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Department of the Treasury

#### **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)

he expenience may have to use a serie of this return to extend state reporting requirements

OMB No. 1545-0047 **2012**Open to Public 3

Inter	nai Reven	lue Service	The organization may have to use a copy of this return to sausty state reporting	requirements.	1,12	umpkeyarems-
Α	For the		year, or tax year beginning Oct 1 , 2012, and ending	Sep 30	, 2	2013
В	Check if a	applicable: C	Name of organization THE OCEANOGRAPHY SOCIETY	D Emplo	yer identifica	ation Number
	Addr	ress change	Doing Business As	52-	156308	5
	Nam	ne change	Number and street (or P.O. box if mail is not delivered to street addr) Room/suit	e <b>E</b> Teleph	one number	
	Initia	al return P.	O. BOX 1931	(30	1) 251	-7708
	⊢⊣	ninated	City, town or country State ZIP code + 4		-/	
	H-1	· .	OCKVILLE MD 20849	G Gross	receints \$	336,433.
	$\mathbf{H}$	<u> </u>		a) is this a group retu		
_	Tou ou		CAROLYN THOUGU P.O. BOX 1931 ROCKVILLE MD 20849 (501(c)(3)   501(c) ( )	<ul> <li>Are all affiliates inc if 'No,' attach a list</li> </ul>	. (see instruc	ctions)
<u> </u>		•				
				c) Group exemption r		
K			Corporation   Trust   Association   Other ►   L Year of Formation	· 1988 M	State of lega	I domicile. MD
'Ra	I (EII)	Summary				
			the organization's mission or most significant activities: THE OCEANO			
à			DISSEMINATE KNOWLEDGE OF OCEANOGRAPHY AND IT			
Ĕ	_		ND EDUCATION, TO PROMOTE COMMUNICATION AMONG			
틸			A CONSTITUENCY FOR CONSENSUS-BUILDING ACROSS A			
Governance			if the organization discontinued its operations or disposed of more			
≪			g members of the governing body (Part VI, line 1a)			13 13
S			individuals employed in calendar year 2012 (Part V, line 2a)			<u></u>
害			volunteers (estimate if necessary)			15
Activities &			business revenue from Part VIII, column (C), line 12			11,960.
_			siness taxable income from Form 990-T, line 34		7b	0.
_				Prior Year	<u>'</u>	Current Year
	8 C	Contributions and	d grants (Part VIII, line 1h)	364,		265,323.
Revenue			revenue (Part VIII, line 2g)	565,		70,410.
Ę	1	•	ne (Part VIII, column (A), lines 3, 4, and 7d)		34.	16.
æ			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1.0	605.	684.
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	932,		336,433.
			ar amounts paid (Part IX, column (A), lines 1-3)			
			or for members (Part IX, column (A), line 4)			
		•	ompensation, employee benefits (Part IX, column (A), lines 5-10)	Q	863.	104,352.
98			303.	101,332.		
Expenses			draising fees (Part IX, column (A), line 11e)	TO THE RESIDENCE	10 PER 300	
ă.		_	expenses (Part IX, column (D), line 25) ►1,853.	は多いの子位と		
ш	17 O	Other expenses	(Part IX, column (A), lines 11a-11d, 11f-24e)	644,	965.	322,667.
	18 T	otal expenses.	Add lines 13-17 (must equal Part IX, column (A), line 25)	653,	828.	427,019.
_	<b>19</b> R	Revenue less exp	penses. Subtract line 18 from line 12 🗸 📖 🛴 🛴	278,	537.	-90,586.
8 8				Beginning of Curre	nt Year	End of Year
Assets of Balance	20 T	otal assets (Par	rt X, line 16)	425,		344,309.
₹ <u>₽</u>	21 T	otal liabilities (F	Part X, line 26)	19,	997.	29,258.
ž.	22 N	let assets or fun	nd balances. Subtract line 21 from-line 20	405,	637.	315,051.
Pá		Signature E				
Unde	r nenaltie	s of persury. I declar	e that I have examined this return, including accompanying schedules and statements, and to the	best of my knowledge	e and belief.	it is true, correct, and
com	olete. Deci	laration of preparer (	e that I have examined this return, including accompanying schedules and statements, and to the other than officer) is based on all information of which preparer has any knowledge.	)_	1	
		The Aw	~ / / -	3/31	12014	
Sig	ın	Signature of		Date		
He	re	▶ . \on	initer Kamarui, Executive Director			
		Type r prin	t name and title.	-		
_	-	Print/Type prepa	arer's name Preparer's sygnature Date	Check	if PTI	N
D-	:al		C. Davis, CPA Widnest Time 3/34	self-employ		00066528
Pa				17   SS. S. S. S.	11.0	
	eparer e Only	- 1		Firm's FIN	<b>▶</b> 50 1	061540
US	o Omy	Firm's address	1406 B SOUTH CRAIN HWY, STE 204			861549
			GLEN BURNIE MD 21061-4099	Phone no		766-2645
			eturn with the preparer shown above? (see instructions)			X Yes No
BA	A For P	Paperwork Redu	action Act Notice, see the separate instructions. TEEA0	101 05/09/13		Form <b>990</b> (2012)

		<u>2-15630</u> 1	35 1	age 2
Pai	Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III	<u><u></u></u>	· · · · · · · · · · · · · · · · · · ·	🔲
1	Briefly describe the organization's mission:		_	
	THE OCEANOGRAPHY SOCIETY WAS FOUNDED			
	IN 1988 TO DISSEMINATE KNOWLEDGE OF OCEANOGRAPHY AND ITS APPLICATION	THROUG	H	
	Con Form 000 Page 0 Post III Line 1 (continued)			
	See Form 990, Page 2, Part III, Line 1 (continued)			
	Did the organization undertake any significant program services during the year which were not listed on the p	rior		
_	Form 990 or 990-EZ?		Yes X	No
	If 'Yes,' describe these new services on Schedule O.	Ш	162 1	140
2	·	$\Box$	v 🖽	N1-
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	· · 📙	Yes X	No
_	If 'Yes,' describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.	s measured of grants an	by expense d allocations	s to
4 a	a (Code: ) (Expenses \$ 253,638. including grants of \$ 0.) (Reven	ue \$	58,4	50 )
	PUBLICATION OF "OCEANOGRAPHY" MAGAZINE WHICH CONTAINS PEER-REVIEWED			<u> </u>
	THAT CHRONICLE ALL ASPECTS OF OCEAN SCIENCE AND ITS APPLICATIONS.	WAY TODE		
	IT IS PUBLISHED IN MARCH, JUNE, SEPTEMBER, AND DECEMBER IN ONLINE AN			
	PAPER FORMAT. ADDITIONALLY, EXTRA COPIES OF ANY ARTICLE WILL BE PRO			
	UPON REQUEST. MEMBERSHIP FEES ENTITLE MEMBERS TO THE QUARTERLY PUBL	ICATION	<u> </u>	
	AS WELL AS CERTAIN OTHER BENEFITS.			
		_		
4 h	(Code: ) (Expenses \$ 93,759. including grants of \$ 0.) (Reven	ue Ś		0.)
	THE SOCIETY SPONSORS MEETINGS AND CONFERENCES TO DISSEMINATE KNOWLEI			<u> </u>
	AND PROMOTE COMMUNICATION AMONG OCEANOGRAPHERS.			
		~		
		~		
4.0	: (Code: ) (Expenses \$ 12,628. including grants of \$ 0.) (Reven	1e \$		0.)
40			<del></del>	<u>u.</u> ,
	THE SOCIETY MANAGES THREE AWARD PROGRAMS. THE JERLOV AWARD IS AWARD			
	IN RECOGNITION OF CONTRIBUTIONS MADE TO THE ADVANCEMENT OF OUR KNOWL			
	OF THE NATURE AND CONSEQUENCES OF LIGHT IN THE OCEAN. THE WALTER MU	NK_AWAR	<u>.</u>	
	IS AWARDED IN RECOGNITION OF DISTINGUISHED RESEARCH IN OCEANOGRAPHY	~ <b>_</b> _		
	RELATED TO SOUND AND THE SEA AND IS GRANTED JOINTLY BY THE OCEANOGRA	PHY SOC	IETY,	
	THE OFFICE OF NAVAL RESEARCH, AND OFFICE OF THE OCEANOGRAPHER OF THE	NAVY.		
	THE FELLOWS PROGRAM RECOGNIZES INDIVIDUALS WHO HAVE ATTAINED EMINENCE			
	IN OCEANOGRAPHY THROUGH THEIR OUTSTANDING CONTRIBUTIONS TO THE FIELD			
	OCEANOGRAPHY OR ITS APPLICATIONS DURING A SUBSTANTIAL PERIOD OF YEAR			
	OCHUMOGRAFUI ON TIP VELUTOVITONE DONTING Y BORESTWATTYN LEWION OF ITHE			
		. – – – –		
4 d	Other program services. (Describe in Schedule O.)		_	
	(Expenses \$ including grants of \$ ) (Revenue \$			
<u>4 e</u>	Total program service expenses ► 360, 025.			400 T T
			Form 996	ペルコク

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# Form 990 (2012) THE OCEANOGRAPHY SOCIETY Part IV 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	x	
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		х
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		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, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	图		
;	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	
ł	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
•	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	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		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
	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 and XII is optional	12b		Х
	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		
1	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (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.			х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H			Х
- 1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 Ь		

Form 990 (2012) THE OCEANOGRAPHY SOCIETY

Partify Checklist of Required Schedules (continued)

	7.3.3	T	Yes	No
	<b>-</b>			
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	<u> </u>	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		х
24		-		
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	24a		х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	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
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 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
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):	H		
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	احتجيم	X
	<b>b</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	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30		30		х
31	in the second se	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
	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	-	x
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	-			
	b If 'Yes' to line 35a, 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		_ <u>X</u>
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 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	

BAA

Form 990 (2012)

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	Check it Schedule O contains a response to any question in this Part V		<u></u>	<u></u>	بلنہ
_		1 . 1	- T-	Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a (	5		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<del></del>	이		
	c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	X	4.5
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1	3.6	S.
	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 ins	tructions)	****		2
	a Did the organization have unrelated business gross income of \$1,000 or more during the year		3 a	<del></del>	<u> </u>
- 1	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		3 b	Х	<u></u>
	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, securities account in a foreign country (such as a bank account).	or other authority over, a ancial account)?	4a	, see or see	х
1	o If 'Yes,' enter the name of the foreign country:		-	**	7,1
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fil			1	
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•	5 a	-	X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5 b		X
•	of 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c	<u> </u>	<u> </u>
6	Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible as charitable contributions?	d did the organization	6 a		х
١	b If 'Yes,' did the organization include with every solicitation an express statement that such cornot tax deductible?	ntributions or gifts were	6ь		
7	Organizations that may receive deductible contributions under section 170(c).				
ŧ	a Did the organization receive a payment in excess of \$75 made partly as a contribution and pa services provided to the payor?	rtly for goods and	7a	X	Ð
ı	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b	Х	
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for whi	ch it was required to file			٦,
	Form 8282?	· · · · · · · · · · · · · · · · · · ·	7 c	L	Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		20.0	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		171	<del> </del>	┢
	g If the organization received a contribution of qualified intellectual property, did the organization as required?		7 <u>g</u>	<u> </u>	
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the of Form 1098-C?	organization file a	7 h	E-TOPE A	P. 2.
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, ha holdings at any time during the year?	g organizations. Did the ve excess business	8		7
q	Sponsoring organizations maintaining donor advised funds.				To a
٠,	a Did the organization make any taxable distributions under section 4966?		9 a	ME30-54	14.50
	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b	_	
	Section 501(c)(7) organizations. Enter:		- 1 · 1		3.7
	Initiation fees and capital contributions included on Part VIII, line 12	10a			19
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь		2	强.
	Section 501(c)(12) organizations. Enter:				
á	a Gross income from members or shareholders	11 a		6.5	40
ı	Gross income from other sources (Do not net amounts due or paid to other sources		-		
	against amounts due or received from them.)	11 b	1 4		377
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu o		12a	- man -	<u> </u>
	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	J.	4	24.
	Section 501(c)(29) qualified nonprofit health insurance issuers.			التنفذ	221
ě	a Is the organization licensed to issue qualified health plans in more than one state?		13a	i, alum	2727-3
_	Note. See the instructions for additional information the organization must report on Schedule	<b>U</b> .	4	10.00	
ı	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	13Ы			
	Enter the amount of reserves on hand	13c			7,0
	a Did the organization receive any payments for indoor tanning services during the tax year?		14a	- 1	X
	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in So		14b		

Forn	n <b>990</b> (2012) THE OCEANOGRAPHY SOCIETY 52-1563085		F	⊃age 6
	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 characteristics.	ow, ai	nd fo in	r
	Check if Schedule O contains a response to any question in this Part VI			<b>x</b>
Sec	ction 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 1a 13  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ı	b Enter the number of voting members included in line 1a, above, who are independent 1b 13		51.	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?	6	x	<del> </del>
7 8	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?	7 a	х	
ŀ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8a	Х	<u> </u>
t	Each committee with authority to act on behalf of the governing body?	8ь	X	
9	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	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>renue</u>		
	Distinguished the book of the	10 a	Yes	No X
	a Did the organization have local chapters, branches, or affiliates?	IUa		├^
	olf '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?	10 ь		
	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		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<b>1999</b>
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	<b></b>
	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? <i>If 'Yes,' describe in Schedule O how this is done</i>	12 c	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15 a	X	<u> </u>
Ł	Other officers of key employees of the organization	15b	Len 1 4	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1	<b>VAL</b>	
16 a	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		X
t	olf 'Yes,' did the organization follow 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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Maryland Maryland	- <b></b> -		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Indicate how you make these available. Check all that apply.	ailable	for pu	iblic
	Own website X Another's website X Upon request Other (explain in Schedule O)			
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.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	ization	):	

Form 9	<b>990</b> (2012)	THE	OCEANOGRAPHY	SOCIETY
1 01111	734 (4014)	.I.H.E.	CULBANCUARAPHY	SUCTION

52-1563085

Page 7

## Partivili 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 i	related	dorg	aniz	zatio	n com	pen	sated any current office	cer, director, or truste	e.
				((	;)		·			
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable  compensation from the organization	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	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)	from the organization and related organizations
(1) DR. MARK R. ABBOTT	2.00									
PRESIDENT		х		X				0.	0.	0.
(2) DR. MICHAEL ROMAN PAST PRESIDENT	2.00	х						0.	0.	0.
(3) DR. CAROLYN THOROUGHGOOD PAST PRESIDENT	2.00	Х_						0.	0.	0.
(4) DR. M. SUSAN LOZIER PRESIDENT ELECT	2.00	х						0.	0.	0.
(5) DR. BLANCHE MEESON COUNCIL	2.00	х						0.	0.	0.
(6) DR. JANET SPRINTALL COUNCIL	2.00	х						0.	0.	0.
O DR. DEBORAH STEINBERG COUNCIL	2.00	х						0.	0.	0.
(8) DR. MARY SCRANTON COUNCIL	2.00	х						0.	0.	0.
(9) DR. SCOTT DONEY COUNCIL	2.00	Х						0.	0.	0.
(10) DR. SCOTT GLENN COUNCIL	2.00	х						0.	0.	0.
(11) DR. CHARLES NITTROUER COUNCIL	2.00	Х						0.	0.	0.
(12) AMY BURGESS COUNCIL	2.00	х						0.	0.	0.
(13) DR. GAIL KINEKE COUNCIL	2.00	х						0.	0.	0.
(14) DR. STEVEN LOHRENZ COUNCIL	2.00	х						0.	0.	0.

Mart VII Section A. Officers, Directors, Trus		<u>ney</u>	En			es,	<u>an</u>	d Hignest Con	pensated Emp	loyees (cont)
(A)	(B)	(40	Position (do not check more than or				000	(D)	(E)	(F)
Name and title	Average hours per	I box.	box, unless officer and		rson direct	ıs boti or/trus	n an stee)	Reportable compensation from	Reportable compensation from	Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) JENNIFER RAMARUI EXECUTIVE DIRECTOR	35.00			х				32,000.	0.	0.
(16) DR. SUSAN COOK SECRETARY	2.00			х				0.	0.	0.
(17) SUSAN BANAHAN TREASURER	2.00			х				0.	0.	0.
(18) DR. ELLEN KAPPEL DIRECTOR OF PUBLICATIONS	2.00			х				0.	0.	0.
(19)					-					· · · · · · · · · · · · · · · · · · ·
(20)										
(21)					-					
(22)										
(23)										
(24)										
(25)										
1 b Sub-total							•	32,000.	0.	_0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<b>-</b>	32,000.	0.	0.
Total number of individuals (including but not limite from the organization	d to thos	se lis	ted	abo	ve)	who	rece			
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	ndıvidua	<i>I</i>		٠.٠.			• ••			3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual.	portable han \$15	com 0,000	ipen 0? <i>If</i>	satı ' <i>'Ye</i>	on a	ind o ompl	ther ete	r compensation fro Schedule J for	om 	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	compens	ation	fror edu	m aı <i>le J</i>	ny u for :	nrela such	ted <i>per</i>	organization or in	dıvidual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensat	od indor	ond	ant c	ont	ract	ore H	ant i	racelyad more tha	n \$100 000 of	
compensation from the organization. Report compe	nsation	for th	ie ca	alen	dar	year	enc	ling with or within	the organization's	tax year.
Name and business address	ss							Description o	f services	(C) Compensation
						-				
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		imite	ed to	tho	se i	isted	ab	l ove) who received	more than	
\$100,000 in compensation from the organization	υ									Form <b>900</b> (2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII ..... (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from tax under sections 512, 513, or 514 function revenue revenue CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS! 1 a Federated campaigns ...... 1 a 1 b **b** Membership dues ...... 1,500 c Fundraising events ..... 1 c d Related organizations ...... 1 d e Government grants (contributions) ... 1 e 155,728 f All other contributions, gifts, grants, and similar amounts not included above ... 108.095 a Noncash contributions included in Ins 1a-1f: h Total. Add lines 1a-1f ...... PROGRAM SERVICE REVENUE **Business Code** 2a MAGAZINE SALES 15,590 15,590 511120 0. 541700 42.860 42.860 0 MEMBERSHIP \_\_\_\_ 11,960 541800 11.960 ADVERTISING 0 0. f All other program service revenue ... **心理,它不是的意思,它才就是一个对于外** g Total. Add lines 2a-2f ..... Investment income (including dividends, interest and other similar amounts) ..... 16. 16 Income from investment of tax-exempt bond proceeds . . (i) Real (II) Personal 6a Gross rents ..... **b** Less: rental expenses c Rental income or (loss) . . d Net rental income or (loss) ...... (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory . **b** Less: cost or other basis and sales expenses ... c Gain or (loss) ...... d Net gain or (loss) ...... 8 a Gross income from fundraising events **JTHER REVENUE** (not including . \$ of contributions reported on line 1c). 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 ........ 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 ... Miscellaneous Revenue **Business Code** 11a OTHER INCOME 900099 684 684 d All other revenue ...... 20、海话传统1111年6月,共产约4 e Total. Add lines 11a-11d 684 Total revenue. See instructions ..... 336,433 960

#### 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).

_	Check if Schedule O contains a	response to any question	on in this Part IX		
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			general expenses	i
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				1
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				<b>以为了一个</b>
5	Compensation of current officers, directors, trustees, and key employees	96,966.	61,156.	[	
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	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		<u> </u>		
10	Payroll taxes	7,386.	2,733.	4,579.	74.
11	Fees for services (non-employees):				
а	Management	}	}		
	Legal		115.	193.	3.
(	Accounting		9,299.	15,587.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amt exceeds 10% of line 25, col-		44-000		
	umn (A) amt. list line 11g expenses on Sch O)	145,223.		0.	0.
	Advertising and promotion		4,497.	43.	1.
13	Office expenses		2,341.	<u>2,899.</u>	47.
14	Information technology			<del> </del>	
15	Royalties				
16	Occupancy		10,448.	1,876.	
17	Travel	45,116.	45,057.	58.	1.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	520.	193.	322.	5.
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.)	The state of the s	2. 1811年代	Marin Carletter (Att) By	
а	PRINTING AND PUBLICATION	48,587.	48,587.	0.	0.
Ŀ	POSTAGE AND SHIPPING	28,356.	27,101.	1,235.	20.
C	AVECTRA FEES	3,000.	1,110.	1,860.	30.
C					ļ
	All other expenses	4,235.	2,165.	2,037.	33.
25	Total functional expenses. Add lines 1 through 24e $\ldots$	427,019.	360,025.	65,141.	1,853.
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)				

BAA

		Check if Schedule O contains a response to any que	estion	in this Part X			
			_		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			244,855.	1	209,767.
	2	Savings and temporary cash investments				2	27,869.
	3	Pledges and grants receivable, net				3	88,454.
	4	Accounts receivable, net				4	10,719.
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated en Part II of Schedule L			STATE OF THE	55	
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958 employers and sponsoring organizations of section 50 beneficiary organizations (see instructions). Complete	rsons (c)(3)(E	(as defined under 3), and contributing voluntary employees'		5	
A	7	Notes and loans receivable, net			<del></del>	7	
A S E T S	8	Inventories for sale or use				8	
F)	9	Prepaid expenses and deferred charges				9	7.500
S	-	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	l 1				7,500.
ł							<b>\</b>
		Less: accumulated depreciation				10 c	0.
	11	Investments – publicly traded securities				11	
ľ	12	Investments – other securities. See Part IV, line 11.				12	
ļ	13	Investments - program-related. See Part IV, line 11.	<del></del>	13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	<u> 16</u>	Total assets. Add lines 1 through 15 (must equal line 3	<u>34)</u>	<u></u>		16	344,309.
	17	Accounts payable and accrued expenses		17	18,335.		
- 1	18	Grants payable				18	
1	19	Deferred revenue			11,930.	19	10,923.
님	20	Tax-exempt bond liabilities			<del></del> -	20	
À	21	Escrow or custodial account liability. Complete Part IV			PARTY OF STANDARD AND AND AND AND A	21	10 10 10 10 10 10 10 10 10 10 10 10 10 1
l L	22	Loans and other payables to current and former officer key employees, highest compensated employees, and Complete Part II of Schedule L	discons	lified persons.		22	
I	23	Secured mortgages and notes payable to unrelated thin				23	
E   S	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp		25			
ı	26	Total liabilities. Add lines 17 through 25			19,997.	26	29,258.
N		Organizations that follow SFAS 117 (ASC 958), check			THE PARTY	7.77	"一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
¥		lines 27 through 29, and lines 33 and 34.		<u>ы</u> .	Control of the Contro	++++	
- 1	27	Unrestricted net assets			405,637.	27	315,051.
ASSET S	28	Temporarily restricted net assets				28	
₹	29	Permanently restricted net assets				29	
R		Organizations that do not follow SFAS 117 (ASC 958), and complete lines 30 through 34.		_	的自然	7 11	
OZC <sub>1</sub>	20	Capital stock or trust principal, or current funds			The state of the s	30	TO THE REAL PROPERTY.
	30 21	Paid-in or capital surplus, or land, building, or equipme			<del></del>	31	
¥	31	_			<u> </u>	32	<del> </del>
B4_14至い近の	32	Retained earnings, endowment, accumulated income, or				-	345 054
Ĕ	33	Total lightlitus and not assets/fund halances			405,637.	33	315,051.
5	34	Total liabilities and net assets/fund balances		· · · · · · · · · · · · · · · · · · ·	425,634.	34	344,309.

Form 990 (2012)

Pa	能XI割 Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>	<u></u>	<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		336,4	<u> 133.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	127,0	<u>)19.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>-90, 9</u>	586.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	105,6	537.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_		
'DÃ	column (B))  Riving Financial Statements and Reporting	10	3	115,0	<u>)51.</u>
Fal					
	Check if Schedule O contains a response to any question in this Part XII	<u>.</u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			Ġ.	
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both:	n a			
	Separate basis Consolidated basis Both consolidated and separate basis				
	• Were the organization's financial statements audited by an independent accountant?		2 b	l x l	
•	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			1104	
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis			2	
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audıt,	. 2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			57.5	据
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle 	. 3a		х
1	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	. 3b		
BAA			Form	990 (	2012)

Form **990** (2012)

#### 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

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

4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization **Employer Identification number** THE OCEANOGRAPHY SOCIETY 52-1563085 開a配圖 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).** 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b)(1)(A)(iv). (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11 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. Type III - Non-functionally integrated Type I Type III - Functionally integrated Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) A family member of a person described in (i) above? ...... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? ...... 11 g (ii) h Provide the following information about the supported organization(s) (iv) is the organization in column (i) listed in your governing document? (II) EIN (v) Did you notify the organization in column (i) of your (vI) Is the rganization in column (I) (vii) Amount of monetary (i) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) support support organized in the U.S.? Yes No No Yes (A) **(B)** (C) (D) (E) Total

Partil 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.)

<u>Se</u>	ction A. Public Support		,		Y	,		
Cal beg	endar year (or fiscal year inning in) ►	(a) 2008	<b>(b)</b> 2009	. <b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(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			<b>美国</b>				
Se	ction B. Total Support							
	endar year (or fiscal year inning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(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		5 5 5					
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 insti	ructions)			12		
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ []	
	ction C. Computation of Pu							
14	Public support percentage for 20	12 (line 6, column	(f) divided by line	11, column (f)) .		14	%_	
15	Public support percentage from 2	2011 Schedule A, I	Part II, line 14			15	%_	
16	16a 33-1/3% support test — 2012. 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							
	b 33-1/3% support test — 2011. If t and stop here. The organization	he organization di qualifies as a pub	d not check a box licly supported org	on line 13 or 16a ganization	, and line 15 is 33	8-1/3% or more, ch	eck this box	
17	a 10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-ar	nd-circumstances'	test, check this be	ox and <b>stop here.</b>	Explain in Part IV	how —	
	b 10%-facts-and-circumstances te or more, and if the organization in organization meets the 'facts-and	meets the 'facts-ar	nd-circumstances'	test, check this be	ox and <b>stop here.</b>	Explain in Part IV	how the	
18	Private foundation. If the organiz	zation did not chec	k a box on line 13	3, 16a, 16b, 17a, d	or 17b, check this	box and see instru	ctions	
_								

Partill! 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	_					
Caler	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	307 601	417 126	454 402	400 643	300 103	1 000 126
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's	307,681.	417,136.	454,493.	400,643.	308,183.	1,888,136.
3	tax-exempt purpose	125,474.	120,849.	53,703.	<u>28,</u> 135.	15,590.	343,751.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	facilities furnished by a governmental unit to the organization without charge						·
	Total. Add lines 1 through 5	433,155.	537,985.	508,196.	428,778.	323,773.	2,231,887.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	1,440.	240.	60,000.	0.	0.	61,680.
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						
	for the year	0.	75,151.	0.	8,140.	0.	83,291.
	Add lines 7a and 7b	1,440.	75,391.	60,000.	8,140	0.	144,971.
	Public support (Subtract line 7c from line 6.)	A PARTIE O				N. T. William	2,086,916.
	tion B. Total Support			4 ) 2040			
	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
	Amounts from line 6	433,155.	537,985.	508,196.	428,778.	323,773.	2,231,887.
t	royalties and income from similar sources	1,962.	738.	64.	34.	16.	2,814.
c	Add lines 10a and 10b	1,962.	738.	64.	34.	16.	2,814.
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.)	894.	3,049.	1,849.	1,605.	684.	8,081.
13	Total support. (Add Ins 9, 10c, 11, and 12)	436,011.	541,772.	510,109.	430,417.	324,473.	2,242,782.
14	First five years. If the Form 990 is organization, check this box and	s for the organizat	ion's first, second	, third, fourth, or f	ifth tax year as a		▶ [
	tion C. Computation of Pul	olic Support P	ercentage				
15	Public support percentage for 201	12 (line 8, column	(f) divided by line	13, column (f))		15	93.05 %
	Public support percentage from 2				<u></u>	16	87.82 %
Sec	tion D. Computation of Inve	estment Incon	ne Percentage				
17	Investment income percentage fo	r 2012 (line 10c, c	olumn (f) divided	by line 13, columi	n (f))	17	0.13 %
18	Investment income percentage from						0.12 %
	<b>33-1/3% support tests — 2012.</b> If is not more than 33-1/3%, check	this box and stop	<b>here.</b> The organiz	ation qualifies as	a publicly support	ed organization	▶ 🛛
	33-1/3% support tests - 2011. If line 18 is not more than 33-1/3%,						
20	Private foundation. If the organiz	ation did not chec	k a box on line 14	l, 19a, or 19b, che	eck this box and s	ee instructions	🟲 📗

Schedule A (Form 990 or 990-EZ) 2012 THE OCEANOGRAPHY SOCIETY	52-1563085	Page 4
Part IV: Supplemental Information. Complete this part to provide the explanat Part II, line 17a or 17b; and Part III, line 12. Also complete this part fo (See instructions).	ions required by Part II, line r any additional information	∍ 10; ı.
Other Income Part III, Line 12		
Description: MISCELLANEOUS INCOME		
2008: 894.		
2009: 3049.		
<u> 2010: 1849.                                      </u>		
2011: 1605.		
2012: 684.		
	<del></del>	

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **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

2012

Open to Public inspection : \*\*
Employer identification number

THI	C OCEANOGRAPHY SOCIETY		52-1563085	
	Organizations Maintaining Donor Advised Funds or Other Similar Fun	ds or A	ccounts. Complet	te if
	the organization answered 'Yes' to Form 990, Part IV, line 6.	_		
	(a) Donor advised funds	(b)	Funds and other acco	ounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor are the organization's property, subject to the organization's exclusive legal control?	or advised	funds	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds of for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpormissible private benefit?	can be use urpose con	ed only ferring Yes	No
Pai	Conservation Easements. Complete if the organization answered 'Yes'	to Form	990, Part IV, line	e 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).			•
			cally important land a	rea
		a certified	d historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the last day of the tax year.	e form of a		
		2.7.C	Held at the End of th	e Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic structure included in (a)			
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated tax year ▶	by the org	ganization during the	
4	Number of states where property subject to conservation easement is located ▶			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handle and enforcement of the conservation easements it holds?	ing of viola	ations, Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemed	ents during	the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during the	year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	on 170(h)(4	4)(B)(i) Yes	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exinclude, if applicable, the text of the footnote to the organization's financial statements that described conservation easements.	xpense sta cribes the	atement, and balance organization's accoun	sheet, and ting for
Par	Complete if the organization answered 'Yes' to Form 990, Part IV, line 8	Other Si	milar Assets.	<del>       =</del>
1 :	of the organization elected, as permitted under SEAS 116 (ASC 958), not to report in its revenue	 e statemen	nt and balance sheet v	vorks of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in Part XIII, the text of the footnote to its financial statements that describes these items.	in further	ance of public service	, provide,
ŧ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statistical treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items:	urtherance	e of public service, pro	s of art, ovide the
	(i) Revenues included in Form 990, Part VIII, line 1		►\$	
	(ii) Assets included in Form 990, Part X		►\$	
	If the organization received or held works of art, historical treasures, or other similar assets for amounts required to be reported under SFAS 116 (ASC 958) relating to these items:			ving
ē	Revenues included in Form 990, Part VIII, line 1		►\$	
	Assets included in Form 990 Part Y		▶ <	

Part III Organizations Mainta	ining Collec	tions of Art, Histo	orical Treasures, o	or Other Similar Ass	sets (c	ontinu	ied)
3 Using the organization's acquisition (check all that apply):	on, accession,	and other records, che	eck any of the following	that are a significant us	e of its	collectio	)N
a Public exhibition		<b>d</b> Loan	or exchange programs	•			
<b>b</b> Scholarly research		e Other		·· <u>····</u>			
c Preservation for future gener							
4 Provide a description of the orgal Part XIII.							
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or re nan to be maint	eceive donations of art ained as part of the or	, historical treasures, o ganization's collection?	r other similar assets	Yes	[	No
Escrowand Custodial reported an amount o	<mark>Arrangemen</mark> n Form 990,	<b>ts.</b> Complete if the or Part X, line 21.	organization answe	red 'Yes' to Form 990	, Part I	V, line	9, or
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian,	or other intermediary	for contributions or oth	er assets not included	Yes	Г	No
<b>b</b> If 'Yes,' explain the arrangement					□.03	L	
			•		Amoun	t	
c Beginning balance		.,	• • • • • • • • • • • • • • • • • • • •	1c			
d Additions during the year						_	
e Distributions during the year							
f Ending balance							
2a Did the organization include an a					Yes		No
<b>b</b> If 'Yes,' explain the arrangement					<b></b>		7
		•				_	_
Rant VA Endowment Funds. C	omplete if the	ne organization ar	swered 'Yes' to Fo	orm 990, Part IV, lir	те 10.		
	(a) Current	(b) Prior yea		(d) Three years		our year	's
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships			····		1		
e Other expenditures for facilities and programs							
f Administrative expenses			<del></del>		1-		
<b>a</b> End of year balance							
2 Provide the estimated percentage		vear end balance (line	1g. column (a)) held a	as:			
a Board designated or guasi-endow		*					
<b>b</b> Permanent endowment ►	- <del></del>	<del></del>					
c Temporarily restricted endowmen	t ►	8					
The percentages in lines 2a, 2b,		egual 100%.					
3a Are there endowment funds not in			hat are held and admir	nistered for the	г	<del></del>	
organization by:  (i) unrelated organizations					. 3a(i)	Yes	No
(ii) related organizations							
b If 'Yes' to 3a(II), are the related o							
					.[ 30 ]		
4 Describe in Part XIII the intended							
Part VIII Land, Buildings, and		a) Cost or other basis	(b) Cost or other	(c) Accumulated	(4)	Book va	luo
Description of property		(investment)	basis (other)	depreciation			
1 a Land	<b>←</b>		<del> </del>	1、1224年日本のアングラックの		<del></del>	
<b>b</b> Buildings				<del></del>	<del></del>		
c Leasehold improvements				7 100			
d Equipment	_	<del></del>	7,190.	7,190.			0.
e Other		I Form 990 Part Y or	lumn (R) line 10(c)	· · · · · · · · · · · · · · · · · · ·		<del></del>	0.
BAA	i (u) must equa	ii i Oilii 330, Fait A, Co	manin (D), mie ro(c).)		lule <b>D</b> (F	orm 99	
							-,

Part VII: Investments - Other Securities. See F	orm 990, Part X	7, line 12.	ugo e
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(A) (B) (C) (D)			
<u>D</u>			_
(E)			
<u>(f)</u>		<del> </del>	
(G)	<del></del> -		
(H)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		RANGE OF THE RESERVE	
Partivill Investments — Program Related. See F	orm 990 Part X		M Th
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or	
		end-of-year market value	
(1)	<u> </u>		
(2)	,		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		<del>-</del>	
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >		· · · · · · · · · · · · · · · · · · ·	
Partix Other Assets, See Form 990, Part X, lin	ne 15.	10 to	
(a) Desc		(b) Book value	e
(1)			
(2)			
(3)			
(4)			
(6)			
(7)			
(8)			
(9)			
(10)	line 15 \		
Total. (Column (b) must equal Form 990, Part X, column (B),			
Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	(b) Book value	· 网络阿拉克斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	Paret.
(1) Federal income taxes	(b) Book value		10
(2)	-		
(3)	<del>                                     </del>		ا برسامه
(4)	<del></del>		34
(5)	-	A secretary and the secretary	23.7
(6)			
(7)			$T_{i,j}$
(8)			
(9)			
(10)			LA
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	<b>▶</b>	The state of the s	A COL

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2012 THE OCEANOGRAPHY SOCIETY	52-1563085	Page 4
Par	tːXl화 Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
1	Total revenue, gains, and other support per audited financial statements		336,433.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1:143	
а	Net unrealized gains on investments	i pala	
b	Donated services and use of facilities		
c	Recoveries of prior year grants 2c		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d		
3	Subtract line 2e from line 1	. 3	336,433.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	241	
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		336,433.
	Reconciliation of Expenses per Audited Financial Statements With Expenses p		
	Total expenses and losses per audited financial statements		427,019.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		11,701
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1		427,019.
_	Amounts included on Form 990, Part IX, line 25, but not on line 1:	: 34	4217013.
	Investment expenses not included on Form 990, Part VIII, line 7b	- i	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	427,019.
Par	Supplemental Information		
Comp line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I i; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	V, lines 1b and 2b; ny additional inform	; Part V, nation.
<u>Pt</u> _	X Line 2 The Society is a nonprofit entity and is exempt from	federal inco	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 Internal	<u>Revenue</u>
	Code. The Society files an IRS Form 990-T to report al	ll unrelated	business
	income annually. The Society's unrelated business incom		
	of advertising in the Society's magazine. The Society i	<u>is not classi</u>	<u>fied as a</u>
	private foundation by the Internal Revenue Service.		
	The Society adopted the recommendations of the Final	ncial	

BAA

Schedule **D** (Form 990) 2012

Schedule D (Form 990) 2012 THE OCEANOGRAPHY SOCIETY  Part XIII Supplemental Information (continued)	52-1563085	Page 5
Accounting Standards Board (FASB) in its Accounting	Standards Codific	cation.
(ASC) for Accounting of Uncertainty in Income Taxes wit	hout any material	<u>effect</u> .
to the financial statements. These recommendations cl	arify the accounti	ng for
uncertainty in income taxes by prescribing the recog	nition threshold	<u>a tax</u> .
position is required to meet before being recognized in the	he financial stater	ments.
They_also provide guidance on derecognition, classi	fication, interes	st and.
penalties, accounting in interim periods, disclosure, an	d transition. Inco	ome_tax.
benefits are recognized for income tax positions taken o	r expected to be ta	<u>ken in</u> .
a tax return, only when it is determined that the income	e tax position will	l more-
likely-than-not be sustained upon examination by taxing	authorities. The S	ociety.
has analyzed tax positions taken for filing with the Inte	ernal Revenue Servi	ce_and
all state jurisdictions where it operates. The Society	<u>believes that inco</u>	ome_tax
filing positions will be sustained upon examination and	l does not anticipa	te any
adjustments that would result in a material adverse	affect on the Soci	<u>lety's</u> .
financial condition, results of operations or cash flows.	Accordingly, the S	ociety.
has not recorded any reserves, or related accruals for in	terest and penalti	es for
uncertain_income_tax_positions_at_September_30, 20	<u> </u>	
With few exceptions, the Society is no longer subject t	o_U.SFederal, st	ate or
local tax examinations by tax authorities for years be	eginning before Oc	ctober.
1, 2009.		
		. – – – .
		··

#### 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, 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 2012 Open to Public

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

THE	CEANOGRAPH	Y SOCIETY							52	2-15	630 <u>8</u>	5			
<u>:Par</u>	Excess B Complete if	enefit Trans the organization	actions (se n answered 'Ye	ction 5 es' on Fo	01(c)(3 orm 990,	3) and Part IV	section 5 /, line 25a o	01(c)(4) or 25b, or For	organiz m 990-E	ation Z, Par	s onl t V, lir	y). ne 40b	),		
1	(a) Name of disqua	alified person	(b) F		between d		d	(c)	Description	of trans	action			(d) Cor	rected
				person a	ing organiza	2UOI1								Yes	No
(1)	) 														<u> </u>
(2)	)		_1												
(3)														<u> </u>	<u> </u>
(4)			<u> </u>					<del></del>							L
<u>(5)</u>					<u> </u>			····							<u> </u>
(6)	<u> </u>		<u> </u>											İ	L
				<i>.</i>			• • • • • • • • •			• • • • •	<b>►</b> \$				
3	Enter the amount of	of tax, if any, or	line 2, above	, reimbu	rsed by	the org	anızation				<b>. ^</b> \$				
Par	<b>阅读</b> Loans to	and/or From	Interested	Perso	ns.	7 D	V 15 20-		D. 4.11/	ı: 00					
	organization	the organization reported an am	ount on Form S	990, Par	m 990-E	z, Page 5, 6, or	22.	or Form 990, 	Part IV,	iine 26	; or it	tne ——			
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan	from the		(d) Loan to or from the organization?		(f) Baland	ce due	(g) In	default?	(h) Ap by bo comm	proved ard or nittee?	(i) Wr agreer	
		1		То	From	1				Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)												L			
(7)										<u> </u>	}				
(8)										<u></u>		L			
(9)										<u> </u>	<u> </u>				
(10)				<u> </u>		<u> </u>		<u> </u>		<u> </u>	<u> </u>		<u>L</u> _		
Total		<u></u>				<u></u>	▶\$					1		4.1	
Păř	Grants or Complete if t	Assistance the organization													
	(a) Name of intere	sted person	(b) Relationship	between the organ		erson	(c) Amount	of assistance	(d) Tyr	e of Ass	sistance	(e)	Purpose	e of assi	stance
(1)		<del></del>									_	$\top$			
(2)		· · · · · · · · · · · · · · · · · · ·								_	_				
(3)															
(4)															
(5)															
(6)															
Ø															
(8)															
(9)															
(10)															

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

Schedule L (Form 990 or 990-EZ) 2012

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shar organiza reven	ation's
				Yes	No
(1) GEOSCIENCES PROFESSIONAL SERVICES, INC.	SEE PART V	62,050.	FEES FOR EDITING MAGAZINE		Х
(2)					
(3)					
(4)		<u> </u>			<u> </u>
(5) (6)			<del></del>	<del> </del>	
7)					
(8)					
(9)					
(10)					
Rank Supplemental Information Complete this part to provide additional	al information for recogned	e to augetione on School	ula I (ego instructions)		
Complete this part to provide additional	il illoritation for response	s to questions on seneu	uic L (See Instructions).		
NAME THE TAXABLE TO A PARTITION OF THE P	ANY ENERT OVERAGE MILE (		TEMM A DIRECTOR OF DURING	G 3 M T	O) T
PART_IV, LINE 1 (B) EDITING COMPA	MA EMBPOATING THE	DCEANOGRAPHY SOC	TELA . S DIRECTOR OF DORLI	CATL	ONS
					. – –
				. <u></u> -	
- <b></b>					- <b>-</b> -
·					·
			,		
		<b></b>			
- <i></i> '	<b>-</b>			<b>-</b>	·
					· <del></del> -
					. ~ _
				<b>_</b>	·
	•				
				<b>-</b>	· <b>-</b> -
					· <b></b>
					· <b></b>
		-			

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

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

EZ	OMB No. 1545-0047
<b>LZ</b>	2012
on	13. 2. and 13. 12. and 14. 18.
	Open to Publica &
Employer Ide	entification number

Name of the organization	<del></del>	Employer identification number
THE OCEANOGRAPHY	SOCIETY	52-1563085
Pt_VI, Line 6	THE ORGANIZATION HAS FOUR CLASSES OF MEMBERS:	REGULAR, STUDENT
	CORPORATE AND INSTITUTIONAL AND ASSOCIATE.	
Pt VI, Line 7a	THE REGULAR AND STUDENT MEMBERS ARE ELIGIBLE T	O VOTE FOR
	MEMBERS OF THE BOARD AND AMENDMENTS TO THE ORG	CANIZATION'S BY-LAWS.
Pt_VI, Line_11b	EACH MEMBER OF THE COUNCIL WILL BE PROVIDED A	COPY OF THIS FORM
	990 AND WILL HAVE SUFFICIENT TIME TO REVIEW AN	D OFFER ANY CHANGES.
Pt_VI, Line 12c_	EACH COUNCIL MEMBER SHALL ANNUALLY SIGN A STAT	EMENT WHICH
	AFFIRMS THAT SUCH COUNCILLOR HAS RECEIVED A CO	PY OF THE
	CONFLICT OF INTEREST POLICY, HAS READ AND UNDE	RSTANDS_THE
	POLICY, HAS AGREED TO COMPLY WITH THE POLICY,	HAS_DISCLOSED
	ALL DISCLOSABLE INTERESTS EXISTING ON OR BEFOR	E THE DATE OF
	THE STATEMENT, AND UNDERSTANDS THAT THE SOCIET	
	ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS	
	EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITI	
	ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.	
Pt VI. Line 15a	A PUBLISHED SALARY SURVEY OF WASHINGTON, DC AR	EA NON-PROFIT
	ORGANIZATIONS WAS OBTAINED, AND A SPREADSHEET	
	FOR EQUIVALENT DUTIES AT THE SOCIETY AND OTHER	
	SIZED_ORGANIZATIONS_WAS_PREPARED_IN_DETERMININ	
	OF THE EXECUTIVE DIRECTOR. THE RESULTS WERE R	
	THE PRESIDENT ON BEHALF OF THE COUNCIL. THERE	
	OFFICERS OR KEY EMPLOYEES AND THE COMPENSATION	

Schedule O (Form 990 or 9	90-E2) 2012	Page 2				
Name of the organization THE OCEANOGRAPHY	SOCIETY	Employer Identification number 52-1563085				
	DIRECTOR FALLS UNDER THE DOLLAR THRESHOLD FOR 99	00_REPORTING.				
Pt_VI, Line 19	COPIES OF ALL FORMS 990 THAT HAVE BEEN FILED, THE ANNUAL AUDITED					
	FINANCIAL STATEMENTS AND OTHER GOVERNING POLICIE	ES_ARE				
	KEPT IN THE SOCIETY'S OFFICE AND ARE AVAILABLE F	FOR REVIEW UPON REQUEST.				
Pt XII, Line 2c	THE AUDIT COMMITTEE (PRESIDENT, PAST PRESIDENT A	AND PRESIDENT-ELECT)				
	ASSUMES RESPONSIBILITY FOR THE AUDIT AND SELECTION	ON 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.

## Form **8868**(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

OMB No. 1545-1709

internal Revenue			Cation for each fettain.					
	e filing for an Automatic 3-Month Extension, com					▶ 🔯		
-	e filing for an Additional (Not Automatic) 3-Month			-				
	plete Part II unless you have already been granted							
request an e Associated V	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in following the forms listed in following the form, which mutures gov/efile and click or this form, visit www.irs.gov/efile and click or the form of the	automatic) Part I or Pa ust be sent	3-month extension of time. You can elect it II with the exception of Form 8870, Info to the IRS in paper format (see instruction)	tronica irmatic	ally file Form on Return for	8868 to		
	<b>Automatic 3-Month Extension of Time</b>					*****		
THE ROLL SHOW	n required to file Form 990-T and requesting an a		<del></del>		Part í onív	▶□		
	porations (including 1120-C filers), partnerships, i					<u> </u>		
income tax i	returns.	CLIMIOS, an						
	Name of exempt organization or other filer, see instructions.		Enter filer's identi	<del></del>	<u> </u>			
Type or						Employer identification number (EIN) or		
print	rint							
File buthe	THE OCEANOGRAPHY SOCIETY  Number, street, and room or suite number. If a P.O. box, see instructions.					52-1563085 Social security number (SSN)		
File by the due date for	P.O. BOX 1931							
filing your return. See	City, town or post office, state, and ZIP code For a foreign address, see instructions.							
instructions.	ROCKVILLE MD 20849							
Enter the Re	eturn code for the return that this application is for	(file a sepa	arate application for each return)	••••		01		
Application Is For		Return Code	Application Is For					
Form 990 or Form 990-EZ		01	Form 990-T (corporation)	Form 990-T (corporation)				
Form 990-BL	The state of the s	02	Form 1041-A			08		
Form 4720 (individual)		03	Form 4720			09		
Form 990-PF		04	Form 5227			10		
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069			11		
Form 990-1	(trust other than above)	06	Form 8870		<del> </del>	12		
Telephon If the org If this is check this the exter I reque until I	te No. \( \( \( \)	digit Group heck this bo ion required nization ret	United States, check this box	this is	for the who	ole group,		
Cha	tax year beginning Oct 1 , 20 12 ax year entered in line 1 is for less than 12 month ange in accounting period application is for Form 990-BL, 990-PF, 990-T, 472 years to see instructions	20, or 6069	ason: Initial return Fire	al retu				
nonrefundable credits. See instructions						0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions					\$	0.		
Caution. If ye payment inst	ou are going to make an electronic fund withdraw	al with this	Form 8868, see Form 8453-EO and Form	8879	-EO for			