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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2011 calendar year, or tax year beginning Oct 1 , 2011, and ending 2012 Sep D Employer Identification Number C Name of organization THE OCEANOGRAPHY SOCIETY Check if applicable 52-1563085 Address change Doing Business As Number and street (or P O box if mail is not delivered to street addr) Room/suite Telephone number Name change P.O. BOX 1931 (301) 251-7708 Initial return ZIP code + 4 State City, town or country Terminated **G** Gross receipts \$ 932, 365. ROCKVILLE MD 20849 Amended return F Name and address of principal officer H(a) Is this a group return for affiliates? Yes Application pending H(b) Are all affiliates included? MD 20849 CAROLYN THOUGO P.O. BOX 1931 ROCKVILLE If 'No,' attach a list (see instructions) X 501(c)(3) 4947(a)(1) or 527 Tax-exempt status 501(c) () ◀ (insert no) Website: ► www.tos.org H(c) Group exemption number ▶ X Corporation Trust Association Other ► L Year of Formation 1988 M State of legal domicile MD Form of organization Part I Summary Briefly describe the organization's mission or most significant activities: THE OCEANOGRAPHY SOCIETY WAS FOUNDED IN 1988 TO DISSEMINATE KNOWLEDGE OF OCEANOGRAPHY AND ITS APPLICATION THROUGH 20∜3 ities & Governance RESEARCH AND EDUCATION, TO PROMOTE COMMUNICATION AMONG OCEANOGRAPHERS, AND TO PROVIDE A CONSTITUENCY FOR CONSENSUS-BUILDING ACROSS ALL DISCIPLINES OF THE FIELD. Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI. line 1a) <u>10</u> Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 ⊜ Activit 15 Total number of volunteers (estimate if necessary) 6 5,710. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 364,764. Contributions and grants (Part VIII, line 1h) $\breve{\mathfrak{O}}$ 412,883 S-05 Program service revenue (Part VIII, line 2g) 104,298 565,962. Investment income (Part VIII, column (A), lines 3, 4, and 7d) APR 2 3 2013 64. 34. 1,605. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,849. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 519,094. 932,365. Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), line 4) 8,863. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 1,384. 644,965. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 554,900 554,900 653,828. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 -35,806. 278,537. End of Year **Beginning of Current Year** 186,316. 425,634. 20 Total assets (Part X, line 16) 59,216. 19,997. 21 Total liabilities (Part X, line 26) 405,637. 22 Net assets or fund balances Subtract line 21 from line 20 127,100. Part II Signature Block return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and on all information of which preparer has any knowledge Sign Here Date Print/Type preparer's name Check P00066528 Paid Michael C. Davis, CPA self-employed Preparer ► ANDERSON, DAVIS ASSOCIATES, **Use Only** ► 1406 B SOUTH CRAIN HWY, Firm's EIN > 52-1861549 Firm's address 21061-4099 MD (410) 766-2645 GLEN BURNIE Phone no

Yes

Form 990 (2011)

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

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THE OCEANOGRAPHY SOCIETY

52-1563085

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Form 990 (2011) THE OCEANOGRAPHY SOCIETY
Part IV Checklist of Required Schedules

	•	-	res	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		_X_
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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		<u>X</u>
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		X
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		<u> </u>
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable		`, ·	_]
ā	a 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	
t	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		X
(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		X
C	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		X
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
2a	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	_X	<u>-</u>
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
t	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		<u>X</u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х_
6	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		_X
7	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
8	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		<u>x</u>
9	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		X
20 :	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		_X
t	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u></u>	L

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 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 27 If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a 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 X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b X Schedule L, Part I 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 Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c 29 Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 a Х **b** 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 35b X 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 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 37 Х

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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

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 1 b 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 Statements, 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) **3** a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 b Х b 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) 4a Χ **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 Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 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? 6b 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? 7 a 7b X **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 7 c Х 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? 7 e 7 f Х 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 Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Form 1098-C7 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 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9 a 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? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 11 b 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? 12a 12b 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? 13a 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 13b which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Х 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

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Pai	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change)W, 6	and f	or				
	Schedule O. See instructions.	JES 11	'	딦				
	Check if Schedule O contains a response to any question in this Part VI			Х				
Sec	tion A. Governing Body and Management		Yes	No				
1 a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members		103					
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
	Enter the number of voting members included in line 1a, above, who are independent 10							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	_	X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Х	<u></u>				
4	Did the organization make any significant changes to its governing documents	4		х				
since the prior Form 990 was filed?								
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6	Х	X				
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	х					
ŀ	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?							
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
	a The governing body? b Each committee with authority to act on behalf of the governing body?							
9								
Soc	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X				
Sec	tion B. Policies (This Section & requests information about policies not required by the internal Nevenue code.)	T	Yes	No				
10 a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?							
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х					
ŧ	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х					
ŀ	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
(Did 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	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	X	 				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ر				
	The organization's CEO, Executive Director, or top management official	15a	X	 -				
ŀ	Other officers of key employees of the organization	15b		<u> </u>				
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16.						
ı	taxable entity during the year? If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		X				
<u> </u>	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>				
	tion C. Disclosure							
18		– – – Iable	for pu	- – – ıblıc				
	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, and financial statements available the public during the tax year	le to						
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization							
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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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
				((2)			-		
(A) Name and title	(B) Average hours per week	unles	s per	son is	ore this both	nan one h an offi rustee)	box, cer	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	adividi el fruster or director	institutional trustae	Offi 🖭	Key emphyee	Higł est chin-ensated employae	FUITE	(W 2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DR. MICHAEL ROMAN PRESIDENT	2.00	Х		Х				0.	0.	0.
(2) DR. CAROLYN THOROUGHGOOD PAST PRESIDENT	2.00	х		Х				0.	0.	0.
(3) DR. SUSAN B. COOK SECRETARY	2.00			Х				0.	0.	0.
(4) SUSAN BANAHAN TREASURER	2.00			х				0.	0.	0.
(5) DR. ELLEN KAPPEL DIRECTOR OF PUBLICATIONS	2.00			Х				_ 0.	0.	0.
(6) JENNIFER RAMARUI EXECUTIVE DIRECTOR	35.00			Х				0.	0.	0.
7) DR. MARK ABBOTT PRESIDENT ELECT	2.00	Х						0.	0.	0.
(8) DR. BLANCHE MESSON COUNCIL	2.00	X						0.	0.	0.
(9)_DRJANET_SPRINTALL COUNCIL	2.00	Х						0.	0.	0.
(10) DR. JOHN CULLEN COUNCIL	2.00	х						0.	0.	0.
(11) DR. DEBORAH STEINBERG	2.00	х						0.	0.	0.
(12) DR. KAREN HEYWOOD	2.00	х						0.	0.	0.
(13) MS. LISA ROM COUNCIL	2.00	х						0.	0.	0.
(14) DR. MARY SCRANTON COUNCIL	2.00	х						0.	0.	0.

(A) Name and title	(B) Average hours	box.	, unle	Pos heck ss pe	rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation		
	per week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	fr orga and	pensation the anization of related inization	3
(15) DR. SCOTT DONEY COUNCIL	2.00	Х						0.	0.			0.
(16) DR. SCOTT GLENN COUNCIL	2.00	Х						0.	0.	_		0.
OUNCIL DR. CHARLES NITTROUER	2.00	Х						0.	0.			0.
(18)												
(19)												
(20)												
(21)												
(22)	-		-									
(23)												
(24)											-	
(25)	-											
1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited		se lis	sted	abo	ve)	who	► ► rece	0. 0. erved more than \$	0. 0. 100,000 of reportab	le compo	ensatio	0. 0.
from the organization • 0											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust <i>dıvıdua</i>	ee, k /	кеу е	emp	loye	e, o	r hıg	hest compensated	l employee	3	- 1	Х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	ortable	con	nper 10? /	nsatı İf 'Ye	ion a	and o	othe <i>lete</i>	r compensation fro Schedule J for	om	4		х
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	ompens omplete	atioi <i>Sci</i>	n fro hedu	m a ıle J	ny ι <i>for</i>	inrel sucl	ated 1 per	l organization or ir	ndıvıdual	5		- X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed inde	pend	lent	cont	tract	ors	that	received more tha	n \$100,000 of	tov voos		
compensation from the organization Report compensation from the organization Report compensation (A) Name and business addres		for t	ne c	alen	<u>idar</u>	yea	r end	Description)		C) nsatio	
	-											
						_						
2 Total number of independent contractors (including		lımıt	ed t	o the	ose	lıste	d ab	ove) who received	I more than			
\$100,000 in compensation from the organization	U											

	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
v	1a Federated campaigns 1a		Tevende		012, 010, 0. 01
ANT	b Membership dues 1b 1,000.				
R S	c Fundraising events 1c				
F A	d Related organizations 1 d				
S.G	e Government grants (contributions) 1e 239, 200.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 124, 564.				
F S	g Noncash contributions included in lns 1a-1f \$:		
용	h Total. Add lines 1a-1f	364,764.			
Ä	Business Code				
	2a MAGAZINE SALES 511120	28,135.	28,135.	0.	0.
Ä.	b MEMBERSHIP 541700	42,180.	42,180.	0.	0.
<u>₹</u>	c ADVERTISING 541800	5,710.	0.	5,710.	0.
1 SEI	d CONFERENCE AND MEETINGS 541700	489,937.	489,937.	0.	0.
PROGRAM SERVICE REVENUE	f All other program service revenue				
-	g Total. Add lines 2a-2f ▶	565,962.			
	Investment income (including dividends, interest and other similar amounts)	34.	0.	0.	34.
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties ►				
	(i) Real (ii) Personal				
	6a Gross rents				
- 1	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)				
NUE	8a Gross income from fundraising events (not including \$				
OTHER REVE	of contributions reported on line 1c)				
2	See Part IV, line 18				
¥	b Less direct expenses b		:		
	c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19				
	b Less' direct expenses b				
	c Net income or (loss) from gaming activities	,			
	10 a Gross sales of inventory, less returns				
	and allowances a				
	b Less' cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099	1 605	1,605.	0.	٥.
	11a OTHER INCOME 900099	1,605.	1,605.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	<u></u>				
	d All other revenue				
	e Total. Add lines 11a-11d	1,605.			
	12 Total revenue. See instructions	932,365.	561.857.	5,710.	34.

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)

	Check if Schedule O contains a re	sponse to any question	in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
	Benefits paid to or for members Compensation of current officers, directors, 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)	:			
7	Other salaries and wages	8,000.	6,758.	1,228.	14.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	863.	728.	133.	2.
11	Fees for services (non-employees)				
а	ı Management	101,370.	71,597.	28,751.	1,022.
t	Legal	7,148.	3,375.	3,729.	44.
	Accounting	21,859.	10,322.	11,402.	135.
	Lobbying		-		
	Professional fundraising services See Part IV, line 17				
	Investment management fees	000 776	222 255	505	
-	Other	202,776.	202,265.	505.	6. 0.
	Advertising and promotion	135. 6,421.	135. 5,605.	806.	10.
13		6,421.	5,605.	806.	10.
14	Information technology				· · · · · · · · · · · · · · · · · · ·
	Royalties Occupancy	7,145.	5,435.	1,690.	20.
	Travel	49,188.	44,130.	4,999.	59.
	Payments of travel or entertainment expenses for any federal, state, or local public officials	43,100.	11/130.	1/333.	
19	Conferences, conventions, and meetings	62,604.	62,604.	0.	0.
20	Interest				
21	Payments to affiliates	<u> </u>			
	Depreciation, depletion, and amortization				
	Insurance	10,893.	10,615.	275.	3.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	PRINTING AND PUBLICATION	124,344.	124,344.	0.	0.
b	POSTAGE AND SHIPPING	37,475.	37,356.	118.	1.
c	: AVECTRA FEES	3,000.	1,417.	1,564.	19.
	WEBSITE	6,300.	2,975.	3,286.	39.
e	All other expenses	4,307.	3,383.	914.	10.
25	Total functional expenses. Add lines 1 through 24e	653,828.	593,044.	59,400.	1,384.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				— ·
	Check here ► if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Beginning of year End of year 244,855. 78,343 1 1 Cash - non-interest-bearing 3,025 2 32,947. 2 Savings and temporary cash investments 146,511. 51,444. 3 3 Pledges and grants receivable, net 3<u>,6</u>00. 4 1,321. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II 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 6 organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 49,904 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 7,190. 10a 7,190 10 c 0. 10b Ω. **b** Less accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 186,316. 16 425,634. 16 Total assets. Add lines 1 through 15 (must equal line 34) 51,741. 17 8,067. 17 Accounts payable and accrued expenses 18 18 Grants payable 7,475. 11,930. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 19,997. 59,216. 26 Total liabilities. Add lines 17 through 25 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 405,637. 127,100 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Q R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 127,100. 33 405,637. 33 Total net assets or fund balances 186,316. 34 425,634. 34 Total liabilities and net assets/fund balances

BAA Form 990 (2011)

Form 990 (2011) THE OCEANOGRAPHY SOCIETY	52 - 15630 <u>85</u>		Pa	ge 12			
Part XI Reconciliation of Net Assets				_			
Check if Schedule O contains a response to any question in this Part XI				Ш			
	1 . 1						
1 Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{12,3}{2}$				
2 Total expenses (must equal Part IX, column (A), line 25)	2		3,8 8,5				
3 Revenue less expenses Subtract line 2 from line 1							
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5 Other changes in net assets or fund balances (explain in Schedule O) 5							
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))							
Part XII Financial Statements and Reporting							
Check if Schedule O contains a response to any question in this Part XII				X			
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O							
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		<u>X</u>			
b Were the organization's financial statements audited by an independent accountant?		2b	Х				
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for ov review, or compilation of its financial statements and selection of an independent accountant?	ersight of the audit,	2c	х				
If the organization changed either its oversight process or selection process during the tax year, ex in Schedule O	plain						
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year separate basis, consolidated basis, or both	were issued on a						
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 Single Audit Act and OMB Circular A-133?							
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits							
BAA		Form	990 (2011)			

BAA

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							Employer	ıdentıfica	tion number		
THE		CEANOGRAPHY SO								6308			
Par	<u>H</u>	Reason for Publ	ic Charity Status	(All organizations	must o	comple	te this	part.)	See II	<u>nstruct</u>	ions.		
The c	rgar	nization is not a privat	te foundation because	it is: (For lines 1 through	gh 11, cl	neck onl	y one bo	ox)					
1		A church, convention	of churches or associ	ation of churches descr	ibed in s	section	170(b)(1)(A)(i).					
2	П	A school described in	section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	П	A hospital or a coope	rative hospital service	e organization described	ın sect	ion 170(b)(1)(A)	(iii).					
4	П			in conjunction with a ho)(1)(A)	iii) Ente	er the hospi	tal's	
	_	name, city, and state	•	·									
5		An organization opera 170(b)(1)(A)(iv). (Con	ated for the benefit of mplete Part II)	a college or university of			-	_	nental u	nit desci	ribed in sec	tion	
6 7		An organization that i	cal government or government or governmelly receives a su (A)(vi). (Complete Part	vernmental unit describe ubstantial part of its sup t II)	ed in se port froi	ction 17 m a gove	0(b)(1)(/ ernment	A)(v). al unit o	r from t	he gene	ral public de	∍scribe	ed
8				I(b)(1)(A)(vi). (Complete	e Part II)							
9	X	from activities related investment income at June 30, 1975 See s	d to its exempt function dunrelated business section 509(a)(2). (Con	•	exception 5	ns, and 11 tax) f	(2) no r rom bus	nore tha sinesses	n 33-1/3 acquire	3% of its	s support fro	om gro	SS
10		An organization organ	nized and operated ex	clusively to test for pub	lic safet	y See s	ection 5	509(a)(4)).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
		a Type I	b Type II	c 🔃 Type III		-	_			d 📙	Type III –	Other	•
е		By checking this box, other than foundation section 509(a)(2)	I certify that the orga managers and other	nization is not controlle than one or more public	d directl	y or indi orted org	rectly by ganization	y one or ons desc	more di cribed in	squalific section	ed persons 509(a)(1) o	r	
f		If the organization red check this box	ceived a written deterr	mination from the IRS th	hat is a	Туре І, Т	Гуре II о	r Type I	II suppo	rting org	ganization,		
g		Since August 17, 200	6, has the organization	on accepted any gift or	contribu	tion fron	n any of	the follo	owing pe	ersons?			
												Yes	No
		(i) A person who d below, the gove	lirectly or indirectly co erning body of the sup	ntrols, either alone or to ported organization?	ogether	with per	sons de	scribed i	n (II) an	d (III)	11 g (i)		
		(ii) A family member	er of a person describ	ed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person d	lescribed in (i) or (ii) ab	ove?						11 g (iii)		
h		Provide the following	information about the	supported organization	n(s)								
		(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (Is the zation in i) listed in overning ment?	the organ	rou notify nization in n (i) of upport?	organiz colur organize	s the ation in nn (i) ed in the	(vii) Amour	t of sup	port
					Yes	No	Yes	No	Yes	No			
<u>(A)</u>					ļ		<u> </u>		·				
					1								
<u>(B)</u>					<u> </u>								
<u>(C)</u>											-		
<u>(D)</u>											-		
<u>(E)</u>													
Total													

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		-						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				:				
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support		<u> </u>						
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 activ	ities, etc (see ins	tructions)			12			
13	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)(3)			
Sec	tion C. Computation of Pu	blic Support l	Percentage						
	Public support percentage for 20			e 11, column (f))		14	<u>%</u>		
	Public support percentage from 2	·	•			_ 15	%_		
16 a	16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
t	b 33-1/3% support test − 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	7a 10%-facts-and-circumstances test — 2011. 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.								
	o 10%-facts-and-circumstances te or more, and if the organization i organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	' test, check this b tion qualifies as a	ox and stop here. publicly supported	Explain in Part IV dorganization	how the		
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17 <u>a,</u>					
BAA					So	hedule A (Form 99	90 or 990-EZ) 2011		

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.)

<u> </u>	to quality under the tests is	ited below, piedse	complete rare ir y	 -				
	tion A. Public Support				 			
	dar year (or fiscal yr beginning in) 🕨 📗	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
ו	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants')	306,468.	307,681.	417,136.	454,493.	400,643.	1,886,421.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's				50 500	00.105	512.065	
3	tax-exempt purpose Gross receipts from activities that are not an unrelated trade	185,704.	125,474.	120,849.	53,703.	28,135.	513,865.	
	or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	492,172.	433,155.	537,985.	508,196.	428,778.	2,400,286.	
	Amounts included on lines 1, 2, and 3 received from disqualified persons	50,180.	1,440.	240.	60,000.	0.	111,860.	
t	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					2 142	160,022	
	for the year	85,641.	0.	75,151.	0.	8,140.	168,932.	
c	: Add lines 7a and 7b	135,821.	1,440.	75 , 391.	60,000.	8,140.	280,792.	
	Public support (Subtract line 7c from line 6)						2,119,494.	
	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
_	Amounts from line 6	492,172.	433,155.	537,985.	508,196.	428,778.	2,400,286.	
	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511	38.	1,962.	738.	64.	34.	2,836.	
	taxes) from businesses acquired after June 30, 1975	20	1 060	720	C.1	2.4	2 026	
	: Add lines 10a and 10b	38.	1,962.	738.	64.	34.	2,836.	
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)	2,999.	894.	3,049.	1,849.	1,605.	10,396.	
12	·			541,772.	510,109.	430,417.	2,413,518.	
	Total support. (Add Ins 9, 10c, 11, and 12)	495,209.	436,011.				2/413/310.	
	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	stop here		, tnira, tourth, or	iiπn tax year as a	Section 501(c)(3)		
				13 column (ft)		15	87.82 %	
15		=		13, coluitiii (1))		16	85.94 %	
16	11 - 1					[10	03.34 8	
	tion D. Computation of Inv				(0)		0 10 0	
17	Investment income percentage for				ın (t))	17	0.12 %	
18 19 a	9a 33-1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17							
	is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
	Private foundation. If the organiz						▶	

Schedule A (Form 990 or 990-EZ) 2011 THE OCEANOGRAPHY SOCIETY	52-1563085	Page 4
Part IV Supplemental Information. Complete this part to provide the explanation Part II, line 17a or 17b; and Part III, line 12. Also complete this part for a (See instructions).	s required by Part II, line ny additional information.	10;
Other Income Part III, Line 12		
Description: MISCELLANEOUS INCOME		
2007: 2999.		 -
2008: 894.		
2009: 3049.		
2010: 1849.		
2011: 1605.		
		-
		 .
		_ .
		
		 -

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545 0047

2011

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ጥሀ፣	E OCEANOGRAPHY SOCIETY		52-1563085
	rt I Organizations Maintaining Donor	r Advised Funds or Other Similar Fur	
Га	the organization answered 'Yes' t	o Form 990. Part IV. line 6.	ius of Accounts. Complete ii
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bonor advised funds	(b) i and and and another
2	Aggregate contributions to (during year)		
2	Aggregate contributions to (during year) Aggregate grants from (during year)		
3	Aggregate value at end of year		
•			
5	Did the organization inform all donors and donor funds are the organization's property, subject to		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	rt II Conservation Easements. Compl		to Form 990, Part IV, line 7.
1			(6) (6) (6) (6) (6) (6) (6) (6) (6) (6)
•	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 t	he form of a conservation easement on the
	last day of the tax year		Held at the End of the Tax Year
	a Total number of conservation easements		2a
	b Total acreage restricted by conservation easen	nents	2b
	c Number of conservation easements on a certific		2c
		• •	
	d Number of conservation easements included in structure listed in the National Register		2d
3	Number of conservation easements modified, t tax year ▶	ransferred, released, extinguished, or terminate	ed by the organization during the
4	Number of states where property subject to cor	nservation easement is located >	_
5	Does the organization have a written policy regard enforcement of the conservation easemen	parding the periodic monitoring, inspection, han ts it holds?	dling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation easer	ments during the year
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing conservation easement	s during the year
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and the organization's financial statements that de	expense statement, and balance sheet, and escribes the organization's accounting for
Pa	rt III Organizations Maintaining Colle	ctions of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.
1	alf the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finance	held for public exhibition, education, or resear	ue statement and balance sheet works of ch in furtherance of public service, provide,
ا	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	SEAS 116 (ASC 958), to report in its revenue s	statement and balance sheet works of art, in 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 ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets for 16 (ASC 958) relating to these items:	or financial gain, provide the following
	a Revenues included in Form 990, Part VIII, line		► \$
	b Assets included in Form 990. Part X		▶ \$

TEEA3301 05/25/11

Part III Organizations Maintain	ing Collection	is of Art, Histo	ricai i reasures, or	Other Similar ASS	ets (continueu)
3 Using the organization's acquisition items (check all that apply):	i, accession, and	other records, che	ck any of the following the	hat are a significant use	of its collection
a Public exhibition		d Loan o	or exchange programs		
b Scholarly research		e Other			
c Preservation for future generati	ions				
4 Provide a description of the organize Part XIV		s and explain how	they further the organiza	ation's exempt purpose	ın
5 During the year, did the organization assets to be sold to raise funds rate	her than to be ma	intained as part of	the organization's colle	ction?	Yes No
Part IV Escrow and Custodial Inne 9, or reported an a	Arrangements	on Complete if the second of t	he organization an line 21	swered 'Yes' to For	m 990, Part IV,
1 a Is the organization an agent, truste				assets not	
included on Form 990, Part X?					∐ Yes ☐ No
b If 'Yes,' explain the arrangement in	Part XIV and con	nplete the following	g table [.]		
					Amount
c Beginning balance				1 c	
d Additions during the year				1d	
e Distributions during the year				1 e	
f Ending balance				1f	
2a Did the organization include an am	ount on Form 990	, Part X, line 21?			∐ Yes
b If 'Yes,' explain the arrangement in			·-··	<u> </u>	
Part V Endowment Funds. Cor	nplete if the o	ganization ans	swered 'Yes' to For	<u>m 990, Part IV, line</u>	10.
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					,
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of	of the current year	end balance (line	1g, column (a)) held as	3'	
a Board designated or guasi-endown	nent ►	8			
b Permanent endowment	8				
c Temporarily restricted endowment	>	8			
The percentages in lines 2a, 2b, ar	nd 2c should equa	 I 100%			
3a Are there endowment funds not in			nat are held and adminis	stered for the	Yes No
organization by (i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(ii), are the related ord	onizations listed	as required on Sch	adula D2		3b
4 Describe in Part XIV the intended in	•	•			00
Part VI Land, Buildings, and E					
Description of property		ost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
Description of property		(investment)	basis (other)	depreciation	(a) 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 equal Fo	orm 990, Part X, co	olumn (B), line 10(c))	•	0.
BAA			-	Sched	dule D (Form 990) 2011

TEEA3302 01/16/12

Part VII Investments - Other Securities. See Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year mark	on· et value	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)		<u> </u>		
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990 Part X, column (B) line 12)	Farm 000 Dort V	line 12		
Part VIII Investments - Program Related. See				
(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on: et value	
(1)				
(2)				
(3)_				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total (Column (b) must equal Form 990, Part X, column (B) line 13	1.5			
Part IX Other Assets. See Form 990, Part X, I				
	scription		(b) Book value	
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)			 	
(7)				
(8)				
(9)				
(10)_				
Total. (Column (b) must equal Form 990, Part X, column (B)), line 15)	•		
Part X Other Liabilities. See Form 990, Part >				
(a) Description of liability	(b) Book value			
(1) Federal income taxes				
(2)				
(3)				
(5)				
(6)		_		
(7)		<u> </u>		
(8)				
(9)				
(10)				

Schedule D (Form 990) 2011 THE OCEANOGRAPHY SOCIETY

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)

(11)

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

	dule D (Form 990) 2011 THE OCEANOGRAPHY SOCIETY	27-1203082	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		932,365.
2	Total expenses (Form 990, Part IX, column (A), line 25)	<u> </u>	653,828.
3	Excess or (deficit) for the year Subtract line 2 from line 1		<u>278,537.</u>
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		278,537.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	932,365.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	Para A	 :
ā	Net unrealized gains on investments		
ŀ	Donated services and use of facilities 2b	ار 3 در ار 3 در	
•	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	932,365.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	- 1	
	Other (Describe in Part XIV)	-	
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	932,365.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p		33273331
	Total expenses and losses per audited financial statements	1	653,828.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		0337020:
	Donated services and use of facilities	1.25	
	Prior year adjustments 2b	1,327	
	Other losses 2c	-	
	I Other (Describe in Part XIV)	- 	
	Add lines 2a through 2d		
	Subtract line 2e from line 1	3	653,828.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	 	033,020.
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	→ •	
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	653,828.
	t XIV Supplemental Information		
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple additional information	/, lines 1b and 2b te this part to prov	; vide
<u>Pt</u> .	X The Society is a nonprofit entity and is exempt from	federal_inc	ome_taxes_
	under Section 501(c)(3) of the Internal Revenue Code. The	refore, cont	ributions
	to the Society are tax deductible under Section 170 of	the Interna	<u>l Revenue</u> .
	Code. The Society files an IRS Form 990-T to report al	<u>l unrelated</u>	<u>business</u> .
	income annually. The Society's unrelated business incom	<u>e arises fro</u>	m the sale.
	of advertising in the Society's magazine. The Society i	<u>s not class</u>	<u>ified as a</u>
-	private foundation by the Internal Revenue Service		
	The Society adopted the recommendations of the Final	incial	

Schedule D (Form 990) 2011 THE OCEANOGRAPHY SOCIETY	52-1563085	Page 5
Part XIV Supplemental Information (continued)		
. Accounting Standards Board (FASB) in its Accounting	g Standards Codifi	<u>cation</u>
(ASC) for Accounting of Uncertainty in Income Taxes w	ithout any material	<u>effect</u> .
to the financial statements. These recommendations	clarify the account	ing for
uncertainty in income taxes by prescribing the rec	ognition threshold	<u>d a tax</u> .
position is required to meet before being recognized in	the financial state	ments.
They also provide guidance on derecognition, clas	sification, intere	st and
penalties, accounting in interim periods, disclosure,	and transition. Inc	ome_tax_
benefits are recognized for income tax positions taker		
a tax return, only when it is determined that the inco		
likely-than-not be sustained upon examination by taxin		
has analyzed tax positions taken for filing with the Ir		
all state jurisdictions where it operates. The Societ		
filing positions will be sustained upon examination a		
adjustments that would result in a material advers		
financial condition, results of operations or cash flows		
has not recorded any reserves, or related accruals for uncertain income tax positions at September 30,		ies_ioi.
undertain income tax positions at september 50,		
With few exceptions, the Society is no longer subject		
local tax examinations by tax authorities for years		<u>ctober</u> .
1, 2008.		·

BAA

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered
 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(10)

Employer identification number Name of the organization 52-1563085 THE OCEANOGRAPHY SOCIETY Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 Yes No (1) (2)(3) (4)(5) (6) Enter the amount of tax imposed on the organization managers or disqualified persons during the year under ► Ś section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶\$ Part II Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (d) Balance due (e) In default? (f) Approved by board or committee? (g) Written (b) Loan to or from the organization? (c) Original principal amount (a) Name of interested person and purpose reement? Yes No Yes No No То From (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)▶ \$ Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (b) Relationship between interested person and (c) Amount and type of assistance (a) Name of interested person the organization (1) (2)(3) (4)(5) (6)(7)(8) (9)

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

Schedule L (Form 990 or 990-EZ) 2011

(a) Name of interested person	(b) Relationship between interested person and the		(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No No
(1) RAMARUI MANAGEMENT SERVICES	SEE PART V	101,370.	FEES FOR MANAGING TOS		Х
(2) GEOSCIENCES PROFESSIONAL SERVICES, INC.		98,050.	FEES FOR EDITING MAGAZINE		Х
(3)				 	
(4)				<u> </u>	├
(5) (6)				 	
(7)				<u> </u>	
(8)					
(9)				<u> </u>	├
(10) Part V Supplemental Information				<u></u>	L
Complete this part to provide additiona	I information for resp	onses to questions on Sche	dule L (see instructions).		
PART IV, LINE 1(B) MANAGEMENT (COMPANY EMPLO	YING EXEC. DIR.		- - -	
PART IV, LINE 2(B) EDITING COME	PANY EMPLOYIN	G DIRECTOR OF PUR	BLICATIONS	-	-
· 					
				- -	
				- -	
				- -	
		. 			
			_		
·				- - -	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

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.

Description:

Employer identification number

Name of the organization		Employer identification number
THE OCEANOGRAPHY	SOCIETY	52-1563085
Pt_VI,_Line_3	THE EXECUTIVE DIRECTOR IS AN INDEPENDENT CONTRA	CTOR AND IS
	COMPENSATED THROUGH A MANAGEMENT COMPANY. THE	EXECUTIVE
	DIRECTOR MUST REPORT TO THE COUNCIL AND COUNCIL	APPROVAL IS
	REQUIRED FOR NEW VENDOR CONTRACTS AND ALL EXPEN	IDITURES OVER \$500.
	DURING THE YEAR ENDED SEPTEMBER 30, 2012, THE E	PRESIDENT
	OF THE MANAGEMENT COMPANY WAS HIRED AS AN EMPLO	YEE OF THE
	ORGANIZATION AND IS NOW LISTED AS AN OFFICER IN	PART_VII.
Pt_VI,_Line_6	THE ORGANIZATION HAS FOUR CLASSES OF MEMBERS: F	REGULAR, STUDENT
	_CORPORATE_AND_INSTITUTIONAL_AND_ASSOCIATE	
Pt_VI,_Line_7a	THE REGULAR AND STUDENT MEMBERS ARE ELIGIBLE TO	VOTE FOR
	MEMBERS OF THE BOARD AND AMENDMENTS TO THE ORGA	ANIZATION'S BY-LAWS.
Pt_VI,_Line_11a_	EACH MEMBER OF THE COUNCIL WILL BE PROVIDED A C	COPY OF THIS FORM
	990 AND WILL HAVE SUFFICIENT TIME TO REVIEW AND	O OFFER ANY CHANGES.
Pt_VI,_Line_12c_	EACH COUNCIL MEMBER SHALL ANNUALLY SIGN A STATE	EMENT WHICH
	AFFIRMS THAT SUCH COUNCILLOR HAS RECEIVED A COL	PY_OF_THE
	CONFLICT OF INTEREST POLICY, HAS READ AND UNDER	RSTANDS THE
	POLICY, HAS AGREED TO COMPLY WITH THE POLICY, I	AS DISCLOSED
	ALL DISCLOSABLE INTERESTS EXISTING ON OR BEFORE	THE DATE OF
	THE STATEMENT, AND UNDERSTANDS THAT THE SOCIETY	C IS A CHARITABLE
	ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS	FEDERAL TAX
	EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIE	ES_WHICH_ACCOMPLISH
	ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.	

Schedule O (Form 990 or 99	90-EZ) 2011	Page 2
Name of the organization THE OCEANOGRAPHY	SOCIETY	Employer identification number 52-1563085
THE GELANOGRAPHI	SOCIETI	100000
Pt_VI,_Line_15	A PUBLISHED SALARY SURVEY OF WASHINGTON, DC ARE	EA_NON-PROFIT
	ORGANIZATIONS WAS OBTAINED, AND A SPREADSHEET C	COMPARING COMPENSATION
	FOR EQUIVALENT DUTIES AT THE SOCIETY AND OTHER	COMPARABLY
	SIZED ORGANIZATIONS WAS PREPARED IN DETERMINING	THE COMPENSATION
	OF THE EXECUTIVE DIRECTOR. THE RESULTS WERE RE	EVIEWED BY
	THE PRESIDENT ON BEHALF OF THE COUNCIL. THERE A	ARE NO OTHER COMPENSATED.
	OFFICERS OR KEY EMPLOYEES AND THE COMPENSATION	OF THE EXECUTIVE
	DIRECTOR FALLS UNDER THE DOLLAR THRESHOLD FOR S	990_REPORTING.
Pt_VI,_Line_19	COPIES OF ALL FORMS 990 THAT HAVE BEEN FILED, T	THE ANNUAL AUDITED
	FINANCIAL STATEMENTS AND OTHER GOVERNING POLICI	IES_ARE
	KEPT IN THE SOCIETY'S OFFICE AND ARE AVAILABLE I	FOR REVIEW UPON REQUEST.
Pt XII, Line 2c	THE AUDIT COMMITTEE (PRESIDENT, PAST PRESIDENT	AND PRESIDENT-ELECT)
	ASSUMES RESPONSIBILITY FOR THE AUDIT AND SELECT	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 2012)

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. 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 Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions Type or print 52-1563085 THE OCEANOGRAPHY SOCIETY File by the due date for filing your return See Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) P.O. BOX 1931 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions MD 20849 ROCKVILLE 01 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Return **Application** Return Code Code ls For 07 Form 990 01 Form 990-T (corporation) 08 Form 990-BL 02 Form 1041-A 09 01 Form 4720 Form 990-EZ Form 990-PF 10 04 Form 5227 11 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 12 Form 990-T (trust other than above) 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)	this is	for the whole g	group,
check this box If it is for part of the group, check this box and attach a list with the name	nes an	d EINs of all m	embers
the extension is for			
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
until May 15, 20 13 _, to file the exempt organization return for the organization named above			
The extension is for the organization's return for			
calendar year 20 or			
 calendar year 20 or tax year beginning Oct 1, 20 11 _, and ending Sep 30, 20 12 			
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final Change in accounting period	al retu	'n	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using FETPS (Flectronic Federal Tax Payment System). See instructions	3c	s	0.

payment instructions

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