

## 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**,

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A	Fo	or the	e 2014 calen	dar year, or tax	year begir	nning Oct	1	, 2014, aı	nd ending	Sep			<u>.</u> 2015	
В	Ch	eck if a	applicable	C Name of organiz	ation THI	E OCEANOG	RAPHY S	OCIETY			D Employ	yer iden	tification number	
	Γ	Add	fress change	Doing business	 as	-					52-	1563	<u>80</u> 85	
	T	Nan	ne change	Number and stre	et (or PO bo	x if mail is not deliv	ered to street ad	dress)	Room/sui	te	E Telepho	one num	ber	
	r	Initia	al return	P.O. BOX 3	1931						(30	1) 2	251-7708	
	上	⊣	l return/terminated			, country, and ZIP of	or foreign postal o	ode			,			
	┢	-	ended return	ROCKVILLE				MD 2	20849		G Gross r	eceipts	\$ 610,225.	_
	H	-	olication pending	F Name and addre	ess of principa	l officer				(a) Is this a	group return			X No
	L	عب. ا	Silication perialing	DR. M. SUSAN ŁOZII			ROCKVI	T.T.E. MD 2	20849 H	(b) Are all	subordinates attach a list (	ıncluded	d? Yes	No
_	_	Tay.o	exempt status	X 501(c)(3)	501(c) (		sert no )	4947(a)(1) or	527	If 'No,' a	attach a list (	(see instr	ructions)	_
<del>'</del>	_			w.tos.org	1301(0) (	, , ,	301(110)	117 (17(17) 01		(c) Group	exemption nu	ımber 🗦	<b>-</b>	
	_			X Corporation	Trust	Association	Other ►	I Ves	ar of formation	1988			legal domicile MD	
K			of organization		Trust	Association	Outer	12 16	ar or iorniauon	1900	<u> </u>	State of I	regar donnere PID	
Pa	_	1 1	Summai	be the organization	n'e missio	n or most sign	ificant activit	ies. The	OCEAN	CP A D	HV SOC	TETV	WAS FOUND	)FD
	1			TO DISSEMI										<u> </u>
ည			TH TECH	AND EDUCA	TTON.	TO PROMO	TE COMMI	INTCATION	AMONG	OCEAN	IOGRAPI	HERS	. AND	
nar	1		TO PROVI	DE A CONST	TTUENCY	FOR CON	SENSUS-E	UILDING A	CROSS	ALL DI	SCIPLI	INES	OF THE FIE	LD.
ě				ox ► If the c										
Activities & Governance	İ	3	Number of vo	ting members of	the govern	ning body (Par	t VI, line 1a)					3	1	10
<b>∘</b> ŏ		4	Number of in-	dependent voting	members	of the governi	ng body (Pa	rt VI, line 1b) .				4	I	10
ij				of individuals en								5		1
:≣				of volunteers (es								6		15
¥				ed business revei								7a	8,	732.
	L	b	Net unrelated	business taxable	e income f	rom Form 990	-T, line 34 .	· · · · · · · · · · · · · · · · · · ·	• • • • •			7b		0.
		_								P	rior Year		Current Ye	
ē	l	8	Contributions	and grants (Part	VIII, line 1	(n)				-	327,0			325.
ē	١.	9	Program sen	vice revenue (Par ncome (Part VIII,	t VIII, line .	2g)	المالية والمالية	IVEL .		<del> </del>	208,1	22.	203,	883.
Revenue		10	Other revenu	icome (Part VIII, ie (Part VIII, colur	column (A)	), iines 3, 4, an	10c and 1	10)	5			669.		17.
_		11 12	Total revenu	e — add lines 8 th	rough 11	(must equal)Ps	z, 100, and 1	in (2016- 105	•		535,8		610	225.
	+			imilar amounts p							333,0	,,,,,	010,	225.
	1								<b>-</b> 1∣					
		14	Selemes ethi		omployed	bonofite (Part	ÖCÜF	A unag 5 10)			105,0	1/15	112	257.
es		15	Salaries, our	to or for member er compensation,	CITIPIOYEE	Tall (A) Land	113 CONDINE	A) Piji 103 0-10)			103,0	743.	113,	251.
Expenses				fundraising fees	-								<del></del>	
X				sıng expenses (P				-	632.					
	1.			ses (Part IX, colu							386,0			215.
	'		-	es. Add lines 13-							491,0	064.		472.
) (S)		19_	Revenue les	s expenses. Subt	ract line 18	3 from line 12		<u></u>			44,8		<del></del>	247.
20 E	<u> </u>									Beginnir	ng of Curre			
	8 i			(Part X, line 16)							515,0			508.
<b>∌</b> ₹	3 2	21	Total liabilitie	es (Part X, line 26	)				• • • • •		155,1	137.		873.
ž			Net assets o	r fund balances.	Subtract lir	ne 21 from line	20				359,8	<u> 382.</u>	292,	635.
P	ar	t II	Signatu	re Block										
Unc	ler (	penalti	es of perjury, de	eclare that I have examiner (other than officer)	ined this retur	n, including accomp	panying schedule	es and statements, a	and to the best	of my know	ledge and be	lef, it is	true, correct, and	
-con	npie	te. De	ciaration of prepa	arer (other than officer)	is based on a			any knowledge			M/		0 701	
⊗				My Cor		· <del></del>				/	I WOOM	$\perp \mathcal{U}$	2,4016	
Šį	gr	1		ture of officer						5.			,	
⋑Ħe	ere	9		INTER RAMA	RUI									
_				or print name and title		10		<del>-/</del>	Date	-	T	٦,	PTIN	
				preparer's name		Preparer's sign	7 /		3/4	/	Check	ff		
Pá				<u>el C. Davi</u>		<del></del>	went	giri	<u>ب ۲۱۷۷</u>	<u>[6</u>	self-employ	ea	P00066528	
Pı	e	pare	Firm's nam			AVIS & AS			Α		{ <u></u> ,	<b>.</b>	1001-10	
U	se	On	Firm's add			H CRAIN H	WY, STE	204			Firm's EIN		2-1861549	
					BURNIE				-4099_		Phone no	(41		T "
	-			ns return with the					<u> </u>	<u></u>		· · · <u>·</u>	. X Yes	No
R/	VΔ	For	Panerwork	Reduction Act N	lotice, see	the separate	instruction	S.	TEEA	0101 05/2	8/14		Form 990	(2014)

Form	990 (2014) TH	E OCEANOGRAPI	Y SOCIETY		_52-15630	85 Page 2
Par			ervice Accomplish	nments		
	Check if S	schedule O contains a	response or note to any	line in this Part III		
1	Briefly describe th	ne organization's miss	ion:	· · · · · · · · · · · · · · · · · · ·		
	THE OCEANO	GRAPHY SOCIET	Y WAS FOUNDED			
	IN 1988 TO	DISSEMINATE	KNOWLEDGE OF O	CEANOGRAPHY AN	ND ITS APPLICATION THROU	<u>IGH</u>
	See Form 990, P	age 2, Part III, Line 1	(continued)			
2	Did the organizat	on undertake any sig	nificant program services	during the year which	were not listed on the prior	, –
	Form 990 or 990-	EZ?				Yes X No
		these new services or			_	
3	_			iges in how it conducts	s, any program services?	Yes X No
		these changes on Sch				
4	Section 501(c)(3)	anization's program se ) and 501(c)(4) organi ny, for each program s	zations are required to re	or each of its three larg port the amount of gra	gest program services, as measured by nts and allocations to others, the total e	expenses. xpenses,
4 a	(Code.	) (Expenses \$_	312,742. incl		0 <u>)</u> (Revenue \$	63,335.)
	PUBLICATIO	N OF "OCEANO	RAPHY" MAGAZIN	E WHICH CONTAI	INS PEER-REVIEWED ARTICI	ES
			CTS OF OCEAN S			
					EMBER IN ONLINE AND	
	PAPER FORM				RTICLE WILL BE PRODUCED	
	UPON REQUE	ST. MEMBERSH	IIP FEES ENTITL	E MEMBERS TO	THE QUARTERLY PUBLICATION	<u> </u>
	AS WELL AS	CERTAIN OTHE	ER_BENEFITS.			
						<b></b>
						<b></b>
					0.)(Revenue \$	131,816.)
		\(\( \)			0 )/Payanya \$	
4 (	(Code:	) (Expenses \$_		uding grants of \$	0.)(Revenue \$	0.)
					LOV AWARD IS AWARDED	
					EMENT OF OUR KNOWLEDGE	
					AN. THE WALTER MUNK AWA	71.D
					H IN OCEANOGRAPHY	<del>-</del>
					Y BY THE OCEANOGRAPHY SO	
					EANOGRAPHER OF THE NAVY.	
					E ATTAINED EMINENCE TIONS TO THE FIELD OF	
					IAL PERIOD OF YEARS.	
	OCEANOGRA	ENT OK TIS AP.	ETICKLIONS DOKT	MA TODSIVAT	THE LEWICH OF TEWNS.	<b>-</b>
		_ <b></b> _		<b>-</b>		
	1 Other program s	services. (Describe in	Schedule ()	<u> </u>		
'	(Expenses \$		including grants of	\$	) (Revenue \$	)
	Total program se		598,91		, ,	
BAA				EA0102 05/28/14	<del></del>	Form 990 (2014)

Form 990 (2014) 52-1563085 Page 3 THE OCEANOGRAPHY SOCIETY **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . 2 3 Х Χ 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 X 5 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, Х 6 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 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 X Х 10 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. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a Х 11 b Х 11 c 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 Х Χ e Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X. . . . . 11 e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a 12b Х

Form 990 (2014) THE OCEANOGRAPHY SOCIETY

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
t	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		
	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
t	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		Х
26	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?  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):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
•	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	of 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		Х
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	treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
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 (2014)

X

Form 990 (2014)

Form 990 (2014) 52-1563085 THE OCEANOGRAPHY SOCIETY 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 . . . . . . . . . . . . . . . . . . Yes 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . . . 1 a 5 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . . 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1 c (gambling) winnings to prize winners? 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . 3 a X b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.......... 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . Х 4 a **b** If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . . . . . . . . . . Х  $\overline{X}$ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . . 5 b 5 c 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? Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X X 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?...... X 7 e Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. . . 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? . . . . . . . . . . . 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.... 9 b 10 Section 501(c)(7) organizations. Enter. 10 a a Initiation fees and capital contributions included on Part VIII, line 12. . . . . . . . . . . . . b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 11 Section 501(c)(12) organizations. Enter-b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)............. 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . . . 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . . . | 12b| Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? . . . . . . . . . . 13 a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . . . . 13 b

Form :	990 (2014) THE OCEANOGRAPHY SOCIETY 52-136306.	<u> </u>		aye o
Part	VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b bel a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	ow, ar s in	nd for	<del>.</del>
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u> .	. X
Sect	ion A. Governing Body and Management			
_			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	0		
	authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent	ما		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	٦		ĺ
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
	Did the organization make any significant changes to its governing documents			
	since the pnor Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ļ ,;	X
6	Did the organization have members or stockholders?	6	Х	<u> </u>
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	Х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or 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:			
	The governing body?	8 a	<u> </u>	
	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, 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
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.	)
			Yes	No
10 a	Did the 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 operations are consistent with the organization's exempt purposes?	10 Ь		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ļ	
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	ļ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15 a	X	
b	Other officers or key employees of the organization	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16 a		Х
b	If '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 take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Maryland Maryland			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply	) availal	ble	
	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 made its governing documents, conflict of interest policy, and financial statements available public during the tax year	ıble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Of the Hobbits of the	301)		
BAA	TEEA0106 11/13/14	Form	า 990 (	2014)

Form 990 (2014) 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 related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours	(C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	per .	Individual trustee or director		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
(1) DR. M. SUSAN LOZIER PART-YEAR PRESIDENT/PRESIDENT ELECT	_2.00	Х		х				0.	0.	0.
(2) DR. MARK R. ABBOTT  PART-YEAR PRESIDENT/PAST PRESIDENT	_2.00	х	_	х				0.	0.	0.
	_2.00	х						0.	0.	0.
(4) DR. ALAN MIX PRESIDENT ELECT	_2.00	х						0.	0.	0.
(5) DR. BLANCHE MEESON COUNCIL	2.00	x						0.	0.	0.
(6) DR. JANET SPRINTALL COUNCIL	2.00	x						0.	0.	0.
(7) DR. DEBORAH STEINBERG	_2.00	х						0.	0.	0.
(8) AMY BURGESS COUNCIL	2.00	х						0.	0.	0.
(9) DR. GAIL KINEKE COUNCIL	2.00	x						0.	0.	0.
(10) DR. STEVEN LOHRENZ COUNCIL	2.00	х						0.	0.	0.
(11) DR. KRISTEN BUCK COUNCIL	2.00	x						0.	0.	0.
(12) DR. JOHN LARGIER COUNCIL	2.00	х						0.	0.	0.
(13) DR. LEE KARP-BOSS COUNCIL	_2.00	х						0.	0.	0.
(14) DR. JULIE PULLEN COUNCIL	2.00	х						0.	0.	0.
DAA			-				•			Form 000 (2014)

Page 8

Part VII   Section A. Officers, Directors, Tr		<u> Ney</u>	Em			es,	and	a Hignest Con	ipensated Emp	loyee	S (continued)
(B) (C)											
(A)	Average hours	(do not check more than one box, unless person is both an					ne en	(D)	(E)		(F)
Name and title	per week	offi		nd a d	firecto	or/trust	88)	Reportable compensation from	Reportable compensation from related organizations	amou	stimated int of other pensation
	(list any hours	or director		Officer	€ €	いませ	읔	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	fr	om the anization
	for related	ndividual trustee or director	nstitutional trustee	छ	Key employee	le est	ᄛ	]		an-	i related
	organiza - tions	2 2	릛		ğ	le all	'	]		J J	21112000113
	below dotted	&	핥		Õ	X					
	line)	"	8	l	}	Highest compensated employee	1	}			
(46) 22 23 23 24 24	0.00	<del> </del>									<del></del>
(15) DR. BARNEY BALCH	2.00_	X		l			ļ	0.	0		0
COUNCIL (16) JENNIFER RAMARUI	35.00	<del>  ^-</del>	$\vdash$			-		<u> </u>	0.	<del></del> -	0.
EXECUTIVE DIRECTOR	122.00	ļ		Х				98,624.	0.		0
(17) DR. SUSAN COOK	2.00	╁─	$\vdash$		┝			30,024.			0.
SECRETARY	<del> </del> 2. <u>00</u>	ļ		Х		ĺ		0.	0.		0
	2 00	╁─	$\vdash$		_	├		ļ·			0.
(18) SUSAN BANAHAN	2.00_	ĺ		Х	İ	ĺ	ĺ	0.	0	ĺ	0
TREASURER	2 00	┼	Н		-	├─	-	0.	0.		0.
(19) DR. ELLEN KAPPEL	2.00_	)		Х		)	ļ	0.	0.		0
DIRECTOR OF PUBLICATIONS	2 00	+			-		┢	U.			0.
(20) DR. LARRY ATKINSON	2.00_			х				0.	0		0
MEETINGS COMMITTEE CHAIR (21)	+	╁	Н		├	-		J	0.		0.
(21)		Į.									
(22)		╁	$\vdash$			├	<u> </u>	<del> </del>			
		[					ĺ	[			
(23)		1				<del>                                     </del>					
	<del> </del>	}			}	ļ		] .			
(24)	<del>  -</del>	†	Н			<del>                                     </del>					
	<del> </del>	}	1								
(25)	+	<del> </del>				1	-		<u></u>		
	<del> </del>	Į.	<b>!</b>			1	ļ				
1 b Sub-total	<del></del>	• • •		٠.	٠.	٠	<b>&gt;</b>	98,624.	0.		0.
c Total from continuation sheets to Part VII, Sect	ion A						<b></b>				
d Total (add lines 1b and 1c)							<b>•</b>	98,624.	0.		0.
2 Total number of individuals (including but not limite							eive		000 of reportable cor	npensal	
from the organization • 0				·					·	•	
											Yes No
3 Did the organization list any former officer, director	r. or truste	e. kev	v em	vola	ee.	or hid	ahes	st compensated em	plovee		
on line 1a? If 'Yes,' complete Schedule J for such										. 3	X
4 For any individual listed on line 1a, is the sum of re	eportable c	ompe	ensat	ion .	and	othe	r coi	mpensation from			
the organization and related organizations greater	than \$150,	000?	'If 'Y	'es'	com	plete	Scl	hedule J for			
such individual										. 4	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'										. 5	X
Section B. Independent Contractors	complete s	criec	iuie .	<i>J</i> 101	Suc	ii pei	301		<u></u>	• •	
1 Complete this table for your five highest compensation.	ated indepe	nden	it coi	ntrac	ctors	that	rec	eived more than \$1	100,000 of		
compensation from the organization. Report comp	ensation fo	r the	cale	nda	r ye	ar en	dıng	with or within the	organization's tax ye	ar	
(A) Name and business add								(B)	f 000000	(0	C)
Name and business address Description of services Compensation											
								ļ			
			_					ļ			
								ļ			
A # 111								l Variation is a second			
2 Total number of independent contractors (including		nited	to th	iose	liste	ed ab	ove	) who received moi	re tnan		
\$100,000 of compensation from the organization	0	TEFA						<del></del>			990 (2014)

52-1563085 Page 9 Form 990 (2014) THE OCEANOGRAPHY SOCIETY Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . . . . . . . . . . . . (A) Total revenue Related or Unrelated Revenue excluded from tax business exempt under sections 512-514 revenue function revenue 1 a Federated campaigns . . . . . Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues . . . . . . 1 b 2,000 1 c c Fundraising events . . . . . . d Related organizations . . . . . 1 d 1 e e Government grants (contributions) . . 258,535 f All other contributions, gifts, grants, and similar amounts not included above . . 145,790 a Noncash contributions included in lines 1a-1f. \$ 406,325 h Total. Add lines 1a-1f . . . . . . . . . Program Service Revenue **Business Code** 13,905 0 511120 13,905 0. 2a MAGAZINE SALES 541700 49,430 0 0. b MEMBERSHIP \_\_\_\_ 49,430 8.732 541800 8,732 0. c ADVERTISING \_ \_ \_ 541700 131,816 0 0. 131,816 d CONFERENCE f All other program service revenue . . . 203,883. Investment income (including dividends, interest and 17. 17 Income from investment of tax-exempt bond proceeds . . . (ı) Real (II) Personal 6a Gross rents . . . . . b Less: rental expenses c Rental income or (loss) . . d Net rental income or (loss) . . . . . . (II) Other (ı) 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) . . . . 8 a Gross income from fundraising events Other Revenue (not including . . \$ of contributions reported on line 1c). See Part IV, line 18. . . . . . . . . . **b** Less: direct expenses . . . . . . . . .

c Net income or (loss) from fundraising events . . . . . . . .

Total revenue. See instructions . . . . .

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		
0 a Gross sales of inventory, less returns and allowances a		
b Less: cost of goods sold b		 
c Net income or (loss) from sales of inventory		

	Miscellaneous Revenue	Business Code		 ·
11a				
b				
c				
d All	other revenue			
e To	tal. Add lines 11a-11d			

TEEA0109 11/13/14

610

Form 990 (2014)

## Part IX | Statement of Functional Expenses

Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	105,231.	63,401.	41,494.	336.
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	8,026.	2,835.	5,149.	42.
11	Fees for services (non-employees):				
	Management				
t	Legal	334.	118.	214.	2.
(	Accounting	27,450.	9,698.	17,609.	143.
•	Lobbying				
•	Professional fundraising services See Part IV, line 17 .				
1	Investment management fees				
_	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	189,076.	189,076.	0.	0.
12	Advertising and promotion	3,229.	_3,229.	0.	0.
13	Office expenses	5,642.	3,749.	1,878.	15.
14	Information technology				
15	Royalties				
16	Occupancy	45,914.	44,291.	1,610.	13.
17	Travel	64,590.	64,128.	458.	4.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	69,632.	69,632.	0.	0.
20	Interest				
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization				
23 24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e	2,897.	_2,557.	337.	3.
,	expenses on Schedule O.)	97.323.	97,323	0.	0 .
	PRINTING AND PUBLICATION POSTAGE AND SHIPPING	35,622	35,233.	386	3 
	CAVECTRA FEES	9,513.	3,361.	6.103.	
		3,000	3,000	0.100.1	0.
	a <u>AWARDS</u> e All other expenses	9,993.	7,284.	2,687.	22.
25	Total functional expenses. Add lines 1 through 24e.	677,472.	598,915.	77,925.	632.
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			,,,,,,	332.
	SOP 98-2 (ASC 958-720)	<u></u>			
BAA		TEEA0110 05/2	NO /4 4		Form <b>990</b> (2014)

Form 990 (2014) THE OCEANOGRAPHY SOCIETY Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
$\neg$	1	Cash – non-interest-bearing	372,398.	1	317,332.
ĺ	2	Savings and temporary cash investments	10,285.	2	7,141.
	3	Pledges and grants receivable, net	69,297.	3	0.
	4	Accounts receivable, net	4,570.	4	35.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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	
6	7	Notes and loans receivable, net		7	<del></del>
Assets	8	Inventories for sale or use		8	
3	9	Prepaid expenses and deferred charges	58,469.	9	0.
`	•	1 1	38,469.	3	
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
ĺ		Less: accumulated depreciation 10b 7,190.	0.	10 c	0.
ŀ	11	Investments – publicly traded securities		11	
	12	Investments – other secunties. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
Ì	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	515,019.	16	324,508.
	17	Accounts payable and accrued expenses	19,221.	17	17,333.
	18	Grants payable		18	
- {	19	Deferred revenue	135,916.	19	14,540.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	
	26	Total liabilities. Add lines 17 through 25	155,137.	26	31,873.
æs		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ŭ	27	Unrestricted net assets	359,882.	27	292,635.
3al	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
<b>5</b>	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
et,	33	Total net assets or fund balances	359,882.	33	292,635.
Z	34	Total liabilities and net assets/fund balances	515,019.	34	_324,508.
	<del></del>		010,010.	للنتا	5 222 (221)

BAA

Form **990** (2014)

Form	990 (20,14) THE OCEANOGRAPHY SOCIETY 52-	<u> 1563</u>	085		Pa	ige 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6:	10,2	25.
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	17,4	172.
3	Revenue less expenses. Subtract line 2 from line 1	3		_	67,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			59,8	
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		2 (	72 6	
Dat	t XII Financial Statements and Reporting	10			92,6	,35.
Fai						- F
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· · ·		· · ·	. X
			ı		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					ĺ
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
<b>2</b> 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	1				
	separate basis, consolidated basis, or both.		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis		Ì			
	Were the organization's financial statements audited by an independent accountant?		]	2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			Ĭ		
	basis, consolidated basis, or both:					
	X   Separate basis					
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auditories review, or compilation of its financial statements and selection of an independent accountant?	lıt, 		2 c	x	L_
	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
1	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udıt				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
BAA				Form	990 (2	2014)

## 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.

OMB No 1545-0047

2014

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

Employer Identification number

Schedule A (Form 990 or 990-EZ) 2014

THE	00	CEANOGRAPHY SOCIETY					52-156308	5				
Part		Reason for Public Cha		ganizations must co	mplete	this p						
The or		nization is not a private foundati										
1	$\Box$	A church, convention of church	es, or association of c	hurches described in se	ction 17	0(b)(1)(	A)(i).					
2	П	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E.)								
3	П	A hospital or a cooperative hos	pital service organizat	ion described in section	170(b)(	1)(A)(iii)	<b>).</b>					
4	Н	A medical research organization	n operated in conjunc	tion with a hospital descr	nbed in s	ection	170(b)(1)(A)(iii) Enter th	ne hospital's				
	ш	name, city, and state:		•				•				
5		An organization operated for the 170(b)(1)(A)(Iv). (Complete Page 170(b)(1)(A)(Iv).	ne benefit of a college art II.)	or university owned or op	perated t	by a gov	emmental unit described	in section				
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		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	Ш	A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II)								
9	X											
10		An organization organized and	operated exclusively	to test for public safety S	See <b>sect</b>	ion 509	(a)(4).					
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.											
а												
b		Type II. A supporting organiza management of the supporting must complete Part IV, Secti	tion supervised or con organization vested ir	trolled in connection with the same persons that	its supp control o	orted or r manag	ganızation(s), by havıng je the supported organiz	control or ation(s) You				
С		Type III functionally integrate organization(s) (see instruction	ed. A supporting organis). You must comple	nization operated in conn ite Part IV, Sections A, l	ection w <b>D, and E</b>	ith, and	functionally integrated w	ith, its supported				
d		Type III non-functionally inte functionally integrated. The org instructions). You must comp	anization generally m	ust satisfy a distribution r	connecti equirem	on with ent and	ts supported organizatio an attentiveness require	n(s) that is not ment (see				
e		Check this box if the organizate integrated, or Type III non-fund	ion received a written obtionally integrated sup	determination from the IF porting organization.	RS that is	з а Туре	I, Type II, Type III functi	onally				
f	En	nter the number of supported org	ganızations									
g	Pr	ovide the following information a	about the supported or	ganızatıon(s).								
		(I) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is organization In your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
(A)					ļ							
(B)												
(C)	_	<u></u>						<del></del>				
(D)_												
(E)					<b>_</b>							
Total												

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

Part II	Support Schedule for	or Organizations	<b>Described in Secti</b>	ions 170(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
	(Complete only if you chec	ked the boy on line 5	7 or 8 of Part Lor if the o	rganization failed to qualif	v under Part III. If the

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

Sect	tion A. Public Support						<del>_</del>
	ndar year (or fiscal year nning in) ►	(a) 2010	( <b>b</b> ) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	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						
	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						<u> </u>
Sec	tion B. Total Support		Y		T		<del>,</del>
	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
11	through 10						
12	Gross receipts from related activit	ies, etc (see instru	ctions)	• • • • • • • •		12	<u> </u>
13	First five years. If the Form 990 in organization, check this box and s	s for the organizat	ion's first, second,	thırd, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
Sec	tion C. Computation of Pu			<del></del>			<del></del>
14							
15	Public support percentage from 2						<u> </u>
16 a	a 33-1/3% support test – 2014. If and stop here. The organization	the organization d qualifies as a publi	lid not check the book icly supported orga	ox on line 13, and t inization	he line 14 is 33-1/3	3% or more, check	this box
t	33-1/3% support test – 2013. If and stop here. The organization	the organization di qualifies as a publ	d not check a box icly supported orga	on line 13 or 16a, a anization	and line 15 is 33-1/	/3% or more, chec	k this box
17 8	a 10%-facts-and-circumstances to or more, and if the organization meters the 'facts-	neets the 'facts-and	t-circumstances' te	st, check this box a	and stop here. Exi	plain in Part VI no	w
	o 10%-facts-and-circumstances to or more, and if the organization morganization morganization meets the 'facts-and	neets the 'facts-and i-circumstances' te	d-circumstances' te st. The organizatio	st, check this box a n qualifies as a pul	and <b>stop here.</b> Exp blicly supported org	ganization	w the
18	Private foundation. If the organi	zation did not ched	k a box on line 13,	16a, 16b, 17a, or			
					0-	hadula <b>A</b> /Farm 04	00 or 000 E7\ 2014

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.)

	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
	received. (Do not include any 'unusual grants.')	454,493.	400,643.	308,183.	373,300.	455,755.	1,992,374.
2	Gross receipts from admis-	434,493.	400,043.	300,103.	373,300.	400, 100.	1,002,014.
_	sions, merchandise sold or	,					
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
	tax-exempt purpose	53,703.	28,135.	15,590.	14,446.	13,905.	125,779.
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			·			
6	Total. Add lines 1 through 5	508,196.	428,778.	323,773.	387,746.	469,660.	2,118,153.
7 a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	60,000.	0.	0.	0.	425.	60,425.
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		0 1 10	0	0		0 110
	for the year	0.	8,140.	0.	0.	0.	8,140.
-	Add lines 7a and 7b	60,000.	8,140.	0.	0.	425.	68,565.
8	Public support (Subtract line 7c from line 6.)						2,049,588.
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	• • • • • •	508,196.	428,778.	323,773.	387,746.	469,660.	2,118,153.
10 a	Gross income from interest, dividends,					-	
	payments received on securities loans, rents, royalties and income from						
	similar sources	64.	34.	16.	22.	17.	153.
k	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b	64.	34.	16.	22.	17.	153.
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is		^		^	•	2
12	regularly carried on Other income. Do not include	0.	0.	0.	0.	0.	0.
14	gain or loss from the sale of			ł			
	čapital assets (Explain in Part VI)	1,849.	1,605.	684.	669.	0.	4,807.
13	Total support. (Add lines 9,	1,047.	1,005.				4,007.
	10c, 11 and 12.)	510,109.	430,417.				2,123,113.
14	First five years. If the Form 990 is organization, check this box and s						- □
Sec	tion C. Computation of Pu	<del></del> _					
15	<del></del>			column (f)) · · ·		15	96.54 %
16	Public support percentage from 20						93.06 %
	tion D. Computation of Inv						
17					)	17	0.01 %
18	Investment income percentage from						0.04 %
19 a	a 33-1/3% support tests — 2014. If	the organization d	d not check the bo	ox on line 14, and li	ne 15 is more than	n 33-1/3%, and line	e 17
	is not more than 33-1/3%, check to 33-1/3% support tests — 2013. If	his box and <b>stop</b> h	ere. The organizat	ion qualifies as a p	oublicly supported (	organization more than 33-1/29/	► X
•	ine 18 is not more than 33-1/3%,	the organization di check this box and	stop here. The or	ganization qualifies	s as a publicly sup	ported organization	n ▶
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	this box and see	nstructions	▶ 🗍

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	tion A. All Supporting Organizations		Yes	T 61.
			res	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			
-	If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			<u></u>
	the designation. If historic and continuing relationship, explain	1		ł
2	Did the organization have any supported organization that does not have an IRS determination of status under section	l	l	ł
	509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
	described in Section 509(a)(1) or (2)	2		
			i	
3 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
	and (c) below	3a		
1	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		l	
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization			
	made the determination	3b		
(	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	ļ	l ———	
	purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с	<u> </u>	<u> </u>
			ĺ	
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and			
	ıf you checked 11a or 11b ın Part I, answer (b) and (c) below	4a		<u> </u>
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations	4b	1	
	c Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that		ļ	
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	1	
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)		l	
	and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported		l	ŀ
	organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		l	
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	amendment to the organizing document)	<del>-</del>		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		l	
	organization's organizing document?	5b		
	organization's Organizing document.	<del>  ••</del>	-	<u> </u>
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	[	[	ĺ
	anyone other than (a) its supported organizations, (b) individuals that are part of the chantable class benefited by one		l	
	or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
			l	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1	ļ	
	(defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
	regard to a substantial contributor? If tes, complete Fart for Schedule E (Form 990)	<u> </u>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			
0	complete Part I of Schedule L (Form 990)	8		
	complete r art in Schedule L (r offin 330)	<u> </u>		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons	ļ	}	
•	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
	If 'Yes,' provide detail in Part VI	9a		
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	supporting organization had an interest? If tes, provide detail in Fart VI	35	-	
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from,		[]	
	assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9c		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding			
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'	10-		
	answer (b) below	10a	L	
	to Dud the annual action have any average business heldings in the tay year? (I les Sahadula C. Earn 4720 to detarmine			
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Pa	rt IV   Supporting Organizations (continued)			
	No. the same institute accounted a sist or contribute a from any of the fallowing name of	<del></del>	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
•	governing body of a supported organization?	11a		-
Į	b A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year	1	<del> </del>	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
500	tion C. Type II Supporting Organizations			<u>'                                    </u>
<u> </u>	doll C. Type II Supporting Organizations		Yes	No
4			163	110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
<u></u>	supporting triganization was vested in the same persons that controlled or managed the supported organization(s)	<u> </u>		L
<u> </u>	tion b. All Type III Supporting Organizations		Yes	No
			103	110
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at			
	all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
<u></u>	ction E. Type III Functionally-Integrated Supporting Organizations			·
Jet	Con L. Type III I unctionally-integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	The organization satisfied the Activities Test. Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ons).		
		1		
2	Activities Test. Answer (a) and (b) below.	لـــــ,	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted	2a	·	
	substantially all of its activities			$\vdash$
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement	2b		ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of	<u> </u> [		
	each of the supported organizations? <i>Provide details in Part VI</i>	3a		
	h Did the erganization exercise a substantial degree of direction ever the nelvoice programs, and activities of each of its			
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 2 2 3 3 4 Add lines 1 through 3...... 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) . . . . . . . . . . . (B) Current Year (A) Pnor Year Section B -- Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 b 1 c 1 d e Discount claimed for blockage or other factors (explain in detail in Part VI): 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 5 Net value of non-exempt-use assets (subtract line 4 from line 3) . . . . . . . 6 7 **Current Year** Section C — Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) . . . . . . . . 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) . . . . . . Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 

7 BAA

(see instructions)

Schedule A (Form 990 or 990-EZ) 2014

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization

V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continuea)	
on D — Distributions			Current Year
Amounts paid to supported organizations to accomplish exempt purpose	s		
Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	of supported organization	ons,	
Administrative expenses paid to accomplish exempt purposes of suppor			
Amounts paid to acquire exempt-use assets		<u>.</u> <u>.</u>	
Qualified set-aside amounts (prior IRS approval required)			
Other distributions (describe in Part VI). See instructions			
Total annual distributions. Add lines 1 through 6			
1,	•		
Distributable amount for 2014 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
	(I) Excess Distributions	(il) Underdistributions Pre-2014	(III) Distributable Amount for 2014
Distributable amount for 2014 from Section C, line 6			
Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
		<del> </del>	<del></del>
From 2013			
	<del></del>		
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	· <del></del>		
Applied to underdistributions of prior years			
Applied to 2014 distributable amount			
Subtract lines 3g and 4a from line 2 (if amount greater than			
	•		
Excess distributions carryover to 2015. Add lines 3i and 4c			·
	· · · · · ·	1	· <u>-</u>
Excess from 2013			
Excess from 2014			
	Amounts paid to supported organizations to accomplish exempt purposes on excess of income from activity that directly furthers exempt purposes on excess of income from activity.  Administrative expenses paid to accomplish exempt purposes of suppor Amounts paid to acquire exempt-use assets.  Qualified set-aside amounts (prior IRS approval required).  Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization Part VI). See instructions.  Distributable amount for 2014 from Section C, line 6.  Line 8 amount divided by Line 9 amount.  Ion E — Distribution Allocations (see instructions)  Distributable amount for 2014 from Section C, line 6.  Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)  Excess distributions carryover, if any, to 2014.  From 2013 .  Total of lines 3a through e .  Applied to underdistributions of prior years  Applied to 2014 distributable amount .  Carryover from 2009 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from 3f  Distributions for 2014 from Section D, line 7 .  \$Applied to 2014 distributable amount .  Remainder. Subtract lines 4a and 4b from 4  Remainder. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) .  Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) .  Excess distributions carryover to 2015. Add lines 3j and 4c  Breakdown of line 7	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organization in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required). Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provin Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount  (I) Excess Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)  Excess distributions carryover, if any, to 2014.  From 2013 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2014 from Section D, line 7  \$ Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2014 from Section D, line 7  \$ Applied to 2014 distributable amount Remainder. Subtract lines 4a and 4b from 4  Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)  Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)  Excess distributions carryover to 2015. Add lines 3j and 4c  Breakdown of line 7  Excess from 2013	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount  (I)  Excess Distributions  Distributable amount for 2014 from Section C, line 6  Line 8 amount divided by Line 9 amount  (II)  Linderdistributions, if any, for years prior to 2014 (reasonable eause required — see Instructions)  Excess distributions carryover, if any, to 2014.  From 2013  From 2013  From 2013  From 2014 distributable amount  Carryover from 2009 not applied (see instructions)  Sapplied to underdistributions of prior years  Applied to 2014 distributable amount  Remaining underdistributions of prior years  Applied to 2014 distributable amount  Remaining underdistributions for years prior to 2014, if any, Subtract lines 3 and 4 to from line 2 (if amount greater than zero, see instructions)  Excess distributions carryover to 2015, Add lines 3 and 4 to from line 7  Excess distributions carryover to 2015, Add lines 3 and 4 to from line 7  Excess distributions carryover to 2015, Add lines 3 and 4 to from line 7

BAA

Schedule A (Form 990 or 990-EZ) 2014

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Pt II Ln 10

Other Income Part III, Line 12 Description: MISCELLANEOUS INCOME 2010: 1849. 2011: 1605. 2012: 684. 2013: 669. 2014: 0.

# 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer Identification number

	THE OCEANOGRAPHY SOCIETY			52-1563085	
Par	Organizations Maintaining Donor Advised Funds or Oth	her Similar Fu	unds or A		
- Committee	Complete if the organization answered 'Yes' to Form 990, F	Part IV, line 6.			
	(a) Donor advised	funds	(b)	) Funds and other accou	unts
1	Total number at end of year			<u> </u>	-
2	Aggregate value of contributions to (during year)			<del>_</del>	
3	Aggregate value of grants from (dunng year)			<del></del>	
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the ass are the organization's property, subject to the organization's exclusive legal con	ets held in donor	advised fund	ds Yes	□No
6	Did the organization inform all grantees, donors, and donor advisors in writing the for charitable purposes and not for the benefit of the donor or donor advisor, or impermissible private benefit?	hat grant funds ca	n be used or	nly na	No
Par	Conservation Easements.  Complete if the organization answered 'Yes' to Form 990, F	Part IV, line 7.		<del>-</del>	
1	Purpose(s) of conservation easements held by the organization (check all that a				
	Preservation of land for public use (e.g., recreation or education)		of a historica	ally important land area	
	Protection of natural habitat	<b>-</b>		historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation or last day of the tax year.	ontribution in the	form of a cor	nservation easement on	the
				Held at the End of the	e Tax Year
á	Total number of conservation easements				
1	Total acreage restricted by conservation easements		2b		
	Number of conservation easements on a certified historic structure included in (				
(	Number of conservation easements included in (c) acquired after 8/17/06, and restructure listed in the National Register	not on a historic	2 d		
3	Number of conservation easements modified, transferred, released, extinguished tax year ►	ed, or terminated t	by the organi	ization 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, in	nspection, handlin	 ig of violation	ns, <u> </u>	
	and enforcement of the conservation easements it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing cons	servation easemer	nts during the	e year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conserva	tion easements d	unng the yea	ar	
8	Does each conservation easement reported on line 2(d) above satisfy the requirement section 170(h)(4)(B)(II)?	rements of section	n 170(h)(4)(E	3)(i) · · · · · Yes	No
9	In Part XIII, describe how the organization reports conservation easements in it include, if applicable, the text of the footnote to the organization's financial state conservation easements	ements that descri	bes the orga	inization's accounting for	, and r
Pai	Organizations Maintaining Collections of Art, Historica Complete if the organization answered 'Yes' to Form 990, F	I Treasures, or Part IV, line 8.	or Other S	imilar Assets.	
1 :	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to rep art, historical treasures, or other similar assets held for public exhibition, educat in Part XIII, the text of the footnote to its financial statements that describes the	tion, or research in	statement an n furtherance	nd balance sheet works of public service, provide	of de,
I	o If the organization elected, as permitted under SFAS 116 (ASC 958), to report in historical treasures, or other similar assets held for public exhibition, education, following amounts relating to these items:	or research in fur	therance of p	public service, provide th	rt, ne
	(i) Revenue included in Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treasures, or other sin amounts required to be reported under SFAS 116 (ASC 958) relating to these it		ancial gain,	provide the following	
	Revenue included in Form 990, Part VIII, line 1			▶\$	
ı	Assets included in Form 990, Part X	<u> </u>		▶\$	

Part III & Organizations Maintain	ing Conection	S OI AIL, IIISLO	ricai freasures, o	Other Ollina As	3613 (C	<u>Ommil</u>	ieu)
Using the organization's acquisition, items (check all that apply):	accession, and oth	er records, check	any of the following that	are a significant use of it	s collecti	ion	
a Public exhibition		d Loan o	or exchange programs				
b Scholarly research		e Other					
c Preservation for future generation							
4 Provide a description of the organization Part XIII.		-					
5 During the year, did the organization to be sold to raise funds rather than	n solicit or receive de to be maintained as	onations of art, his part of the organi	torical treasures, or other zation's collection?	er sımılar assets	Yes		No
Part IV Escrow and Custodial line 9, or reported an an	Arrangements nount on Form 9	. Complete if the 1900 Part X, line	e organization ans	wered Yes' to Form	. 990, P	'art IV	′, 
1 a Is the organization an agent, trustee on Form 990, Part X?					Yes	[	No
b If 'Yes,' explain the arrangement in I	Part XIII and comple	te the following tal	ble.				
					Amount		
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance				<u> </u>		—	
2 a Did the organization include an amo							No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII. Check her	e if the explanation	i has been provided in P	Part XIII	• • • •	$\cdots$ [	
				000 D. (1)/ 1: 4			
Part V Endowment Funds. Co					1		
- <b></b> -	(a) Current year	(b) Prior year	(c) Two years back	k (d) Three years back	(e) F	our year	s back
1 a Beginning of year balance	· <del>-</del>	<del>                                     </del>	<del></del>	<del></del>	+		
<b>b</b> Contributions					<del> </del>		
c Net investment earnings, gains, and losses						_	
d Grants or scholarships					<u> </u>		
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance			<u> </u>				
2 Provide the estimated percentage of		nd balance (line 1g	, column (a)) held as:				
a Board designated or quasi-endowm	ent ►	<sup>&amp;</sup>					
<b>b</b> Permanent endowment	ع 						
c Temporarily restricted endowment	<b></b>	<sup>%</sup>					
The percentages in lines 2a, 2b, an	d 2c should equal 1	00%.					
3 a Are there endowment funds not in to organization by:	he possession of the	e organization that	are held and administer	red for the	Γ	Yes	No
(i) unrelated organizations			<b></b>		. 3a(i)		$\vdash$
(ii) related organizations					3a(ii)		$\vdash$
<b>b</b> If 'Yes' to 3a(ii), are the related orga					. 3b		<del> </del>
4 Describe in Part XIII the intended us		•			·		<u> </u>
Part VI Land, Buildings, and I				·			
Complete if the organization		'Yes' to Form 9	90, Part IV, line 11	a. See Form 990, Pa	art X, lir	ne 10.	
Description of property		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue
1 a Land				De la facilità de la constante			
<b>b</b> Buildings							
c Leasehold improvements							
d Equipment			7,190.	7,190.			0.
e Other				l			
Total. Add lines 1a through 1e. (Column	(d) must equal Form	990, Part X, colur	mn (B), line 10c.) . <u>.</u>				0.
BAA				Sched	tule <b>D</b> (Fo	orm 990	0) 2014

Complete if the organization answered '	(b) Book value		
(a) Description of security or category (including name of security)	1 ' '	(c) Method of valuation. Cost or end-of-year market	
Financial derivatives			
Closely-held equity interests			
Other			
~			
~			
~			
~			
~			_
~			
al. (Column (b) must equal Form 990, Part X, column (B) line 12)			
rt VIII Investments - Program Related.	-		
Complete if the organization answered	Yes' to Form 990, P	<u>art IV, line 11c. See Form 990, Part X, lir</u>	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year ma	rket val
)			
)			
)			
)			
5)			
5)			
7)			
3)			
<del></del>			
0)			
0) al. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶			
al. (Column (b) must equal Form 990, Part X, column (B) line 13) >		art IV. line 11d. See Form 990. Part X. lir	ne 15.
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered		art IV, line 11d. See Form 990, Part X, lir	
0) al. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered (a) De	'Yes' to Form 990, P		ne 15. ook value
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  Other Assets.  Complete if the organization answered (a) De	'Yes' to Form 990, P		
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  Other Assets.  Complete if the organization answered (a) De (1)  2)	'Yes' to Form 990, P		
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  Other Assets.  Complete if the organization answered (a) De (1)  2)  3)	'Yes' to Form 990, P		
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered (a) De (1)  2)  3)  4)	'Yes' to Form 990, P		
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  Art IX Other Assets.  Complete if the organization answered (a) De (1)  2)  3)  4)  5)	'Yes' to Form 990, P		
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  Art IX Other Assets.  Complete if the organization answered (a) De (1)  (2)  (3)  (4)  (5)	'Yes' to Form 990, P		
al. (Column (b) must equal Form 990, Part X, column (B) line 13) Lart IX Other Assets.  Complete if the organization answered (a) December 1)  (2)  (3)  (4)  (5)  (6)  (7)	'Yes' to Form 990, P		
al. (Column (b) must equal Form 990, Part X, column (B) line 13). Int IX Other Assets.  Complete if the organization answered (a) December 13.	'Yes' to Form 990, P		
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  Art IX Other Assets.  Complete if the organization answered (a) December 1990.  (a) December 1990.  (b) Other Assets.  (c) Other Assets.  (a) December 1990.  (b) Other Assets.  (c) Other Assets.  (a) December 1990.  (b) Other Assets.  (c) Other Assets.  (d) Other Assets.  (e) Other Assets.  (f) Other Assets.  (a) December 1990.  (b) Other Assets.  (c) Other Assets.  (a) December 1990.  (b) Other Assets.  (c) Other Assets.  (d) Other Assets.  (e) Other A	Yes' to Form 990, Pescription	(b) Bo	
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered (a) De (b)  (a) De (c)  (b) Column (c) must equal Form 990, Part X, column (B), art X Other Liabilities.	Yes' to Form 990, Pescription	(b) Bo	
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered (a) December 1)  (a) December 1)  (b) Column (c) must equal Form 990, Part X, column (b), art X Other Liabilities.  Complete if the organization answered 'Yes' to F	Yes' to Form 990, Pescription	(b) Bo	
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered (a) De (a) De (b) De (c) De	Yes' to Form 990, Pescription	(b) Bo	
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered (a) De (a) De (b) De (c) De	Yes' to Form 990, Pescription	(b) Bo	
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  Art IX Other Assets.  Complete if the organization answered (a) Decay.  (a) Decay.  (b) Must equal Form 990, Part X, column (B), and X.  (column (b) must equal Form 990, Part X, column (B), and X.  (d) Decay.  (a) Description of liability  (b) Federal income taxes  (column (b) must equal Form 990, Part X, column (B), and X.  (d) Description of liability	Yes' to Form 990, Pescription	(b) Bo	
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  Art IX Other Assets.  Complete if the organization answered (a) Decay.  (a) Decay.  (b) Must equal Form 990, Part X, column (B), and X. (Column (b) must equal Form 990, Part X,	Yes' to Form 990, Pescription	(b) Bo	
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  Art IX Other Assets.  Complete if the organization answered (a) De (b)  (a) De (c)  (b) Must equal Form 990, Part X, column (B), (c)  (c) Must equal Form 990, Part X, column (B), (c)  (d) Description of liability  (e) Description of liability  (f) Federal income taxes  (g) Must equal Form 990, Part X, column (B), (a) Description of liability  (b) Federal income taxes  (c) Must equal Form 990, Part X, column (B), (a) Description of liability	Yes' to Form 990, Pescription	(b) Bo	
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered (a) De (a) De (b) De (c) De	Yes' to Form 990, Pescription	(b) Bo	
al. (Column (b) must equal Form 990, Part X, column (B) line 13).  Art IX Other Assets.  Complete if the organization answered (a) De (a) De (b) De (b) De (c) De (	Yes' to Form 990, Pescription	(b) Bo	
al. (Column (b) must equal Form 990, Part X, column (B) line 13). Art IX Other Assets.  Complete if the organization answered (a) December 1)  2)  3)  4)  5)  6)  7)  8at X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  1) Federal income taxes  2)  3)  4)  5)  6)  7)	Yes' to Form 990, Pescription	(b) Bo	
al. (Column (b) must equal Form 990, Part X, column (B) line 13).  Int IX Other Assets.  Complete if the organization answered (a) De (b)  (a) De (c)  (b) must equal Form 990, Part X, column (B), (c)  (c) De (c) De (c) De (c) De (c) De (c)  (d) Description of liability  (e) Description of liability  (f) Federal income taxes  (g) De (c)  (h) De (c) De (c) De (c) De (c)  (h) De (c) De (c) De (c) De (c)  (h) De (c) De (c) De (c) De (c) De (c)  (h) De (c) D	Yes' to Form 990, Pescription	(b) Bo	
Complete if the organization answered (a) De (a) De (b) De (c) De	Yes' to Form 990, Pescription	(b) Bo	
al. (Column (b) must equal Form 990, Part X, column (B) line 13).  Art IX Other Assets.  Complete if the organization answered (a) De (	Yes' to Form 990, Pescription	(b) Bo	

Part XIII | Supplemental Information.

OCHEGIC D ( CHIT TO QUELTE CONTROLLENT BOCTHIT	±0000	,
Part 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	610,225.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	'	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	610,225.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)	1	
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	610,225.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F		<del></del>
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	677,472.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Pnor year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1		677,472.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
C Add lines 4a and 4b	4 c	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

The Society is a nonprofit entity and is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Therefore, contributions to the Society are tax deductible under Section 170 of the Internal Revenue Code. The Society files an IRS Form 990-T to report all unrelated business income annually. The Society's unrelated business income arises from the sale of advertising in the Society's magazine. No liability related to unrelated business income tax is recorded in these financial statements as Management believes no such material liability exists. The Society is not classified as a private foundation by the Internal Revenue Service.

The Society adopted the recommendations of the Financial Accounting Standards Board (FASB) in its Accounting Standards Codification (ASC) for Accounting of Uncertainty in Income Taxes without any material

Schedule **D** (Form 990) 2014

677,472

### PartXIII Supplemental Information (continued)

effect to the financial statements. These recommendations clarify the accounting for uncertainty in income taxes by prescribing the recognition threshold a tax position is required to meet before being recognized in the financial statements. They also provide guidance on de-recognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return, only when it is determined that the income tax position will more-likely-than-not be sustained upon examination by taxing authorities. The Society has analyzed tax positions taken for filing with the Internal Revenue Service and all state jurisdictions where it operates. Management believes that income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse affect on the Society's financial condition, results of operations or cash flows. Accordingly, the Society has not recorded any reserves, or related accruals for interest and penalties for uncertain income tax positions at September 30, 2015.

With few exceptions, the Society is no longer subject to U.S. Federal, state or local tax examinations by tax authorities for years beginning before October 1, 2011.

Pt X. Line 2

### 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.

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

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number Name of the organization 52-1563085 THE OCEANOGRAPHY SOCIETY THE ORGANIZATION HAS FOUR CLASSES OF MEMBERS: REGULAR, STUDENT, Pt VI, Line 6 CORPORATE, AND INSTITUTIONAL AND ASSOCIATE. 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 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 7b 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 11b 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 12c 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 ORGANIZATION WAS PREPARED IN DETERMINING THE COMPENSATION OF THE EXECUTIVE DIRECTOR. 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 DIRECTOR FALLS UNDER THE DOLLAR THRESHOLD FOR 990 REPORTING. Pt VI, Line 15a COPIES OF ALL FORMS 990 THAT HAVE BEEN FILED, THE ANNUAL AUDITED FINANCIAL STATEMENTS AND OTHER GOVERNING POLICIES ARE KEPT IN THE SOCIETY'S OFFICE AND ARE AVAILABLE FOR REVIEW UPON REQUEST. Pt VI, Line 19 THE AUDIT COMMITTEE (PRESIDENT, PAST PRESIDENT AND PRESIDENT-ELECT) ASSUMES RESPONSIBILITY FOR THE AUDIT AND SELECTION OF AUDITING FIRM. Pt XII, Line 2c