
•	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	11 c		Х
(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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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	11 f	Х	
12:	a 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	
	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	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Dud 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		Х
	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		<u>X</u>
	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	16		х
	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 (see instructions)	17		х
	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	18		х
	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	19		х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
1	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)	20 b		

Form 990 (2010) THE OCEANOGRAPHY SOCIETY

Part IV F Checklist of Required Schedules (continued)

			Yes	No
			162	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	_	х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24-		
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> X</u>
	, , , , , , , , , , , , , , , , , , ,	270		-
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ŧ	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		<u>x</u>
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		х
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):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
29	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
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
ā	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 Yes X No			
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		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	Х	
BAA		Form	990 ((2010)

Form 990 (2010) THE OCEANOGRAPHY SOCIETY 52-1563085 Page 5 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 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-0 ments, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O X 3 h 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 Х **b** 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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 50 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6h Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b Х c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . 7е f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9h 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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 13b

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

13c

14a

14b

Form 990 (2010) THE OCEANOGRAPHY SOCIETY Pan Will 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 Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 10 b Enter the number of voting members included in line 1a, above, who are independent 1 b 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 Х 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 Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? ... 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8h Х Is there any officer, director or 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 q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х 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 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12_b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c X Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? Х 14 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? a The organization's CEO, Executive Director, or top management official X 15 a b Other officers of key employees of the organization 15b 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 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 List the states with which a copy of this Form 990 is required to be filed ▶ Maryland 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. l I Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial

BAA

statements available to the public.

ROCKVILLE MD 20850 (301) 251-7708

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

PO BOX 1931

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 r	elated	org	anız	atıo	n com	pen	sated any current office	er, director, or trustee	<u></u>
(A)	(B)							(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	of director		Sť		ap Higlest काम्बर्ग≫ted employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) DR. MICHAEL ROMAN PRESIDENT	2.00	x		х				0.	0.	0.
(2) DR. SUSAN B. COOK SECRETARY	2.00	х		х	L			0.	0.	0.
(3) SUSAN BANAHAN TREASURER	2.00	х		х				0.	0.	0.
(4) DR. RICHARD W. SPINRAD PAST PRESIDENT	2.00	х						0.	0.	0.
(5) DR. CAROLYN THOROUGHGOOD PAST PRESIDENT	2.00	х						0.	0.	0.
(6) DR. MARK ABBOTT PRESIDENT ELECT	2.00	х						0.	0.	0.
(7) DR. CLAUDIA BENITEZ-NELSON COUNCIL	2.00	х	_					0.	0.	0.
(8) DR. JOHN CULLEN COUNCIL	2.00	х						0.	0.	0.
(9) DR. PERCY DONAGHAY COUNCIL	2.00	x						0.	0.	0.
(10) DR. KAREN HEYWOOD COUNCIL	2.00	х						0.	0.	0.
(11) MS. LISA ROM COUNCIL	2.00	х			_			0.	0.	0.
(12) DR. ELLEN KAPPEL COUNCIL	2.00	х						0.	0.	0.
(13) DR. SCOTT DONEY COUNCIL	2.00	х	_					0.	0.	0.
(14) DR. SCOTT GLENN COUNCIL	2.00	х						0.	0.	0.
(15) DR. CHARLES NITTROUER COUNCIL	2.00	х						0.	0.	0.
(16) DR. MARY SCRANTON COUNCIL	2.00	х						0.	0.	0.
(17)										
BAA			TEEA	0107	12	21/10				Form 990 (2010)

Part VIII Section A. Officers, Directors, Trus	tees, k	(ey	Em	plq	ye	es,	and	d Highest Con	npensated Emp	loyees (cont)
(A)	(B)			((c)			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)	ndividual trus or director	institutional t	Officer		Mighest compensate		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	sch O)	stee	rustee		e	ensated				
_(18)										
(19)										
(20)										
(21)	-									
(22)	-									
(23)										
(24)								, ,		
(25)										
(26)										
(27)	-				-					
(28)										
_(29)										
1 b Sub-total							>	0.	0.	0.
c Total from continuation sheets to Part VII, Section Ad Total (add lines 1b and 1c)			•	•			>	0.	0.	0.
Total number of individuals (including but not limited from the organization	I to thos	e list	ted a	abov	/e) v	who	rece	eived more than \$	100,000 ın reportabl	e compensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	ey e	mpl	oye	e, or	r hıg	hest compensated	l employee	Yes No
For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the			pen	satio	on a	ind o	othei olete		om	
 such individual Did any person listed on line 1a receive or accrue confor services rendered to the organization? If 'Yes,' conformation in the individual of the organization in the individual of the ind	 ompensa	ation	fron	m ar	ıy u	nrel	ated	organization or in	ndıvıdual	4 X
Section B. Independent Contractors	ompiete	Scn	eau	ie J	ior .	sucr	ı per	son		5 X
Complete this table for your five highest compensate compensation from the organization	ed indep	ende	ent c	conti	racte	ors t	that	received more tha	in \$100,000 of	
Name and business addres	s							(B Description	of services	(C) Compensation
2 Total number of independent contractors (including I \$100,000 in compensation from the organization ►		ımıte	ed to	tho	se l	ıste	d ab	ove) who received	i more than	

Par	t 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	Ta Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f h Total. Add lines 1a-1f	412,883.			
	Business Code	112/0031		· · · ·	
= [2a MAGAZINE SALES 511120	53,703.	53,703.	0.	0.
ا يَ			41,610.	0.	0.
揽	b MEMBERSHIP 541700	41,610.			0.
PROGRAM SERVICE REVENUE	c ADVERTISING 541800	8,985.	0.	8,985.	<u> </u>
SE	d				
A A	e				
5	f All other program service revenue				
Ã.	g Total. Add lines 2a-2f	104,298.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	64.	0.	0.	64.
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents .				
	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)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
Ĕ	of contributions reported on line 1c)				
<u> </u>	See Part IV, line 18				
Ĕ	b Less direct expenses b				
_	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses . b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances				!
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				<u> </u>
	Miscellaneous Revenue Business Code				
	11a OTHER INCOME 900099	1,849.	1,849.	0.	0.
	b	Ť	-		
	c	·			1
	d All other revenue				
		1 040			
	e Total. Add Inics Tra-Tid	1,849.	07.155	0 00-	
	12 Total revenue. See instructions	519,094.	97,162.	8,985.	64.

Form 990 (2010)

Part IX | Statement of Functional Expenses

campaign and fundraising solicitation

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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) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 92<u>,8</u>50 a Management 68,929 21,260 2,661. **b** Legal 1,540. 773. 737. 30. 18,190 9,133 8,704 353. c Accounting d Lobbying . . . e Professional fundraising services. See Part IV, line 17 f Investment management fees 0. **q** Other 196,405. 196,405 0 12 Advertising and promotion 3,115. 3,115 0. 0. 13 Office expenses. 8,384. 6,999. 1,331 54. Information technology Royalties 5,896 5,029 833 34. Occupancy 16 17 51,532 51,532. 0. 0. Payments of travel or entertainment 18 expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings ... 20 21 Payments to affiliates Depreciation, depletion, and amortization 23 Insurance 510. 256 244 10. 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 PRINTING AND PUBLICATION 132,972. 132,972. 0. 0. b POSTAGE AND SHIPPING 34,490. 33,198. 1,242. 50. c OFFPRINT CHARGES 1,623. 1,623. 0. 0. 1,013. d WEBSITE 2,017. 965. 39. e AVECTRA FEES <u>3,</u>000. 1,506. 1,436. 58. 2,376. f All other expenses ... 1.498. 844. 34. 25 Total functional expenses. Add lines 1 through 24f 554,900 513,981. 37,596 3,323. 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

Pe	KH	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	. 148,001.	1	78,343.
	2	Savings and temporary cash investments .	1,231.	2	3,025.
	3	Pledges and grants receivable, net	45,327.	3	51,444.
	4	Accounts receivable, net	4,895.	4	3,600.
	5	Receivables from current and former officers, directors, trustees, key emp and highest compensated employees. Complete Part II of Schedule L.	loyees,	5	
	6	Receivables from other disqualified persons (as defined under section 495 persons described in section 4958(c)(3)(B), and contributing employers ar sponsoring organizations of section 501(c)(9) voluntary employees' benefit organizations (see instructions)	8(f)(1)), nd crary	6	
A S	7	Notes and loans receivable, net		7	
A S S E T S	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges	21,000.	9	49,904.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . 10a	7,190.		
	b	· · · · · · · · · · · · · · · · · · ·	7,190. 0.	10 c	0.
	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)	220,454.	16	186,316.
	17	Accounts payable and accrued expenses	53,907.	17	51,741.
	18	Grants payable		18	
	19	Deferred revenue	3,641.	19	7,475.
Ļ	20	Tax-exempt bond liabilities		20	
L A B I	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ļ	22	Payables to current and former officers, directors, trustees, key employee highest compensated employees, and disqualified persons Complete Part of Schedule L	s, t II	22	
Ė	23			23	
3	24	Secured mortgages and notes payable to unrelated third parties 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	57,548.	26	59,216.
		Organizations that follow SFAS 117, check here ► X and complete			35/2101
Ĕ		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets	162,906.	27	127,100.
ANOMET S	28	Temporarily restricted net assets		28	
Š	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117, check here ► and co	mplete		
		lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
BALAZCEV	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ñ	33	Total net assets or fund balances.	162,906.	33	127,100.
Ę	24	Total liabilities and not assets/fund halances	220 454	24	196 316

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Form **990** (2010)

LOIN	1990 (2010) THE OCEANOGRAPHI SOCIETI 52-136	3003	Pa	age ız
Pãi	秋圖 Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			\Box
		1		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>519, (</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	-	<u>554,9</u>	
3	Revenue less expenses. Subtract line 2 from line 1		-35,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<u> </u>	<u>162,9</u>	<u> 306.</u>
5	Other changes in net assets or fund balances (explain in Schedule O) 5	<u> </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)).		127,	100.
Pa	议順 Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			<u>. X</u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	4	Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			;;;;;
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?	2:	a	X
1	Were the organization's financial statements audited by an independent accountant? .	2	b X	<u> </u>
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auditive review, or compilation of its financial statements and selection of an independent accountant?	ıt, <u>2</u>	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
(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 X Separate basis	ı		A COLOR
				لتنا
3:	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3:	a	x
	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ıdıt 3	ь	
BAA		For	m 990	(2010)

TEEA0112 12/21/10

SCHEDULE A (Form 990 or 990-EZ)

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.

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

			GRAPHY SO	 							630 <u>85</u>			
Part		Reaso	on for Publ	ic Charity Status	s (All organizations	must c	omple	te this	part.)	See ir	nstructi	ions.		
The c	rgai	nization	is not a privat	te foundation becaus	e it is: (For lines 1 through	gh 11, ch	neck onl	y one bo	x.)					
1		A churc	h, convention	of churches or associ	ciation of churches descr	ribed in s	section 1	170(b)(1	(Α χ ί).					
2		A school	l described in	section 170(b)(1)(A	(Attach Schedule E)								
3		A hospi	tal or a coope	rative hospital service	e organization described	in secti	ion 170(b)(1)(A)	(iii).					
4		A medic	al research o	organization operated	in conjunction with a ho	spital de	scribed	ın secti	on 170(b)(1)(A)(iii). Ente	r the hospi	tal's	
	_		ity, and state								. 			
5		An orga 170(b)(inization oper I XAXiv). (Co	ated for the benefit o mplete Part II.)	f a college or university	owned o	r operat	ed by a	governn	nental ui	nıt descr	ibed in sec	tion	
6 7	Н	An orga	nization that		overnmental unit describ substantial part of its sur					r from ti	ne gener	al public d	escribe	ed
8	П				7 0(b)(1)(A)(vi). (Complete	e Part II	`							
9	$\overline{\mathbf{x}}$		-				-	contribi	itions m	amhars	hin foos	and aross	receir	nte
J	_	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 orga	ınızatıon orga	nized and operated e	exclusively to test for pub	olic safet	y. See s	ection 5	09(a)(4)).				
11		more pi	ublicly suppor	ted organizations des	exclusively for the benefit scribed in section 509(a) tion and complete lines	(1) or se	ection 50	he funct 19(a)(2)	ions of, See se	or carry ction 50	out the 9(a)(3).	purposes o Check the	f one o box th	or at
		a 🗌 T)	/pe i	b Type II	c 🗌 Type III	I — Func	tionally	ıntegrate	ed		d 🗌	Type III	Other	r
е		other th	king this box, an foundation 509(a)(2).	, I certify that the org n managers and othe	anization is not controlle r than one or more publi	d directl	y or ındı orted orç	rectly by ganization	one or	more di cribed in	squalifie section	ed persons 509(a)(1)	or	
f			ganization re	ceived a written dete	rmination from the IRS t	hat is a	Type I, 1	Гуре ІІ о	r Type I	II suppo	rtıng org	anızatıon,		
g		Since A	ugust 17, 200	06, has the organizat	ion accepted any gift or	contribu	tion fror	n any of	the follo	owing pe	ersons?			
													Yes	No
		(i) A be	person who delow, the gove	directly or indirectly c erning body of the su	ontrols, either alone or t pported organization?	ogether	with per	sons des	scribed	n (II) an	d (III)	11 g (i)		
		(ii) A	family memb	er of a person descri	bed in (i) above?							. 11g (ii)		
		(iii) A	35% controlle	ed entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h		Provide	the following	information about th	e supported organization	n(s).								
		(i) Name orga	of supported nization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	Is the zation in i) listed in overning ment?	the organ	ou notify ization in n (i) of ipport?	organiz colun organize	s the ation in nn (i) ed in the	(vii) Amoui	nt of sup	port
						Yes	No	Yes	No	Yes	No			
<u>(A)</u>							-							
(B)														
(C)						 	 	 						
(D)			.											
<u>(E)</u>			· · ·											
Total								The transfer						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')								
_	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished 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								
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2006	(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								
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 active	ties, etc (see inst	tructions) .			12			
	First five years. If the Form 990 organization, check this box and	stop here .		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □		
	tion C. Computation of Pu								
	Public support percentage for 20	-	• • • • • • • • • • • • • • • • • • • •	e 11, column (f))		14	<u>%</u>		
	Public support percentage from 2		,			15	<u> %</u>		
16 a	a 33-1/3% support test – 2010. If to and stop here. The organization	he organization d qualifies as a pub	id not check the b dicly supported or	ox on line 13, and ganization	I the line 14 is 33-	1/3% or more, che	ck this box		
t	33-1/3% support test — 2009. If t and stop here. The organization				a, and line 15 is 33	3-1/3% or more, ch	neck this box ►		
17 a	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								
ŀ	o 10%-facts-and-circumstances te or more, and if the organization in organization meets the 'facts-and	meets the 'facts-a l-circumstances'	nd-circumstances test The organiza	d test, check this bation qualifies as a	oox and stop here. a publicly supporte	Explain in Part IV d organization	how the		
18 BAA		zation did not che	ck a box on line 1	3, 16a, 16b, 17a,			uctions		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support	ited below, please	complete r art ir)	•			
	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions	(a) 2000	(b) 2007	(6) 2008	(u) 2009	(e) 2010	(i) Total
	and membership fees received (Do not include any 'unusual grants')	236,301.	306,468.	307,681.	417,136.	454,493.	1,722,079.
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	96,175.	185,704.	125,474.	120,849.	53,703.	581,905.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	30,173.	103,704.	123,474.	120,045.	35,703.	301,303.
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						
	Total. Add lines 1 through 5	332,476.	492,172.	433,155.	537,985.	508 , 196.	2,303,984.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	40,160.	50,180.	1,440.	240.	60,000.	152,020.
Ь	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	1 120	05 (41	0	, 75 151		161 020
_	for the year Add lines 7a and 7b	1,128. 41,288.	85,641. 135,821.	0. 1,440.	75,151. 75,391.	0. 60,000.	161,920. 313,940.
8	Public support (Subtract line 7c from line 6)	41,200.	133,821.	1,440.	75,391.	80,000.	1,990,044.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_	Amounts from line 6	332,476.	492,172.	433,155.	537,985.	508,196.	2,303,984.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46.	38.	1,962.	738.	64.	2,848.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	46.	38.	1,962.	738.	64.	2,848.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0.	2,999.	894.	3,049.	1,849.	8,791.
13	Total support. (Add Ins 9, 10c, 11, and 12.)	332,522.	495,209.	436,011.	541,772.	510,109.	2,315,623.
14	First five years. If the Form 990 organization, check this box and	is for the organizat			·	· ·	<u>►</u>
Sec	tion C. Computation of Pul						
15	Public support percentage for 20		•	13, column (f))		15	85.94 %
16	Public support percentage from 2					. 16	87.55 %
	tion D. Computation of Inv					1	
17	Investment income percentage for			=	n (f))	17	0.12 %
18 19 a	Investment income percentage from 33-1/3% support tests — 2010. If	the organization d	lid not check the b	ox on line 14, an	d line 15 is more t	18 han 33-1/3%, and	0.13 % I line 17
t	is not more than 33-1/3%, check 33-1/3% support tests – 2009. If	the organization d	lid not check a box	x on line 14 or lin	e 19a, and line 16	is more than 33-	
	line 18 is not more than 33-1/3% Private foundation. If the organize	•	•	-			

Part IV Supplemental Information. Complete this part to provide the explanations required be Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional (See instructions). Other Income Part III, Line 12 Description: MISCELLANEOUS INCOME 2006: 0.	
Description: MISCELLANEOUS INCOME 2006: 0.	
2006: 0.	- -
	-
	-
	-
2008: 894.	
2009: 3049.	
2010: 1849.	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

тні	E OCEANOGRAPHY SOCIETY		52-1563085
	RI Organizations Maintaining Dono	Advised Funds or Other Similar Fur	
	the organization answered 'Yes' t	o 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 don funds are the organization's property, subject t	or advisors in writing that the assets held in do to the organization's exclusive legal control?	nor advised Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private bene	ne benefit of the donor or donor advisor, or for	s can be any other Yes No
Pa	RU Conservation Easements. Compl		to Form 990, Part IV, line 7.
1	•		(3) (3) (3) (3) (3) (3) (3) (3) (3) (3)
·	Preservation of land for public use (e.g., re		of an historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		·
2		n held a qualified conservation contribution in	the form of a conservation easement on the
			Held at the End of the Tax Year
	a Total number of conservation easements		2a
	b Total acreage restricted by conservation easer	nents	2b
	c Number of conservation easements on a certifi	ed historic structure included in (a)	2c
,	d Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a histor	ıc 2d
3	Number of conservation easements modified, tax year ►	ransferred, released, extinguished, or terminate	ed by the organization during the
4	Number of states where property subject to co	nservation easement is located >	
5	Does the organization have a written policy requand enforcement of the conservation easemen	garding the periodic monitoring, inspection, hands it holds?	ndling of violations, Yes No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing conservation ease	ments during the year
7	Amount of expenses incurred in monitoring, in ► \$	specting, and enforcing conservation easement	is during the year
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	line 2(d) above satisfy the requirements of sec	ction Yes No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and o the organization's financial statements that de	d expense statement, and balance sheet, and escribes the organization's accounting for
Pa	สมม Organizations Maintaining Colle	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	or Other Similar Assets.
1	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	s held for public exhibition, education, or resear	nue statement and balance sheet works of och in furtherance of public service, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	SFAS 116 (ASC 958), to report in its revenue of d for public exhibition, education, or research in	statement and balance sheet works of art, n furtherance of public service, provide the
	(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 a amounts required to be reported under SFAS	t, historical treasures, or other similar assets for its (ASC 958) relating to these items:	or financial gain, provide the following
	a Revenues included in Form 990, Part VIII, line	1	> \$
	b Assets included in Form 990, Part X		▶ \$

<u> Pangina Organizations maintai</u>	ming Cone	cuons	S OI Art, MISTO	<u>ricai i</u>	reasures, or	Other Similar ASS	ets (conti	nuea)
3 Using the organization's acquisition items (check all that apply)	n, accession	, and ot	her records, chec	ck any o	f the following th	nat are a significant use	of its collec	tion
a Public exhibition			d Loan o	or excha	nge programs			
b Scholarly research			e Other					
c Preservation for future genera	tions		_				_	
4 Provide a description of the organ Part XIV.		ections	and explain how	they furt	her the organiza	ation's exempt purpose	ın	
5 During the year, did the organization assets to be sold to raise funds ra	ther than to	be maın	tained as part of	the orga	nization's collec	ction? .	Yes	∏No
Part W Escrow and Custodial 9, or reported an amount	Arranger unt on For	<mark>nents.</mark> m 990	Complete if of Part X, line	organız 21.	ation answei	red 'Yes' to Form 9	990, Part I	V, line
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodiai		er intermediary f	or contri	butions or other	assets not	☐ Yes	□No
b If 'Yes,' explain the arrangement i			lete the following	table	·		□ .••	□•
,				,			Amount	
c Beginning balance						1c	7 HTTOGTTE	
d Additions during the year						1d		
e Distributions during the year			••			1e	-	
f Ending balance	••					1f		
2a Did the organization include an ar	nount on For	m 990	Part X line 212				Yes	No
b If 'Yes,' explain the arrangement i		550, 1	rait X, inte Zi:		•	•	L. ies	
Part Endowment Funds. Co		he orc	ianization and	wordd	'Ves' to Form	m 990 Part IV June	10	
Desire Value 2 Line 2 William 1 Line 2 Line	(a) Curren		(b) Prior year		(c) Two years back		(e) Four y	oora book
1 a Beginning of year balance	(a) Guileii	i yeai	(b) Filol year		(C) TWO years Dack	(u) Three years back	(e) Pour y	ears Dack
b Contributions		•						
Ì				-+		L	#	
c Net investment earnings, gains, and losses		<u>.</u>						
d Grants or scholarships .						<u> </u>		
e Other expenditures for facilities and programs								
f Administrative expenses							1	
g End of year balance $. $								
2 Provide the estimated percentage	of the year	end bala	nce held as.					
a Board designated or quasi-endow.	ment 🕨		8					
b Permanent endowment ▶		5						
c Term endowment ►	—— %							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. Yes No								
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
b If 'Yes' to 3a(ii), are the related or	ganizations	listed as	required on Sch	edule R	?		3b	
4 Describe in Part XIV the intended	-		•			·		
Part WI Land, Buildings, and I					ne 10.			
Description of investment		(a) Cos	st or other basis nvestment)	(b) C	ost or other sis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land								
b Buildings .								
c Leasehold improvements							•	
d Equipment					7,190.	7,190.		0.
e Other						, == •		
Total. Add lines 1a through 1e (Column	(d) must ea	ual Forn	n 990, Part X. co.	lumn (B)), line 10(c))	•		0.
BAA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,		dula D /Farm	

Schedule **D** (Form 990) 2010

Part VII Investments-Other Securities. See F	orm 990, Part X, III	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion.
(1) Financial derivatives		Cost or end-of-year mar	ket value
(2) Closely-held equity interests			
(3) Other			
(A)		-	
(B)			· <u>-</u>
(C)			· · ·
<u>(P)</u>			
(E)			
<u></u>	-		
(G)			
(H)			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12)			
Part VIII Investments-Program Related. (See		line 13)	
(a) Description of investment type	(b) Book value	(c) Method of valua	tion [,]
<u> </u>		Cost or end-of-year mar	ket value
(1)			
(2)			
(4)			
(5)			
(6)	<u> </u>		
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets. (See Form 990, Part X,			
(1)	escription		(b) Book value
(2)			-
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column(B) Part X Other Liabilities. (See Form 990, Part			
(a) Description of liability	(b) Amount		
(1) Federal income taxes	(b) Amount	 	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
_(8)		\rightarrow	
(9)		_	•
(10)			ľ
(11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	>	\dashv	
Total. (Volumni (D) must equal romi 330, Fart A, Columni (D) mile 23)	<u> </u>	l	

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 FIN 48 (ASC 740)

Sche	dule D (Form 990) 2010 THE OCEANOGRAPHY SOCIETY	52-1563085	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		519,094.
2	Total expenses (Form 990, Part IX, column (A), line 25)		554,900.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-35,806.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses .		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-35,806.
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	519,094.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
ä	Net unrealized gains on investments . 2a		
ŀ	Donated services and use of facilities		
(Recoveries of prior year grants . 2c		
(Other (Describe in Part XIV)		
•	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	519,094.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
á	Investments expenses not included on Form 990, Part VIII, line 7b . 4a		
1	Other (Describe in Part XIV.) . 4b		
(Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	519,094.
Pa	Reconciliation of Expenses per Audited Financial Statements With Expense	s per Return	
1	Total expenses and losses per audited financial statements	1	554,900.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities . 2a		
	Prior year adjustments . 2b		
(Other losses		
(Other (Describe in Part XIV.)		
(e Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1 .	3	554,900.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
	CAdd lines 4a and 4b	4c	EE4 000
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information] 5]	554,900.
		± 1) / 1	
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.			
<u>Pt</u> .	X The Society is a nonprofit entity and is exempt from	m_federal_inco	ome_taxes_
	under Section 501(c)(3) of the Internal Revenue Code. T	herefore, cont	ributions.
	to the Society are tax deductible under Section 170 o	of the Interna	<u>l Revenue</u> .
	Code. The Society files an IRS Form 990-T to report	all unrelated	<u>business</u>
	income annually. The Society's unrelated business inc	ome arises fro	m the sale.
	of advertising in the Society's magazine. The Societ		<u>ified as a</u> .
	private foundation by the Internal Revenue Service		
	The Society adopted the recommendations of the Fi	inancial	

Schedule D (Form 990) 2010 THE OCEANOGRAPHY SOCIETY	52 <u>-1563085</u>	Page 5
PantXIV Supplemental Information (continued)		
Accounting Standards Board (FASB) in its Accounti	ng Standards Codifi	cation.
(ASC) for Accounting of Uncertainty in Income Taxes	without any material	<u>effect</u> .
to the financial statements. These recommendations	clarify the account	ing_for
uncertainty in income taxes by prescribing the re	cognition_threshol	<u>datax</u> .
position is required to meet before being recognized i	n the financial state	ements.
They also provide quidance on derecognition, class	ssification, interes	est and.
penalties, accounting in interim periods, disclosure,	and transition. Inc	come_tax
benefits are recognized for income tax positions take	en or expected to be t	aken in.
a tax return, only when it is determined that the inc	come tax position wi	ll_more-
likely-than-not be sustained upon examination by taxi	ng authorities. The	Society.
has analyzed tax positions taken for filing with the I	Internal Revenue Serv	vice_and
all state jurisdictions where it operates. The Society	ety believes that inc	come tax.
filing positions will be sustained upon examination	and does not anticip	pate any .
adjustments that would result in a material advers	se affect on the Soc	ciety's
financial condition, results of operations or cash flow	ws. Accordingly, the	Society.
has not recorded any reserves, or related accruals for	r interest and penalt	ties for
uncertain_income_tax_positions_at_September_30), <u>2011.</u>	. – – – – .
With few exceptions, the Society is no longer subject	ct to U.S. Federal, s	state or.
local tax examinations by tax authorities for years	<u>beginning before Se</u>	<u>ptember</u>
30, 2008.		
		 .

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service 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.

Name of the organization	Employer identification number		
THE OCEANOGRAPHY SOCIETY	52-1563085		
Pt_VI-A, Line 3 THE EXECUTIVE DIRECTOR IS AN INDEPENDENT CONTRACTOR AND IS			
COMPENSATED THROUGH A MANAGEMENT COMPANY.	THE EXECUTIVE		
DIRECTOR MUST REPORT TO THE COUNCIL AND COU	UNCIL APPROVAL IS		
REQUIRED FOR NEW VENDOR CONTRACTS AND ALL 1	EXPENDITURES OVER \$500.		
Pt VI-B, Line 11a EACH MEMBER OF THE COUNCIL WILL BE PROVIDE	D A COPY OF THIS FORM		
990 AND WILL HAVE SUFFICIENT TIME TO REVIEW	N AND OFFER ANY CHANGES.		
	. 		
Pt_VI-B, Line 12c EACH COUNCIL MEMBER SHALL ANNUALLY SIGN A	STATEMENT WHICH		
AFFIRMS THAT SUCH COUNCILLOR HAS RECEIVED A	A COPY OF THE		
CONFLICT OF INTEREST POLICY, HAS READ AND	UNDERSTANDS THE		
POLICY, HAS AGREED TO COMPLY WITH THE POLICE	CY, HAS DISCLOSED		
ALL DISCLOSABLE INTERESTS EXISTING ON OR BE	EFORE THE DATE OF		
THE STATEMENT, AND UNDERSTANDS THAT THE SOC	CIETY IS A CHARITABLE		
ORGANIZATION AND THAT IN ORDER TO MAINTAIN	ITS FEDERAL TAX		
EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIV	VITIES WHICH ACCOMPLISH		
ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.	·		
	·		
Pt VI-B, Line 15 A PUBLISHED SALARY SURVEY OF WASHINGTON, DO	C AREA NON-PROFIT		
ORGANIZATIONS WAS OBTAINED, AND A SPREADSH	EET COMPARING COMPENSATION		
FOR EQUIVALENT DUTIES AT THE SOCIETY AND O	THER COMPARABLY		
SIZED ORGANIZATIONS WAS PREPARED IN DETERM	INING THE COMPENSATION		
OF THE EXECUTIVE DIRECTOR. THE RESULTS WE	RE REVIEWED BY		
THE PRESIDENT ON BEHALF OF THE COUNCIL. TH	ERE ARE NO OTHER COMPENSATED		
OFFICERS OR KEY EMPLOYEES AND THE COMPENSA	FION OF THE EXECUTIVE		
DIRECTOR FALLS UNDER THE DOLLAR THRESHOLD	FOR 990 REPORTING.		

Schedule 0 (Form 990 or 990-EZ) 2010	Page 2
Name of the organization '	Employer identification number
THE OCEANOGRAPHY SOCIETY	52-1563085
Pt VI-C, Line 19 COPIES OF ALL FORMS 990 THAT HAVE BEEN FILED,	THE ANNUAL AUDITED
DIVINGIAL CHAMDVENING AND OMUDD COURDAING DOLLG	
FINANCIAL_STATEMENTS_AND_OTHER_GOVERNING_POLICE	TES ARE
KEPT IN THE SOCIETY'S OFFICE AND ARE AVAILABLE	FOR REVIEW UPON REQUEST.
Dt VII line 2e mue audim comminnes (precident dans precident	AND DESTREME ELECTIV
Pt XII, Line 2c THE AUDIT COMMITTEE (PRESIDENT, PAST PRESIDENT	AND PRESIDENT-ELECTY
ASSUMES RESPONSIBILITY FOR THE AUDIT AND SELEC	TION OF AUDITING FIRM.
	
	

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

RESEARCH AND EDUCATION, TO PROMOTE COMMUNICATION AMONG OCEANOGRAPHERS, AND TO PROVIDE A CONSTITUENCY FOR CONSENSUS-BUILDING ACROSS ALL DISCIPLINES OF THE FIELD.

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return. X If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Partil 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. Name of exempt organization Employer identification number Type or print THE OCEANOGRAPHY SOCIETY 52-1563085 File by the due date for Number, street, and room or suite number. If a P O box, see instructions filing your return See P.O. BOX 1931 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions ROCKVILLE MD 20849 01 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Application Is For Return Return Code 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 10 Form 5227 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 12 06 Form 8870 The books are in the care of ► JANE HODDINOTT Telephone No. ► (301) 251-7708 FAX No ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 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 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15 ___ , 20 12 _ , to file the exempt organization return for the organization named above The extension is for the organization's return for: calendar year 20 X tax year beginning Oct 1 ___ , 20 10 _ , and ending Sep 30 __ , 20 11 _ . 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 3a|\$ nonrefundable credits. See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 0<u>.</u> 3Ы\$

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.

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using

BAA For Paperwork Reduction Act Notice, see Instructions.

payments made. Include any prior year overpayment allowed as a credit

EFTPS (Electronic Federal Tax Payment System) See instructions

Form 8868 (Rev. 1-2011)

0<u>.</u>