

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public Inspection

_	ror un	e 2013 calen	dar ye	ear, or tax	t year beg	manny	OCL 1		, 2013	, and	enaing	Sep			, 2014	
В	Check if	applicable	CN	ame of organ	uzation TF	IE OCE	ANOGRA	PHY SO	OCIETY				D Emplo	yer Iden	tification Num	ber
	Add	fress change	Do	oing Busines	s As								52-	1563	085	
	Nan	me change	Nu	umber and st	reet (or PO t	oox if mail is	not delivered	to street add	dress)	-	Room/su	iite	E Teleph	one num	ber	
	Initi	al return	P.0	. BOX	1931								(30	1) 2	51-7708	3
	Ten	minated				e, country,	and ZIP or fore	eign postal c	ode				, , , ,		<u> </u>	<u></u>
		ended return	ROC	KVILLE	1				MD	20	849		G Gross	receipts	\$ 535,	895
	$\vdash$	olication pending			ress of princip	oal officer						H(a) Is this	a group retur			Yes X No
	∟,ΨP	onocuon penang					1931 R	OCKVII	TE M	D 20	810 F	H(b) Are all	subordinates	included	i?	Yes No
	Tay.e	xempt status		1(c)(3)	501(c)		) <b>⊄</b> (ınsertı		4947(a)(1) o		527	If 'No,'	attach a list.	(see ınstı	ructions)	
÷	-				[ ]301(c) 1	·	) (mseri	110 /	1 7 7 7 (a)(1) U	'		4(a) C	exemption n	bar 1	•	
<u></u>		·		os.org	Tour		1 1 0	ther ►	-	V		· ·	<del></del>			MD
K		of organization		orporation	Trust	Associ	ation   10	tner -	<u> </u>	Year of	formation	198	8   IM	State of I	egal domicile	
Ра	rt I .	Summar					at alamifian	mt matheliti	••						C	01111000
		Briefly describ		_			_								WAS FO	
Se		<u>IN 1988</u> RESEARCH														'
JUIN C ® 2015 Activities & Governance		TO PROVI														
Ner!		Check this bo							s or dispose		- <del>-</del> -				OE _10E	
G G		Number of vo		<b>□</b>	•			•						3	1	11
<b>⊕</b> ∞8		Number of inc	•		•	•								4		11
ી ies		Total number			_	_	_			•				5		1
₹.5	6	Total number	of volu	unteers (e	stimate if	necessar	y)		· · · · · ·					6		15
₹S	7a 7	Total unrelate Net unrelated	d busi	nes <del>s rev</del> e	Tudé (thut	Rart VIII	column (C	), line 12						7a		5,280.
7.	b t	Net unrelated	busin	ess axab	e income	from For	m 990-T, lı	ne 34     .						7b		0.
: [											•	Р	rior Year		Curre	nt Year
Revenue	8 (	Contributions	and g	rants <sub>λ</sub> (Pa	d VIII,7in¥	(1h)							265,3	323.		327,020.
<b>ZŽ</b>		Program serv											70,4	110.		208,184.
∑,e eVe		Investment in											·	16.		22.
∑ <b>.</b>		Other revenue											(	584.		669.
	12	Total revenue	= ad	d'lines 8 t	hrough 11	(must ed	ual Part V	III, colum	n (A), line 1	2)			336,4	133.	ı,	535 <b>,</b> 895.
		Grants and sii		-	-											
		Benefits paid														
w	15 8	Salanes, othe	r com	pensation	, employee	e benefits	(Part IX,	column (A	A), lines 5-1	0)			104,3	352.	-	105,045.
Expenses	16a F	Professional f	undra	sing fees	(Part IX, c	olumn (A	), line 11e	)								
per	b 7	Total fundrais	ına ex	penses (f	Part IX. col	umn (D).	line 25) ►			5	52.					
ă		Other expense	_			• •	•						322,6	567		386,019.
		Total expense						-				-				
		•			· ·	-			-			<del></del>	427,0			491,064.
8 8	19 F	Revenue less	expe	ises Sub	tract line i	o nom m	ie iz	• • • • •	• • • • •		• • • •	<u> </u>	<u>-90,5</u>		End.	44,831. of Year
a se	20 7	Total aggets (	Dod V	lino 16)								Beginnir	ng of Curre			
P. P.	20 T	Total assets (l Total liabilities										<u> </u>	344,3			515,019.
Net Assets of Fund Balances	21				•								29,2			155,137.
		Net assets or			Subtract III	ne 21 fro	m line 20	<u>· · · · · </u>	• • • • •	• • • •	• • •		315,0	)51.		359 <b>,</b> 882.
_	rt II	Signatur			$\longrightarrow$											<u> </u>
Unde	er penaltie slete Dec	es of perjury, I dec claration of prepare	dare that er (other	I have exact	nined this retuins based on a	m, including	accompanying of which pre	g schedules	and statement	s, and to	the best	of my know	ledge and be	lief, it is t	rue, correct, ar	ıd
	_		77.1		On.	~						····	<del>~/</del> <	<del>~/</del> }	$\overline{\overline{}}$	
٠.		Signatur	re of offi	cer			<del></del>					Da		7/	১	
Sig	jn		- 1											/		
He	re			R RAM	ARUI											<u> </u>
			<u> </u>	me and title	<del></del> -	Te	-1-0 .		A-	le:			т -т	- <del></del>	PTIN	<del> </del>
		Print/Type pr					er's signature		/	Date		,	Check	ıf		
Pai					s, CPA			um	Janie	<u>4</u>	4/2	كال	self-employ	ed	P00066	528
	pare			ANDER			ASSOC			ΡA		•				
Us	e Oni	Y Firm's addre	ess	1406	B SOUT	H CRA	IN HWY,	STE	204				Firm's EIN	<u>52</u>	<u>-186154</u>	19
			_	GLEN	BURNIE			4	1D 2106	61-4	099		Phone no	(41	0) 766-	
Mas	the ID	S discuss the	c rotur	n with the	nrenarer	chown at	1000 Con	inetrictic							X Vac	No

Page 2

Pă	Partive Checklist of Required Schedules					
			Yes	No		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		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	No we to	Х		
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.	10.00		が を は に に に に に に に に に に に に に		
;	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			
1	b Did the organization report an amount for investments — other secunties 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		Х		
1	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	11f	х			
12	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	12 b		Х		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х		
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х		
f	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х		
19	complete Schedule G, Part III	19		Х		
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	ļ	X		
	h If 'Vas' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	J	1		

Form 990 (2013) THE OCEANOGRAPHY SOCIETY Part IV. Checklist of Required Schedules (continued) No Yes 21 Х Х 22 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 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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and Х 24a 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 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? . . . . . 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 25h Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Х 26 27 Χ 港導 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 Χ b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedule L, Part IV. . . . . . 28c X Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . . . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 33 Х Was the organization related to any tax-exempt or taxable entity? If Yes, complete Schedule R, Parts II, III, IV, Х 34 X 35a Х 35b 36 Χ 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 . . . . . . . . Χ 37

BAA

38

Form 990 (2013)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

990 (2013) THE OCEANOGRAPHY SOCIETY 52-1563085 Page V Statements Regarding Other IRS Filings and Tax Compliance			
Part V Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response or note to any line in this Part V	<u>, , , , , , , , , , , , , , , , , , , </u>		<u>.  </u>
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	İ	ŀ
c Did the organization comply with backup withholding rules for reportable payments to vendors and reporta (gambling) winnings to prize winners?	ble gaming	$\frac{1}{x}$	-
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 2 a	1		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		X	1
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authorifinancial account in a foreign country (such as a bank account, securities account, or other financial account.)	onty over, a	3	Х
b If 'Yes,' enter the name of the foreign country. ▶	· —		
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Acco	ounts		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		3	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	<del></del>	5	Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			†
	<del></del>	1	<del>                                     </del>
6 a 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 as charitable contributions?	6 6.	3	Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or not tax deductible?	gifts were	<b>.</b>	
7 Organizations that may receive deductible contributions under section 170(c).			1
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good services provided to the payor?	s and	X	-
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		<b>У</b>	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was rec	quired to file	;	х
d If 'Yes,' indicate the number of Forms 8282 filed during the year		1	†
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	ct?	•	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		:	Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8 as required?	899	3	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C?	file a	1	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations	nizations. Did the	1	
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess b holdings at any time during the year?	usiness 8		
9 Sponsoring organizations maintaining donor advised funds.		-l	.
a Did the organization make any taxable distributions under section 4966?		+	<del> </del>
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	91	기	↓
10 Section 501(c)(7) organizations. Enter.			
a Initiation fees and capital contributions included on Part VIII, line 12			1
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11 Section 501(c)(12) organizations. Enter:		1	
a Gross income from members or shareholders			1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1? 128	1	1
b if 'Yes,' enter the amount of tax-exempt interest received or accrued dunng the year 12b		}	1
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?	138	3	
Note. See the instructions for additional information the organization must report on Schedule O.			1
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	148	3	X

Par	t VI	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 changes i Schedule O. See instructions.	, and n	l for	
		Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A	A. Governing Body and Management			
				Yes	No
1 a	If ther	the number of voting members of the governing body at the end of the tax year			
b		the number of voting members included in line 1a, above, who are independent   1b  11			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
		r, director, trustee or key employee?	2		X
3	Did th	e organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person?	3		х_
4	Did th	e organization make any significant changes to its governing documents			
		the pnor Form 990 was filed?	4		Χ_
5	Did th	e organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did th	e organization have members or stockholders?	6	Х	
7 a	Did th	e organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	meml	pers of the governing body?	7 a	Х	
t	Are a	ny governance decisions of the organization reserved to (or subject to approval by) members,			
_		holders, or other persons other than the governing body?	7 b		X
8	Did th	ne organization contemporaneously document the meetings held or written actions undertaken during the year by illowing.			
a	The g	overning body?	8 a	Х	
t	Each	committee with authority to act on behalf of the governing body?	8 b	Х	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the inzation's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec		B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
				Yes	No
10 a	Did th	ne organization have local chapters, branches, or affiliates?	10 a		X
	If 'Yes,	' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their ions are consistent with the organization's exempt purposes?	10 b		
11 a	Has th	e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
t	Desci	ribe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did th	ne organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
	to cor	officers, directors, or trustees, and key employees required to disclose annually interests that could give use inflicts?	12 b	х	
c		ne organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in dule O how this was done	12 c	х	
13		ne organization have a written whistleblower policy?	13	X	
		ne organization have a written document retention and destruction policy?	14	X	
14		ne process for determining compensation of the following persons include a review and approval by independent			
15	perso	ns, comparability data, and contemporaneous substantiation of the deliberation and decision?	45 -	<u></u> -	
		organization's CEO, Executive Director, or top management official	15 a	X	
t		officers of key employees of the organization	15 b		X
		s' to line 15a or 15b, describe the process in Schedule O. (See instructions )			
16 a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16 a		X
t	nartic	s,' did the organization follow a written policy or procedure requiring the organization to evaluate its ipation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	16 b		
<u> </u>		ization's exempt status with respect to such arrangements?	וטטו		
<u>Sec</u>					
18	Section	on 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for pu	blic	
		ction. Indicate how you make these available Check all that apply.  Own website			
19		be in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements availability during the tax year	le to		
20	State	the name, physical address, and telephone number of the person who possesses the books and records of the organization	n:		
1	JAN	E HODDINOTT PO BOX 1931 ROCKVILLE MD 20850 (30	01) 2	251-	7708

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

### 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 rel	ated o	rgan	ızatı	on c	ompe	nsat	ed any current officer,	director, or trustee.	
(A) Name and Title	(B) Average hours per week (list	one bo	ox, uni cer an	ess p d a dı	, heck erson	more that is both r/trustee	an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(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	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	2.00	Х		Х				0.	0.	0.
(2) DR. MICHAEL ROMAN PAST PRESIDENT	2.00	Х						0.	0.	0.
(3) DR. M. SUSAN LOZIER PRESIDENT ELECT	2.00	Х						0.	0.	0.
_(4) DR. BLANCHE MEESON	2.00	Х						0.	0.	0.
(5) DR. JANET SPRINTALL COUNCIL	2.00	Х						0.	0.	0.
	2.00	Х						0.	0.	0.
_(7) AMY BURGESS	2.00	Х						0.	0.	0.
(8) DR. GAIL KINEKE COUNCIL	2.00	Х						0.	0.	0.
(9) DR. STEVEN LOHRENZ COUNCIL	2.00	Х						0.	0.	0.
(10) DR. KRISTEN BUCK COUNCIL	2.00	Х						0.	0.	0.
(11) DR. JOHN LARGIER  COUNCIL	2.00	Х						0.	0.	
(12) DR. SCOTT GLENN COUNCIL	2.00	Х						0.	0.	
(13) DR. MARY SCRANTON	2.00	Х						0.	0.	0.
(14) JENNIFER RAMARUI EXECUTIVE DIRECTOR	35.00			Х				96,000.	0.	0.

Part VII Section A. Officers, Directors, Trus	(B)			(0		<del>,</del>						
(A) Name and title	Average hours per	box	, unles	ss pe	more rson i lirecto	than o s both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	amou	(F) timated nt of oth	
	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)	fro orga and	ensation om the Inization related Inization	
(15) DR. SUSAN COOK SECRETARY	2.00			Х				0.	0.			0.
(16) SUSAN BANAHAN TREASURER	2.00			Х				0.	0.			0.
(17) DR. ELLEN KAPPEL DIRECTOR OF PUBLICATIONS	2.00			х				0.	0.			0.
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)								-				
(25)								•				
1 b Sub-total							<b>&gt;</b>	96,000.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<b>-</b>	96,000.	0.			0.
2 Total number of individuals (including but not limited							eive			npensat	ion	
from the organization > 0								<del></del>			Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind										. 3		X
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater that	an \$150,	000ა	If 'Y	'es' (	com	plete	Sch	hedule J for		4		
such individual	npensati	ion fr	om a	any (	unre	lated	lorg	anization or individ	lual			X
for services rendered to the organization? If 'Yes,' con Section B. Independent Contractors										., .		
Complete this table for your five highest compensate compensation from the organization. Report compensation.	d indepe sation fo	nden r the	t cor cale	ntrac nda	tors	that ar en	reco	eived more than \$1 with or within the	100,000 of organization's tax ye	ar		
(A) Name and business addres	s							(B) Description o		(Compe	C) nsatio	n
											-	
2 Total number of independent contractors (including b	ut not lin	nited	to th	ose	liste	d ab	ove	) who received mo	re than	·		
\$100,000 of compensation from the organization	0											0040

	Check if Schedule O contains a response of	r note to any lin	(A)	(B)	(C)	(D)
	•		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
S S	1 a Federated campaigns 1 a					
SAT	b Membership dues 1 b	3,000.				
동안	c Fundraising events 1 c					
A F	d Related organizations 1 d					
કે કે	e Government grants (contributions) 1 e	135,004.				ļ
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f	189,016.				
N TR	g Noncash contributions included in lines 1a-1f \$					
8 ਵ	h Total. Add lines 1a-1f	▶	327,020.			
NE	Вс	isiness Code				
	2a MAGAZINE_SALES 511	120	14,446.	14,446.	0.	0.
2	b MEMBERSHIP541	700	46,280.	46,280.	0.	0,
ž	c ADVERTISING541		5,280.	0.	5,280.	0.
SEF	d CONFERENCE541	700	142,178.	142,178.	0.	0.
M	e					
Ö	f All other program service revenue					
쮼	g Total. Add lines 2a-2f		208,184.			
	Investment income (including dividends, intere other similar amounts)	• • • • • • •	22.	0.	0.	_22.
	4 Income from investment of tax-exempt bond p	-			<u> </u>	
	5 Royalties					
	(i) Real	(II) Personal				
	6 a Gross rents					
	b Less. rental expenses					
	c Rental income or (loss)				<del></del>	
	d Net rental income or (loss)	(II) Other				<u> </u>
	7 a Gross amount from sales of assets other than inventory.	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses					
	c Gain or (loss)					
	<b>d</b> Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including \$					•
<b>OTHER REVENU</b>	of contributions reported on line 1c)					
<b>8</b>	See Part IV, line 18 a					
뿓	b Less direct expenses b					
0	c Net income or (loss) from fundraising events .					
	9 a Gross income from gaming activities See Part IV, line 19 a				·	
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	·					
	10 a Gross sales of inventory, less returns and allowances					
	b Less. cost of goods sold b					
	c Net income or (loss) from sales of inventory .  Miscellaneous Revenue	siness Code			<del></del>	
						0.
		U J J	669.	669.	0.	<u> </u>
	c	+				
	d All other revenue	+		· · · · · · · · · · · · · · · · · · ·		
	e Total. Add lines 11a-11d		669.			
	12 Total revenue See instructions		525 005	202 572	E 200	22

#### Part IX Statement of Functional Expenses

	Check if Schedule O contains a res	sponse or note to any line	e 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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
3	the United States. See Part IV, line 22 Grants and other assistance to governments,				
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
<b>4</b> <b>5</b>	Benefits paid to or for members	97,608.	80,697.	16,641.	270.
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 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,437.	4,500.	2,890.	47.
11	Fees for services (non-employees)				
	Management				
	Legal	602.	364.	234.	4.
	Accounting	24,733.	14,966.	9,611.	156.
	Lobbying				
	Professional fundraising services See Part IV, line 17 .				
-	Investment management fees				
9	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	166,405.	166,405.	0.	0.
12	Advertising and promotion	135.	135.	0.	0.
13	Office expenses	4,331.	3,680.	641.	10.
14	Information technology				
15	Royalties				
16	Occupancy	8,676.	7,232.	1,421.	23.
17	Travel	6,446.	6,253.	190.	3.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,043.	27,043.	0.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 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.)	525.	318.	204.	3.
á	PRINTING AND PUBLICATION	97,356.	97,356.	0.	0.
	POSTAGE AND SHIPPING	44.537.	44,114.	416.	7.
	AVECTRA FEES	2,249.	1,361.	874.	14.
•	All other expenses	2,981.	2,039.	927.	15.
25	Total functional expenses Add lines 1 through 24e	491,064.	456,463.	34,049.	552.
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)				
DAA		TEE 00110 111			Form 990 (2013)

**Balance Sheet** 

Part X

(B) End of year Beginning of year 1 209,767 1 372,398. 2 10,285. 2 Savings and temporary cash investments . . . . . . . 27,869 3 69,297. 88,454 3 4 4,570. 10,719. 5 Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. . . . . 6 7 8 Prepaid expenses and deferred charges . . . . . . . . 9 58,469 7,500 10 a 190 10b 7,190. 100 0 0. 11 11 Investments - other secunties. See Part IV, line 11 . . . . . . 12 12 Investments - program-related. See Part IV, line 11 . . . . . . . 13 13 14 14 Other assets See Part IV. line 11 . . . . . . . . . . . . . 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 16 515,019 16 344,309 17 17 18,335 19,221 18 Grants payable............ 18 19 10,923 19 135,916 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Secured mortgages and notes payable to unrelated third parties . . . . . . . . . . . . 23 Unsecured notes and loans payable to unrelated third parties . . . . . . . . . . . . . 24 24 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 25 29,258 26 155,137 26 Total liabilities. Add lines 17 through 25.......... Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and complete lines 27 through 29, and lines 33 and 34. 27 27 315,051 359,8<u>82</u> 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds . . . . 32 33 315,051 33 359,882 344,309 34 515,019

BAA

For	m 990 (2013) THE OCEANOGRAPHY SOCIETY 52-1	1563085		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	<u>. L</u>
1	, , , , , , , , , , , , , , , , , , , ,	1	5.3	35 <u>,8</u>	<u>95.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4 9	<del>}</del> 1,0	64.
3	Revenue less expenses. Subtract line 2 from line 1	3		14,8	<u>31.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3.	15,0	51.
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,				
	column (B))	10	<u> </u>	<u> 59,8</u>	<u>882.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check If Schedule O contains a response or note to any line in this Part XII				. X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				!
	in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 b	х	ĺ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis			į	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		ЗЫ		ĺ

Form **990** (2013)

BAA

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

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

2013

THE	00	EANOGRAPHY SO	CIETY						52-15	63085	<u> </u>		
Part	I	Reason for Publ	lic Charity Status	(All organizations	must co	mplet	e this p	art.) S	ee inst	ructio <u>n</u>	s.		
The o	rgar	nization is not a private	foundation because it	ıs: (For lines 1 through	11, checl	only or	ne box.)						
1	$\Box$	A church, convention	of churches or associa	tion of churches describ	ed in sec	tion 17	0(b)(1)( <i>A</i>	A)(i).					
2	П	A school described in	section 170(b)(1)(A)(i	ii). (Attach Schedule E)									
3	П	A hospital or a cooper	ative hospital service o	organization described ir	section	170(b)	(1)(A)(iii	).					
4	П	A medical research or	ganization operated in	conjunction with a hosp	ital desc	nbed in	section	170(b)(	1)(A)(iii).	Enter th	ne hospital's		
		name, city, and state											
5		An organization opera 170(b)(1)(A)(iv). (Cor	ited for the benefit of a mplete Part II.)	college or university ow	ned or o	perated	by a gov	emmen	tal unit di	escribed	in section		
6	П	A federal, state, or loc	al government or gove	rnmental unit described	in section	on 170(Ł	)(1)(A)(\	v).					
7		An organization that n in section 170(b)(1)(A	ormally receives a sub A)(vi). (Complete Part	stantial part of its suppo II.)	ort from a	governr	mental ui	nıt or fra	m the ge	neral pu	ıblıc descnb	ed	
8		A community trust des	scribed in section 170	(b)(1)(A)(vi). (Complete	Part II)								
9	X	from activities related investment income an	to its exempt functions	nore than 33-1/3% of its i — subject to certain exc axable income (less sec iplete Part III)	ceptions,	and (2)	no more	than 33	3-1/3% of	its supp	oort from gro	SS	
10	Ш	An organization organ	ized and operated exc	lusively to test for public	safety S	See <b>sec</b>	tion 509	(a)(4).					
11		more publicly supported describes the type of s	ed organizations descr su <u>pp</u> orting organizatior	lusively for the benefit o ibed in section 509(a)(1) n and complete lines 116	or section of the organization of the organiza	on 509(a 11h.	functions a)(2) Sec	e sectio	n 509(a)	( <b>3</b> ). Che	ck the box t	hat	1
	_	a ∐Type I b		Type III — Function			•		• -		inctionally in	tegrat	ed
е	Ш	By checking this box, other than foundation section 509(a)(2).	I certify that the organi managers and other th	zation is not controlled on nan one or more publicly	directly or supporte	indirected d organ	ly by one	e or mor describ	e disqua ed in sec	lified per tion 509	rsons (a)(1) or		
f				nation from the IRS that	tıs a Typ	e I, Type	II or Ty	pe III su	pporting	organiza	ation,		
g		Since August 17, 2006	6, has the organization	accepted any gift or co	ntributioi	n from a	ny of the	followin	g person	ıs?			
												Yes	No
		below, the gove	rning body of the supp	trols, either alone or toge orted organization?							. 11 g (i)		
		(II) A family membe	er of a person describe	d ın (ı) above?							. 11 g (ii)		
		(iii) A 35% controlle	d entity of a person de	scribed in (i) or (ii) above	e?						· 11 g (iii)		,
h		Provide the following i	information about the s	supported organization(s	i).		_				'		
		(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is organiza column (i) your go docur	ation in listed in verning	(v) Did yo the organi column (i) supp	zation in of your	(vi) Is organiza colum organized U S	stion in in (i) i in the	(vii) Amoun sup	of mone	etary
					Yes	No	Yes	No	Yes	No			
A) _					<b></b>								
							]						
B)													
(C)													
D)					+		<del>                                     </del>	ļ <u> —</u>					
E)					<del> </del>		ļ			:			
l otal													

52-1563085

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						<del></del>
Cale Degi	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
	First five years. If the Form 990 is organization, check this box and s	top here		third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 🔲
	tion C. Computation of Pu				<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
	Public support percentage for 201						<del></del>
15	Public support percentage from 20	)12 Schedule A, Pa	art II, line 14			<u>15</u>	%
	a 33-1/3% support test — 2013. If and stop here. The organization of	qualifies as a public	cly supported orga	nızation			▶ ∐
ŀ	33-1/3% support test — 2012. If t and stop here. The organization of	he organization did qualifies as a publi	I not check a box of cly supported orga	on line 13 or 16a, a inization	and line 15 is 33-1/3	3% or more, che	ck this box
17 8	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	-circumstances' te	st, check this box a	and stop here. Exc	lain in Part IV ho	w —
	o 10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' te t. The organization	st, check this box a n qualifies as a put	and <b>stop here.</b> Exp plicly supported org	olaın ın Part IV ho anızatıon	w the
18	Private foundation. If the organiz	ation did not check	c a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruct	ions · · · · ▶ ∐

52-1563085

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>sect</u>	tion A. Public Support						
Calend	dar year (or fiscal yr beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include	412 126	454 400	400 643	200 102	272 200	1 052 755
2	any 'unusùal grants.') Gross receipts from admis-	417,136.	454,493.	400,643.	308,183.	373,300.	1,953,755.
-	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
	tax-exempt purpose	120,849.	53,703.	28,135.	15,590.	14,446.	232,723.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513 .						_
4	Tax revenues levied for the		***		-		
	organization's benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge				000 770	200 746	0 106 470
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1.	537,985.	508,196.	428,778.	323,773.	387,746.	2,186,478.
<i>,</i> a	2, and 3 received from						
	disqualified persons	240.	60,000.	0.	0.	0.	60,240.
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that	,					
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	75,151.	0.	8,140.	0.	0.	83,291.
С	Add lines 7a and 7b	75,391.	60,000.	8,140.	0.	0.	143,531.
8	Public support (Subtract line	,		·			
	7c from line 6 )						2,042,947.
	tion B. Total Support	· : : : :					
	dar year (or fiscal yr beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	537,985.	508,196.	428,778 <u>.</u>	323,773.	387,746.	2,186,478.
ıva	Gross income from interest,						
	dividends, payments received						
	dividends, payments received on securities loans, rents,						
	on securities loans, rents, royalties and income from	738.	64.	34.	16.	22.	874.
b	on securities loans, rents, royalties and income from similar sources	738.	64.	34.	16.	22.	874.
b	on securities loans, rents, royalties and income from similar sources	738.	64.	34.	16.	22.	874.
b	on securities loans, rents, royalties and income from similar sources	738.	64.	34.	16.		
c	on securities loans, rents, royalties and income from similar sources	738.	64.	34.	16.	22.	874.
c	on securities loans, rents, royalties and income from similar sources						
c	on securities loans, rents, royalties and income from similar sources	738.	64.	34.	16.	22.	874.
11	on securities loans, rents, royalties and income from similar sources						
11	on securities loans, rents, royalties and income from similar sources	738.	64.	34.	16.	22.	874.
11	on securities loans, rents, royalties and income from similar sources	738.	64. 0.	34.	16.	22.	874.
11 12	on securities loans, rents, royalties and income from similar sources	738. 0. 3,049.	0. 1,849.	34. 0. 1,605.	16. 0. 684.	22. 0. 669.	874. 0. 7,856.
11 12	on securities loans, rents, royalties and income from similar sources	738. 0. 3,049. 541,772.	0. 1,849. 510,109.	34. 0. 1,605. 430,417.	16. 0. 684. 324,473.	0. 669. 388,437.	874. 0. 7,856.
11 12 13 14	on securities loans, rents, royalties and income from similar sources	738.  0.  3,049.  541,772.  s for the organization here	0.  1,849. 510,109. on's first, second, the second of the	34. 0. 1,605. 430,417. hird, fourth, or fifth	16. 0. 684. 324,473. tax year as a secti	22.  0.  669.  388, 437.  on 501(c)(3)	7,856. 2,195,208.
11 12 13 14 Sec	on securities loans, rents, royalties and income from similar sources	738.  0.  3,049.  541,772. s for the organization here	0.  1,849. 510,109. on's first, second, ti	34. 0. 1,605. 430,417. nird, fourth, or fifth	0. 684. 324,473. tax year as a secti	22. 0. 669. 388, 437. on 501(c)(3)	7,856. 2,195,208.
12 13 14 Sec:	on securities loans, rents, royalties and income from similar sources	738.  0.  3,049.  541,772.  s for the organization here	1,849. 510,109. on's first, second, the contage of divided by line 13	34.  0.  1,605.  430,417.  hird, fourth, or fifth	16. 0. 684. 324,473. tax year as a secti	22.  0.  669.  388, 437.  on 501(c)(3)	7,856. 2,195,208. ▶ □
12 13 14 Sec 15 16	on securities loans, rents, royalties and income from similar sources	738.  0.  3,049.  541,772.  s for the organization here  blic Support P 3 (line 8, column (f) 12 Schedule A, Pa	1,849. 510,109. on's first, second, the contage of divided by line 13 art III, line 15	34. 0. 1,605. 430,417. hird, fourth, or fifth	16. 0. 684. 324,473. tax year as a secti	22.  0.  669.  388, 437.  on 501(c)(3)	7,856. 2,195,208.
12 13 14 Sec: 15 16 Sec:	on securities loans, rents, royalties and income from similar sources	3,049. 3,049. 541,772. s for the organization here blic Support P 3 (line 8, column (f) 12 Schedule A, Pa estment Incor	1,849. 510,109. on's first, second, the contage of divided by line 13 art III, line 15 ne Percentage	34.  0.  1,605.  430,417.  hird, fourth, or fifth	16. 0. 684. 324,473. tax year as a sect	22.  0.  669.  388, 437.  on 501(c)(3)	874. 0. 7,856. 2,195,208. ▶ □ 93.06 % 93.05 %
11 12 13 14 Sec 15 16 Sec 17	on securities loans, rents, royalties and income from similar sources	3,049. 3,049. 541,772. s for the organization here	1,849. 510,109. on's first, second, the cercentage of divided by line 13 art III, line 15 ne Percentage umn (f) divided by	34.  0.  1,605.  430,417.  hird, fourth, or fifth	16. 0. 684. 324,473. tax year as a section	22.  0.  669.  388, 437.  on 501(c)(3)	874.  0.  7,856. 2,195,208▶  93.06 %  93.05 %  0.04 %
11 12 13 14 Sec 15 16 Sec 17	on securities loans, rents, royalties and income from similar sources	3,049. 3,049. 541,772. s for the organization here blic Support P 3 (line 8, column (f) 112 Schedule A, Parestment Incom 2013 (line 10c, column 2012 Schedule A)	1,849. 510,109. on's first, second, the contage of divided by line 13 art III, line 15 ne Percentage umn (f) divided by A, Part III, line 17	34.  0.  1,605.  430,417.  nird, fourth, or fifth  column (f)	16. 0. 684. 324,473. tax year as a secti	22.  0.  669.  388,437.  on 501(c)(3)	874.  0.  7,856. 2,195,208▶  93.06 % 93.05 %  0.04 % 0.13 %
11 12 13 14 Sec 15 16 Sec 17	on securities loans, rents, royalties and income from similar sources	3,049. 3,049. 541,772. s for the organization here blic Support P 3 (line 8, column (f) 112 Schedule A, Parestment Incording 2013 (line 10c, column 2012 Schedule A) the organization di	1,849. 510,109. on's first, second, the contage of divided by line 13 and III, line 15 ne Percentage umn (f) divided by A, Part III, line 17 d not check the bo	34.  0.  1,605.  430,417.  nird, fourth, or fifth  column (f)  column (f)  x on line 14, and line	16.  0.  684.  324,473. tax year as a section	22.  0.  669.  388, 437.  on 501(c)(3)	874.  0.  7,856. 2,195,208  93.06 % 93.05 %  0.04 % 0.13 %
11 12 13 14 Sec 15 16 Sec 17 18 19 a	on securities loans, rents, royalties and income from similar sources	3,049. 3,049. 541,772. s for the organization here blic Support P 3 (line 8, column (f) 12 Schedule A, Pa estment Incor 2013 (line 10c, column the organization dus box and stop here) the organization dus box and stop here	1,849. 510,109. on's first, second, the second and till, line 15 ne Percentage umn (f) divided by A, Part III, line 17 d not check the boare. The organization of the second and the se	1,605.  1,605.  430,417.  hird, fourth, or fifth  column (f))  column (f)  column (f)  column (f)  column (f)	16.  0.  684.  324,473.  tax year as a section	22.  0.  669.  388, 437.  on 501(c)(3)	93.06 % 93.05 %  0.04 % 0.13 %  17► [X]
11 12 13 14 Sec: 15 16 Sec: 17 18 19a	on securities loans, rents, royalties and income from similar sources	3,049. 3,049. 541,772. sfor the organization here blic Support P 3 (line 8, column (f) 12 Schedule A, Parestment Incom 2013 (line 10c, column 2012 Schedule A) the organization dinis box and stop hethe organization dicheck this box and	1,849. 510,109. on's first, second, ti	34.  1,605.  430,417.  nird, fourth, or fifth  column (f)  column (f)  x on line 14, and line on qualifies as a pon line 14 or line 1 ganization qualifies	16.  0.  684.  324,473. tax year as a section	22.  0.  669.  388, 437.  on 501(c)(3)	93.06 % 93.05 %  0.04 % 0.13 %  17 0.17 0.18

#### · 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

n990. Open to Public Inspection
Employer identification number

THE	OC	EANOGRAPHY SOCIETY					52-15	63085	
Par		Organizations Maintaining Dono Complete if the organization answers	or Advised Funds or Othered 'Yes' to Form 990, F	ner Si Part IV	<b>milar Fur</b> , line 6.	nds or Ac	counts.		
			(a) Donor advised	funds		(b) l	-unds and	other acco	unts
1	Total	I number at end of year							
2	Aggr	egate contributions to (during year)							
3	Aggr	egate grants from (during year)							
4	Aggr	regate value at end of year							
5	Dıd t are t	he organization inform all donors and donor he organization's property, subject to the org	advisors in writing that the assiganization's exclusive legal con	ets held trol?	ın donor ad	lvised funds	[	Yes	No
6	for cl	he organization inform all grantees, donors, haritable purposes and not for the benefit of rmissible private benefit?	the donor or donor advisor, or t	or anv	other ourbo	se conferrin	α _	Yes	☐ No
Par	t II	Conservation Easements. Complete if the organization answer	ered 'Yes' to Form 990, F	art IV	, line 7.				_
1	Purp	ose(s) of conservation easements held by the	ne organization (check all that a	pply).					
	. ∏í	Preservation of land for public use (e g., recr	reation or education)	Pre	servation of	an historica	illy importa	nt land are	а
	Пı	Protection of natural habitat		Pre	servation of	a certified h	ustonc stru	cture	
		Preservation of open space		_					
2		plete lines 2a through 2d if the organization day of the tax year	held a qualified conservation of	ontributi	on in the fo	rm of a cons	ervation ea	asement or	the
						ļ	Held at the	e End of th	ne Tax Year
		I number of conservation easements							
		I acreage restricted by conservation easeme				,			
C	: Num	ber of conservation easements on a certified	d historic structure included in (	а)		. 2c			_
d	l Num	ber of conservation easements included in (cture listed in the National Register	(c) acquired after 8/17/06, and r	not on a	historic	. 2 d			
3		ber of conservation easements modified, tra rear ►	ansferred, released, extinguishe	ed, or te	rminated by	the organiz	ation durin	g the	
4	Num	ber of states where property subject to cons	servation easement is located			_			
5 6	and	s the organization have a written policy rega enforcement of the conservation easements f and volunteer hours devoted to monitoring,	it holds?				[	Yes	No
7	_	ount of expenses incurred in monitoring, insp							
,	<b>►</b> \$	unit of expenses incurred in monitoring, insp	coming, and concloing concerva	uon oac	omono da	g a.o you.			
8		s each conservation easement reported on li section 170(h)(4)(B)(ii)?						Yes	No
9	ınclu	art XIII, describe how the organization report ide, if applicable, the text of the footnote to the servation easements.	ts conservation easements in its he organization's financial state	s revent ments t	ue and expe hat describe	ense stateme es the organ	ent, and ba ⊮zation's ac	llance shee ccounting fo	et, and or
Par	t III	Organizations Maintaining Colle Complete if the organization answ	ections of Art, Historica ered 'Yes' to Form 990, F	Treas	sures, or , line 8.	Other Si	milar As	sets.	
1 a	art. h	e organization elected, as permitted under S historical treasures, or other similar assets h art XIII, the text of the footnote to its financial	eld for public exhibition, educat	ion, or r	esearch in t	atement and furtherance	l balance s of public se	heet works ervice, prov	of ide,
t	histo	e organization elected, as permitted under S orical treasures, or other similar assets held t wing amounts relating to these items	FAS 116 (ASC 958), to report usefor public exhibition, education,	n its rev or rese	enue stater arch in furth	nent and bal erance of p	ance shee ublic servic	t works of a e, provide	art, the
	(i)	Revenues included in Form 990, Part VIII, lin	ne 1				> 9	\$	
	(ii)	Assets included in Form 990, Part X					> 5		
2	If the	e organization received or held works of art, ounts required to be reported under SFAS 11	historical treasures, or other sir	nılar as	sets for fina	ncıal gain, p	rovide the	following	
		enues included in Form 990, Part VIII, line 1						\$	
t	b Asse	ets included in Form 990, Part X			<u>.</u>	<u></u>	► 9	\$	

	CEANOGRAPHY :			52-156			Page 2
Part III Organizations Maintain	ning Collections	s of Art, Hist	orical Treasures, o	r Other Similar Ass	sets (con	ntinue	<u> </u>
3 Using the organization's acquisition, items (check all that apply):	, accession, and othe	er records, check	any of the following that	are a significant use of it	s collection	ŧ	
a Public exhibition		d 🗌 Loan	or exchange programs				
b Scholarly research		e Other					
c Preservation for future generation	ons	_					
4 Provide a description of the organiza Part XIII.		•					
5 Dunng the year, did the organization to be sold to raise funds rather than	to be maintained as	part of the organ	ization's collection?	· · · · · · · · · · · · · · · · · · ·	Yes		No
Part IV Escrow and Custodial line 9, or reported an an	Arrangements. nount on Form 9	Complete if t 90, Part X, lin	he organization ans e 21.	wered 'Yes' to Form	990, Pai	rt IV,	
1 a Is the organization an agent, trustee on Form 990, Part X?				sets not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in I	Part XIII and complet	e the following ta	ıble.				
					Amount		
c Beginning balance							
<b>d</b> Additions during the year							
e Distributions during the year							
f Ending balance							
2 a Did the organization include an amo							No
<b>b</b> If 'Yes,' explain the arrangement in I	Part XIII. Check here	if the explantion	has been provided in Pa	rt XIII		· L	] ———
Part V   Endowment Funds. Co	omplete if the org	anization ans	wered 'Yes' to Form	990, Part IV, line 1	0		
	(a) Current year	(b) Prior year	r (c) Two years back	(d) Three years back	(e) Four	r years l	back
1 a Beginning of year balance							
<b>b</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	f the current year end	d balance (line 1	g, column (a)) held as:				
a Board designated or quasi-endowm	ent ►	90					
<b>b</b> Permanent endowment ►	90						
c Temporarily restricted endowment	<u>&gt;</u>	용					
The percentages in lines 2a, 2b, and	d 2c should equal 10	<del>0</del> %.					
3 a Are there endowment funds not in the	no nonconsion of the	organization that	are held and administer	ad for the			
organization by:	ie possession oi tile	organization that	are new and administer	ed for the	Y	'es	No
(i) unrelated organizations					. 3a(i)		
(ii) related organizations					. 3a(ii)		
b If 'Yes' to 3a(II), are the related orga	nizations listed as re	quired on Schedi	ule R?		. 3b		
4 Describe in Part XIII the intended us	ses of the organization	n's endowment f	unds.		<del>`</del>		
Part VI Land, Buildings, and E	auipment.						
Complete if the organiza		es' to Form 9	90. Part IV. line 11a	a. See Form 990. Pa	art X. line	10.	
	· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>	-		
Description of property		or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	( <b>d</b> ) Boo	JK Valu	Je
1a Land			(5.1.5.)				
<b>b</b> Buildings							
c Leasehold improvements							
d Equipment			7,190.	7,190.			0.
e Other	-	-					<u></u> .
Total. Add lines 1a through 1e. (Column (		990, Part X, colui	mn (B), line 10(c).)				0.

BAA

Schedule D (Form 990) 2013

52-1563085 THE OCEANOGRAPHY SOCIETY

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1) Financial derivatives	<u> </u>	
2) Closely-held equity interests		
3) Other		
A)		
3)		
cj		
oj		
<u> </u>		
<u> </u>	<u> </u>	
<u></u>		
<del></del>	<del></del>	
ı,		
otal (Column (b) must equal Form 990, Part X, column (B) line 12)	<del></del>	
Part VIII Investments - Program Related.	L	<u></u>
Complete if the organization answered	Yes' to Form 990, F	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	-	
10)		
otal (Caluma (h) must a usi Francisco Oct V (1) (O) (1)		
<u>utal. (Column (D) must equal Form 990, Part X, Column (B) line 13 ) 🕟 🕨 </u>		<u> </u>
otal. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.		
Part IX Other Assets. Complete if the organization answered "		Part IV, line 11d. See Form 990, Part X, line 15.
Cart IX Other Assets. Complete if the organization answered " (a) Dec	Yes' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
Other Assets. Complete if the organization answered "  (a) Des		
Other Assets. Complete if the organization answered "  (a) Des		
Other Assets. Complete if the organization answered "  (a) Description (2) (3)		
Other Assets. Complete if the organization answered "  (a) Description (2) (3) (4)		
Cart IX Other Assets. Complete if the organization answered " (a) Description (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		
Complete if the organization answered (a) Description (a) Description (b) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		
Cart IX Other Assets. Complete if the organization answered '(a) Description (a) Description (		
Complete if the organization answered (a) Des (a) Des (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		
Complete if the organization answered (a) Des (a) Des (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		
Complete if the organization answered (a) Des (a) Des (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	scription	(b) Book value
Complete if the organization answered (a) Des (a) Des (a) Des (b) Column (b) must equal Form 990, Part X, column (B), In Cart X Other Liabilities.	nne 15)	(b) Book value
Complete if the organization answered '(a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (B), lie Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part X, column (B), lie Other Liabilities.	nne 15)	(b) Book value
Complete if the organization answered '(a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (B), In the complete if the organization answered 'Yes' to Form (a) Description of liability	nne 15)	(b) Book value
Complete if the organization answered '(a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (B), In a complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes	nne 15)	(b) Book value
Complete if the organization answered '(a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (B), In the complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2)	nne 15)	(b) Book value
Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B), leart X Other Liabilities.  Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3)	nne 15)	(b) Book value
Complete if the organization answered '(a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10)  Cotal. (Column (b) must equal Form 990, Part X, column (B), le  Complete if the organization answered 'Yes' to Form  (a) Description of liability (1) Federal income taxes (2) (3) (4)	nne 15)	(b) Book value
Complete if the organization answered '(a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10)  Cotal. (Column (b) must equal Form 990, Part X, column (B), letter X  Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	nne 15)	(b) Book value
Complete if the organization answered '(a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10)  Cotal. (Column (b) must equal Form 990, Part X, column (B), letter X  Other Liabilities.  Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	nne 15)	(b) Book value
Complete if the organization answered '(a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10)  Cotal. (Column (b) must equal Form 990, Part X, column (B), letter X  Other Liabilities.  Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	nne 15)	(b) Book value
Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (b), local. (Column (b) must equal Form 990, Part X, column (B), local. (Column (b) must equ	nne 15)	(b) Book value
Complete if the organization answered (a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (B), le  Part X Other Liabilities.  Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	nne 15)	(b) Book value
Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (b), local. (Column (b) must equal Form 990, Part X, column (B), local. (Column (b) must equ	nne 15)	(b) Book value
Complete if the organization answered (a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (B), least X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) 10)	orm 990, Part IV, line 1 (b) Book value	(b) Book value

Schedule **D** (Form 990) 2013

BAA

Par	t XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
		Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements	1	535,895.
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:		
8	a Netu	ınrealized gains on ınvestments		
ı	<b>b</b> Dona	ited services and use of facilities		
(	Reco	venes of pnor year grants		
		r (Describe in Part XIII.)		
		ines 2a through 2d	2 e	
		ract line <b>2e</b> from line <b>1</b>	3	535,895.
4	Amou	unts included on Form 990, Part VIII, line 12, but not on line 1.		
		stment expenses not included on Form 990, Part VIII, line 7b 4a		
		r (Describe in Part XIII.)		
		ines <b>4a</b> and <b>4b</b>	4 c	
		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	535,895.
		Reconciliation of Expenses per Audited Financial Statements With Expenses per F		
. a.	· All	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	·ctaii	••
1	Total	expenses and losses per audited financial statements	1	491,064.
2		unts included on line 1 but not on Form 990, Part IX, line 25:		
_		ited services and use of facilities		
		year adjustments		
_	_	rlosses		
		r (Describe in Part XIII )		
		ines 2a through 2d	2 e	
		ract line 2e from line 1	3	401 064
.4		1	<del>-                                    </del>	491,064.
4.		unts included on Form 990, Part IX, line 25, but not on line 1 street expenses not included on Form 990, Part VIII, line 7b		
		r (Describe in Part XIII.)		
		ines 4a and 4b	4 c	
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		491,064.
		Supplemental Information.		1317001.
Prov	ide the	e descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	al inforr	nation.
<u>Pt</u> .	<u>X</u> L:	ine 2 The Society is a nonprofit entity and is exempt from fed	<u>eral</u>	<u>income_taxes</u>
		under Section 501(c)(3) of the Internal Revenue Code. There	ore,	<u>contributions</u>
		to the Society are tax deductible under Section 170 of the	<u>Int</u>	<u>ernal Revenue</u>
		Code. The Society files an IRS Form 990-T to report all y	<u>ınrel</u>	ated business
			i <u>ses</u>	from the sale
		of_advertising in the Society's magazine. The Society is n	<u>ot c</u>	<u>lassified as a</u>
		private foundation by the Internal Revenue Service		
		The Society adopted the recommendations of the Financi	al	

Schedule D (Form 990) 2013 THE OCEANOGRAPHY SOCIETY  Park 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 with	hout any material	effect_
to the financial statements. These recommendations cl	arify the accounti	ng for
uncertainty in income taxes by prescribing the reco	gnition_threshold_	<u>a tax</u>
position is required to meet before being recognized in t	he financial statem	ents.
They also provide quidance on derecognition, classi	fication, interes	st and _
penalties, accounting in interim periods, disclosure, an	d_transition.	me_tax_
benefits are recognized for income tax positions taken o	r_expected_to_be_ta	ken in _
a tax return, only when it is determined that the incom	ne tax position wil	l_more-
likely-than-not be sustained upon examination by taxing	authorities. The S	ociety_
has analyzed tax positions taken for filing with the Int	ernal Revenue Servı	ce_and_
all state jurisdictions where it operates. The Society	believes that inco	me_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	oclety_
has not recorded any reserves, or related accruals for i	nterest and penaltı	es_for_
uncertain income tax positions at September 30, 2	014	
With few exceptions, the Society is no longer subject t	o U.S. Federal, st	a <u>te or</u> _
local tax examinations by tax authorities for years b	eginning before O	c <u>tober</u> _
1, 2010.		
	- <b></b> -	

#### . 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. ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

1

OCEANOGRAPHY SOCIETY

Employer Identification number

52-1563085

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. Part I (d) Corrected? (b) Relationship between disqualified (c) Description of transaction (a) Name of disqualified person person and organization Yes No (1)(2)(3)(4) (5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year under 

Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	from	n to or the zation?	(e) Onginal principal amount	Onginal (f) Balance due (g) In default? (h) Api by bot comm		default? (h) Approved by board or committee?		Approved (i) board or agreement agre		(h) Approved (iii by board or committee?		itten nent?
			То	From			Yes	No	Yes	No	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
					▶\$									

#### Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)			_		
(4)					
(5)					
(6)					
(7)					
(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) 2013

Schedule L	. (Form 990 or 990-EZ) 2013 THE	OCEANOGRAPHY SOC	IETY	52-1563085	F	age 2
Part IV	Business Transactions Invo	Iving Interested Persed 'Yes' on Form 990, Part	sons. IV, line 28a, 28b, or 28	С.		
•	(a) Name of interested person	(b) Relationship between interested person and the organization (c) Amount of transaction		(d) Description of transaction	(e) Sharing organizatio revenues	
					Yes	No
(1) GEOS(	CIENCES PROFESSIONAL SERVICES, INC.	SEE PART V	94,925.	FEES FOR EDITING MAGAZINE		Х
(2)						L_
_(3)						
(4)					↓	<u> </u>
(5)			_		ļ	
(6)					<u> </u>	L
(7)					<del> </del>	<b>-</b>
(8)	- <del>-</del>				<u> </u>	<b>-</b>
(9)				-	<del> </del>	<del></del>
(10)	Supplemental Information			<u> </u>	1	
rait V	Provide additional information for response	onses to questions on Sch	edule L (see instruction:	s).	<del>-</del>	
PART_IV	, LINE 1 (B) EDITING COMPA	NY EMPLOYING THE	OCEANOGRAPHY SO	CIETY'S DIRECTOR OF PUBL	I <u>CATI</u>	ONS.
		- <b></b>				
		- <b></b>				
	<b></b>			<b></b>		
<b>-</b>		- <b></b>				
				<b></b>		
		<b></b>				

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

## 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.

2013

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

52-1563085 THE OCEANOGRAPHY SOCIETY 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 TO VOTE FOR MEMBERS OF THE BOARD AND AMENDMENTS TO THE ORGANIZATION'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 AND OFFER ANY CHANGES. Pt VI, Line 12c EACH COUNCIL MEMBER SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH COUNCILLOR HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, HAS DISCLOSED ALL DISCLOSABLE INTERESTS EXISTING ON OR BEFORE THE DATE OF THE STATEMENT, AND UNDERSTANDS THAT THE SOCIETY IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. Pt VI, Line 15a A PUBLISHED SALARY SURVEY OF WASHINGTON, DC AREA NON-PROFIT ORGANIZATIONS WAS OBTAINED, AND A SPREADSHEET COMPARING COMPENSATION FOR EQUIVALENT DUTIES AT THE SOCIETY AND OTHER COMPARABLY SIZED ORGANIZATIONS WAS PREPARED WHEN THE COMPENSATION OF THE EXECUTIVE DIRECTOR WAS ORIGINALLY ESTABLISHED. THE RESULTS WERE REVIEWED BY THE PRESIDENT ON BEHALF OF THE COUNCIL. THERE ARE NO OTHER COMPENSATED OFFICERS OR KEY EMPLOYEES AND THE COMPENSATION OF THE EXECUTIVE

Schedule <b>O</b> (Form 990 or 990-EZ) 2013	Page 2
Name of the organization	Employer identification number
THE OCEANOGRAPHY SOCIETY	52-1563085
DIRECTOR FALLS UNDER THE DOLLAR THRESHOLD FOR 9	90 REPORTING.
DE UZ 1 10 CODIEC OF ALL FORMS OOS BUAR MAVE DEEN FILED OF	HE ANNHAL AUDIMED
Pt VI, Line 19 COPIES OF ALL FORMS 990 THAT HAVE BEEN FILED, T	HE ANNUAL AUDITED
FINANCIAL STATEMENTS AND OTHER GOVERNING POLICI	ES ARE
KEPT IN THE SOCIETY'S OFFICE AND ARE AVAILABLE	FOR REVIEW UPON REQUEST.
Pt XII, Line 2c THE AUDIT COMMITTEE (PRESIDENT, PAST PRESIDENT	AND PRESIDENT-ELECT)
ACCUMED DECRONATED THE DOD THE AND SELECT	TOW OF AUDITURE FIRM
ASSUMES RESPONSIBILITY FOR THE AUDIT AND SELECT	ION OF AUDITING FIRM
	<b> </b>
	<del></del>

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.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 11g Other Service Fees (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MAGAZINE EDITOR	87,255.	87,255.	0.	0.
MAGAZINE DESIGN	50,925.	50,925.	0.	0
MAGAZINE OTHER	367.	367.	0.	0.
AWARD DESIGN	315.	315.	0.	0.
MEETING DESIGN AND EDITOR	7,343.	7,343.	0.	0.
COMMUNITY SERVICE	20,200.	20,200.	0.	0.

(Rev January 2014)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return File a separate application for each return.

OMB No 1545-1709

Internal Revenue			istructions is at www.iis.gov/io/iiioooc.		
	e filing for an Automatic 3-Month Extension, comp				<b>&gt;</b> X
<del>-</del>	e filing for an Additional (Not Automatic) 3-Month				
	plete Part II unless you have already been granted				
corporation request an e Associated V	iling (e-file). You can electronically file Form 8868 in required to file Form 990-T), or an additional (not aut extension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which must ing of this form, visit www irs gov/efile and click on e	tomatic) 3-m t I or Part II v t be sent to t	ionth extension of time. You can electronic with the exception of Form 8870, Information he IRS in paper format (see instructions). I	ally file Form 8868 to on Return for Transfer	s e
Part I	<b>Automatic 3-Month Extension of Time</b>	. Only sul	omit original (no copies needed).		
A corporation	n required to file Form 990-T and requesting an auto			ete Part I only	▶ □
All other con income tax r	porations (including 1120-C filers), partnerships, RE returns	MICs, and t	·	tension of time to file fying number, see ir	etructions
	Name of exempt organization or other filer, see instructions		Enter mer enter	Employer identification nu	
Type or					
print	THE OCEANOGRAPHY SOCIETY			52-1563085	
File by the	Number, street, and room or suite number. If a P O box, see instr	uctions		Social security number (S	SN)
due date for filing your	P.O. BOX 1931				
return See	City, town or post office, state, and ZIP code. For a foreign address	s, see instructio	ns		
	ROCKVILLE			MD 2084	9
Enter the Re	eturn code for the return that this application is for (fil	e a separate	e application for each return)		01
Application Is For		Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-Bl	L	02	Form 1041-A	08	
Form 4720 (		03	Form 4720 (other than individual)		
Form 990-Pf		04	Form 5227	10	
	(section 401(a) or 408(a) trust)	05	Form 6069		
Form 990-T	(trust other than above)	06	Form 8870		12
Telephor  If the org  If this is the check the the exterior	this are in the care of ► <u>JANE_HODDINOTT</u> The No. ► (301) 251-7708  The particular of the distribution of the group and the group are the organization of the group, chemision is for.	t Group Exect this box.	uted States, check this box	this is for the whole g	roup,
-	est an automatic 3-month (6 months for a corporation	-	·		
The ex	$\underline{\text{May}}$ $\underline{15}$ , 20 $\underline{15}$ _ , to file the exempt organ tension is for the organization's return for: or or				
► [X	tax year beginning Oct 1 , 20 13	, and endin			
	ax year entered in line 1 is for less than 12 months, an ange in accounting period	check reaso	n. Initial return Fir	nal return	
	application is for Forms 990-BL, 990-PF, 990-T, 472 undable credits. See instructions			3 a \$	0.
	application is for Forms 990-PF, 990-T, 4720, or 606 yments made Include any prior year overpayment a			3 b \$	0.
EFTPS	ce due. Subtract line 3b from line 3a. Include your p S (Electronic Federal Tax Payment System) See ins	tructions	<u></u>	3 c Ş	0.
Caution. If y	ou are going to make an electronic funds withdrawa	l (dırect deb	it) with this Form 8868, see Form 8453-EC	and Form 8879-EO 1	or