# ${\color{blue} COMMITTEE\ ON\ NATURAL\ RESOURCES} \\ {\color{blue} 113^{th}\ Congress\ Disclosure\ Form} \\ As\ required\ by\ and\ provided\ for\ in\ House\ Rule\ XI,\ clause\ 2(g)\ and}$ the Rules of the Committee on Natural Resources

The Reauthorization of the Magnuson-Stevens Fishery Conservation and Management Act - Wednesday, September 11, 2013

For In	dividuals:
1. Na	me:
2. Ad	dress:
3. En	nail Address:
4. Ph	one Number:
	* * * *
For W	itnesses Representing Organizations:
1.	Name: Christopher James Dorsett
2.	Name of Organization(s) You are Representing at the Hearing: Ocean Conservancy
3.	Business Address:
4.	Business Email Address:
5.	Business Phone Number:

#### For all Witnesses

Mr. Chris Dorsett, Ocean Conservancy
The Reauthorization of the Magnuson-Stevens Fishery Conservation and Management Act
- Wednesday, September 11, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

B.S., Marine Fisheries, Texas A&M University (1993); J.D., University of Texas (1997)

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Member of the Texas State Bar

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Biological Science Technician for the National Marine Fisheries Service (1994)

Director of the Fisheries Program for the Gulf Restoration Network (1998-2002)

Pacific Fish Conservation Manager for the Ocean Conservancy (2002-2005)

Gulf of Mexico Fish Conservation Director for the Ocean Conservancy (2005-2008)

Fish Conservation Director for the Ocean Conservancy (2008-2010)

Fish Conservation and Gulf Restoration Programs Director for the Ocean Conservancy (2010-2012)

Ecosystem Conservation Programs Director for the Ocean Conservancy (2012-present)

### **GOVERNMENT COMMITTEES**

Marine Fisheries Advisory Committee 20	002-2009
Gulf Council Ad Hoc Shrimp Effort Committee 20	006
Pacific Council EIS Oversight Committee 20	004-2005
Gulf Council Essential Fish Habitat EIS Oversight Committee, <i>Chair</i> 20	002-2003
Gulf Council Red Snapper Advisory Panel 20	000-2003
Gulf Council Bycatch Reduction Device Advisory Panel	99-2003

- d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of Commerce that you have received in the current year and previous four years, including the source and the amount of each grant or contract.
- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.
- f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Ocean Conservancy educates and empowers citizens to take action on behalf of the ocean. From the Arctic to the Gulf of Mexico to the halls of Congress, Ocean Conservancy brings people together to find solutions for our water planet. Informed by science, our work guides policy and engages people in protecting the ocean and its wildlife for future generations.

### **Witnesses Representing Organizations**

Mr. Chris Dorsett, Ocean Conservancy
The Reauthorization of the Magnuson-Stevens Fishery Conservation and Management Act
- Wednesday, September 11, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

#### None

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of Commerce that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

### **Open Government Grants (as of 9-9-13)**

NOAA - Talking Trash and Taking Action: A Multipronged Campaign to Educate and Engage
 Constitute as in Marine Debrie Solutions.

Constituencies in Marine Debris Solutions

Program Office: NOS Office of Response and Restoration

Award Period: 08/01/2013-07/31/2014 Total Federal Funding: \$100,000

• NOAA- Ocean Conservancy Marine Debris Prevention Education and Outreach Partnership

Program Office: NOS Office of Response and Restoration

Award Period: 09/01/2010 - 08/31/2013

Total Federal Funding: \$175,000 per year (three years for total of \$525,000)

• NOAA- International Coastal Cleanup

Program Office: NOS Office of Response and Restoration

Award Period: 06/01/2008 - 08/31/2013

Total Federal Funding: \$100,000, sixth and final award under multi-year grant term

#### Historical Record 2008-2013

 NOAA- Support Request for Ocean Conservancy's work to advance the International Marine Debris Conference

Program Office: NOS Office of Response and Restoration

Award Period: 08/01/2010 - 07/31/2011 Total Funding: \$15,000 (pass through grant)

• National Marine Sanctuary Foundation (NOAA sub-grantor) - ICC for reusable bags

Award Period: 11/12/2009- 11/12/2010

Total Funding: \$23,075

 National Fish and Wildlife Foundation- Addressing Marine Wildlife Entanglements Awarded in 2007

Total Federal Funding: \$18,067 (and additional \$18,068 in non-federal funds awarded)

• National Marine Sanctuary Foundation (NOAA sub-grantor) – ICC

Awarded in 2007

Total Funding: \$15,000

 NOAA- Removal of Entangling Debris from Tampa Bay Fishing Piers: Entanglement Prevention and Habitat Restoration

Program Office: Fisheries Habitat Conservation Program Office (HCPO)

Award Period: 06/01/2009 - 08/31/2010

Total Federal Funding: \$65,000

• NOAA- 2007 Coral Reef Youth Summit for the Future Leaders of the US Virgin Islands

Program Office: Fisheries Habitat Conservation Program Office (HCPO)

Award Period: 08/01/2007 - 07/31/2008

Total Federal Funding: \$65,500

• NOAA- Addressing Marine Wildlife Entanglement in Florida through Monofilament and Crab Trap Debris Removal and Prevention

Program Office: Fisheries Habitat Conservation Program Office (HCPO)

Award Period: 09/01/2007 - 02/28/2009

Total Federal Funding: \$65,000

• NOAA (National Marine Sanctuary Foundation Sub-grantor) - International Coastal Cleanup Awarded in 2007

Total Federal Funding: \$15,000

• NOAA- Assessment of the Marine Protected Areas of the U.S. Virgin Islands as Part of a Functionally Integrated Network

Program Office: Fisheries Habitat Conservation Program Office (HCPO)

Award Period: 09/01/2006 - 06/30/2009

Total Federal Funding: \$49,912

- j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).
  - Natural Resources Defense Council and Ocean Conservancy v. National Marine Fisheries Service et al., Case Number 1:12-cv-00938-KBJ, filed June 8, 2012 in the United States District Court for the District of Columbia. This action challenges the National Marine Fisheries Service's decision to remove protections for two species of groupers—speckled hind and warsaw grouper—that are currently undergoing overfishing. Statutes: Administrative Procedures Act (5 U.S.C. §§ 551-59, 701-06), Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. §§ 1801 et seq.), National Environmental Policy Act (42 U.S.C. § 4321 et seq.)
  - Citizen Petition before the U.S. Food and Drug Administration regarding Aquabounty Technologies'
    Application for Approval of Genetically Engineered Salmon, submitted May 25, 2011. The petition
    challenges the Food and Drug Administration's pending approval of AquaBounty Technologies'
    application for the first-ever approval of a genetically engineered animal intended for human
    consumption. Statutes: Administrative Procedures Act, Federal Food, Drug, and Cosmetic Act (21
    U.S.C. § 301 et seq), National Environmental Policy Act.
  - Gulf Restoration Network v. National Marine Fisheries Service, 730 F.Supp. 2d 157 (D.D.C. 2010). The lawsuit challenged the fishery management plan approved by the National Marine Fisheries Service for regulating offshore marine aquaculture in U.S. federal waters of the Gulf of Mexico. Statutes: Magnuson-Stevens Fishery Conservation and Management Act, National Environmental

Policy Act, Administrative Procedure Act, 5 U.S.C. § 706(2)(A). This case was dismissed August 12, 2010.

- Native Village of Point Hope v. Salazar, 378 Fed.Appx. 747, 2010 WL 1917085 (9th Cir. 2010).
   Ocean Conservancy and twelve other conservation and Alaska Native organizations filed a petition in the Ninth Circuit Court of Appeals challenging the Minerals Management Service's (MMS) approval of Shell Oil's plan to conduct exploration drilling in the Chukchi Sea off the coast of northwest Alaska in the summer of 2010. Statutes: National Environmental Policy Act, Outer Continental Shelf Lands Act, 43 U.S.C. §§ 1331-1356. Petition was filed January 19, 2010; denied May 13, 2010.
- Alaska Wilderness League v. U.S. Dep't of Interior, No. 3:12-CV-00010-RRB (D. Alaska 2013) (consolidated with Shell Gulf of Mexico v. Ctr. for Biological Diversity, No. 3:12-CV-00048-RRB (D. Alaska 2013). Challenge to Bureau of Safety and Environmental Enforcement's approval of Shell Oil Company's oil spill response plan for exploratory drilling in the Arctic Ocean. Statutes: Federal Water Pollution Control Act (Clean Water Act, 33 U.S.C. §§ 1251 1376), National Environmental Policy Act. Other organizations filed claims under the Endangered Species Act, but Ocean Conservancy did not.
- *Inupiat Community of the Arctic Slope v. Salazar*, 486 Fed. App. 625, 2012 WL 1929971 (9th Cir. 2012). Petition for review of Bureau of Ocean Energy Management's approval of Shell Oil Company's plan for exploratory drilling for oil and gas in the Chukchi Sea. Statute: Outer Continental Shelf Lands Act.
- Center for Biological Diversity v. U.S. Dep't of Interior, et al., 563 F.3d 466 (D.C. Cir. 2009)
   (amicus). Amicus brief in support of nonprofit conservation organizations' petition for review of
   Department of the Interior's approval of a five-year program for Outer Continental Shelf lands off the
   coast of Alaska. Statutes: Outer Continental Shelf Lands Act, National Environmental Policy Act,
   Endangered Species Act.
- As goes the Arctic, so goes the Planet: Petition for rulemaking under the Clean Air Act to regulate greenhouse gas emissions from mobile and stationary sources to protect the health and welfare of the Arctic and the world. 2008 Petition for rulemaking to the Environmental Protection Agency to regulate the anthropogenic greenhouse gas emissions that cause climate change. Statute: Clean Air Act.
- Defenders of Wildlife v. Guitierrez. The lawsuit challenged the National Marine Fisheries Service's failure to impose marine vessel speed limits necessary to protect the North Atlantic right whale from extinction due to ship strikes. Claims were filed under the Marine Mammal Protection Act, 16 U.S.C. § 1361, et seq., and the Endangered Species Act, 16 U.S.C. § 1531, et seq. Filed June 26, 2008. Stipulation of dismissal filed October 17, 2008.
- k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

### None

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A	For t	the 2009 calendar year, or tax year beginning	10/01, <b>2009</b> , and		oorang rodan omer	06/30, <b>20</b> 10				
		applicable: Please C Name of organization OCEAN CONSERVAN		. chang	D Employer ide	ntification number				
	Add	dress use IRS Doing Puginone As			23-7245					
	7	label or print or Number and street (or P.O. box if mail is not delivered)	d to street address)	Decorlosite	1					
-	-1	type.		Room/suite	i :					
-	-	Specific	UUR		(202) 429	3-5609				
-		instruc-								
-	retu	um Wilditiadion, DC 20030			G Gross receipts	12,592,564				
L	pen	F Name and address of principal officer: VERONIQ	UE SPRUILL		H(a) Is this a group	return for Yes X No				
		SAME AS LINE C			affiliates?  H(b) Are all affiliate	es included? Yes No				
1	Tax-e	exempt status: X 501(c) ( 3 ) <b>4</b> (insert no.) 4947(a)(	1) or 527		If "No," attach	a list. (see instructions)				
J		site: ▶ WWW.OCEANCONSERVANCY.ORG			H(c) Group exempt	,				
K	Form	of organization: X Corporation Trust Association	Other > L	Year of forma		State of legal domicile: DC				
P	Till.	Summary			1	tate of legal doffficile.				
	1	Briefly describe the organization's mission or most significant	activities:							
ą		OCEAN CONSERVANCY PROMOTES HEALTHY A	AND DIVERSE OCE	AN ECOS	STEMS AND					
anc		OPPOSES PRACTICES THAT THREATEN OCEA	N LIFE AND HUM	AN LIFE.		· · · · · · · · · · · · · · · · · · ·				
i e	Ì	and the same state of the same								
Governance	2	Check this box ▶ ☐ if the organization discontinued its or	perations or disposed of n	nore than 25%	of its not assets					
∞ ⊗	3	Number of voting members of the governing body (Part VI, line	12)	nore train 25 /	o or its net assets.	1				
es	4	Number of independent voting members of the governing bod				×				
Activities &	5	T-4-1								
Ċ	6	Total number of valuations (action to "				5 115				
۹.	1	Total gross upreleted hydrogen revenue for a Part VIII				<b>6</b> 750				
	h	Total gross unrelated business revenue from Part VIII, column (	C), line 12			'a 0.				
***************************************	5	Net unrelated business taxable income from Form 990-T, line 3	4	• • • • • • •		'b 0.				
	8	Contributions and exerts (Ded.) (III. E		Prior Year	Current Year					
Revenue	9	Contributions and grants (Part VIII, line 1h)			16,135,997					
ver Ver	l	Program service revenue (Part VIII, line 2g)		ł	40,000					
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,016,690						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a	nd 11e)		199,654					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, co	lumn (A), line 12)		15,358,961	11,532,603.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			945,650	175,058.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	Benefits paid to or for members (Part IX, column (A), line 4)							
es	15	Salaries, other compensation, employee benefits (Part IX, colur	nn (A), lines 5-10)	• • • • • • • • • • • • • • • • • • • •	7,481,821	4,954,610.				
Expenses	16a	Professional fundaciona foca (Ded IV esterna (A) V		1	154,123					
Ď,	b	Total fundraising expenses, Part IX, column (D), line 25)	2,247,384.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1	7,383,597	5,584,614.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A	.). line 25)	• • • • •	15,965,191					
	19	Revenue less expenses. Subtract line 18 from line 12	,,,	• • • •	-606,230					
Ses				· · · · ·	leginning of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			20,454,045					
Ass 1 Ba	21	Total liabilities (Part X, line 26)	• • • • • • • • • • • • • • • • • • • •	• • • •	5,156,419					
Line t	22	Net assets or fund balances. Subtract line 21 from line 20	• • • • • • • • • • • • •	• • • •	15,297,626					
Pa		Signature Block	· · · · · · · · · · · · · · · · · · ·	<u> l</u>	13,291,626	15,828,705.				
		Under penalties of perjury, I declare that I have examined this returned and belief, it is true correct and complete Declaration	n including against the							
		and belief, it is true, correct, and complete. Declaration of prepare	(other than officer) is bas	ed on all infor	statements, and to mation of which p	the best of my knowledge preparer has any knowledge.				
S	gn	1 Some			14-1	3-11				
	ere	Signature of officer			Date					
		A SURENAY T AMO	N, CFO		Date					
		Type or print name and title	7010							
			Data	Charlet						
Paid		Preparer's signature	Date	Check if self-		er's identifying number structions)				
Prep	arer's		4-8-201	employed	<b>▶</b>     `	*				
Use (	Only	if self-employed),			EIN >					
		address, and ZIP + 4 8405 GREENSBORO DRIVE, 7TH FLOOR MC	LEAN, VA 22102		Phone no. 🕨	703-893-0600				
May	the If	RS discuss this return with the preparer shown above? (see instr	ictions)			X X II.				

)

(Rev. April 2009) Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

<ul><li>If you are</li><li>Do not comp</li></ul>	filing for an Automatic 3-Month Extension, complete only Part I and check this be filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II tolete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies nea	(on page 2 previously t	of this form)	<b>▶</b>
		•		
rait i only	on required to file Form 990-T and requesting an automatic 6-month extension—chec			▶ []
All other col time to file i	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form ncome tax returns.	7004 to re	quest an exten	nsion of
electronically returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month at eturns noted below (6 months for a corporation required to file Form 990-T). Howey if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed at ore details on the electronic filing of this form, visit www.irs.govlefile and click on e-file	ever, you cases 990-BL,	annot file Forn 6069, or 8870,	n 8868 , group
Type or	Name of Exempt Organization	Employer	identification n	umber
<b>print</b> File by the	Ocean Conservancy, Inc.	23	7245152	!
due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.  1300 19th Street, NW 8th Floor			
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	Washington, DC 20036			
Check type Form 990 Form 990 Form 990 Form 990	D-BL		Form 4720 Form 5227 Form 6069 Form 8870	
• The books	are in the care of ▶ Ocean Conservancy			
Telephone	No. ▶ ( 202 ) 429-5606 FAX No. ▶ ( 202 ) 872	2-0619		
<ul><li>If the orga</li><li>If this is fo</li><li>for the whole</li></ul>	nization does not have an office or place of business in the United States, check this r a Group Return, enter the organization's four digit Group Exemption Number (GEN). group, check this box	box .	If this is	> □ s n
until	est an automatic 3-month (6 months for a corporation required to file Formany 16 , 20_11, to file the exempt organization return for the organization	m 990-T) named abo	extension of ove. The extens	f time
for the	organization's return for:			
▶ Ø	calendar year 20or tax year beginning <u>October 1</u> , 20_ <u>09</u> , and ending <u>J</u>	une 30	, 201	10
2 If this ta	ax year is for less than 12 months, check reason:   Initial return   Final return	ZI Change	in accounting	period
3a If this a less any	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative $tax$ nonrefundable credits. See instructions.	(, За	\$	None
<b>b</b> If this a paymen	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated ta its made. Include any prior year overpayment allowed as a credit.	x 3b		None
c Balance deposit System)			None	
Caution. If yo	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions.	53-EO and		

Form 8868 (Re	v. 1-2011)				Page 2					
• If you are	filing for an Additional (Not Automatic) 3-Mo	onth Exter	sion, complete only Part II and ch	neck this box	> []					
Note. Only	complete Part II if you have already been grar	ited an aut	omatic 3-month extension on a pre	viously filed Form	8868.					
<ul><li>If you are</li></ul>	filing for an Automatic 3-Month Extension, o	complete (	only Part I (on page 1).	,						
T.E. AM	Additional (Not Automatic) 3-Month E.	xtension	of Time. Only file the original (ne	o copies needed	1)					
Type or										
print										
File by the	Number, street, and room or suite no. If a P.O. bo	x. see instr	uctions.	23-7245						
extended due date for	1300 19th Street, NW, 8th Floor									
filing your	City, town or post office, state, and ZIP code. For	a foreign a	ddress see instructions							
return. See instructions.	Washington, DC 20036	a rororgir a	adiood, ood motidottoria.							
Enter the Re	eturn code for the return that this application is	s for (file a	separate application for each return	n)	. 0 1					
Application	n	Return	Application		Return					
ls For		Code	Is For		Code					
Form 990		01								
Form 990-E	BL.	02	Form 1041-A		08					
Form 990-E	Z	03	Form 4720		09					
Form 990-F	»F	04	Form 5227		10					
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11					
	(trust other than above)	06	Form 8870	**************************************	12					
	ot complete Part II if you were not already gra			eviously filed For	n 8868.					
***************************************	are in the care of > Ocean Conservancy	-								
Telephone	**************************************	FAX	No. ► 202-872-0619	***						
<ul> <li>If the organ</li> </ul>	nization does not have an office or place of bu			***	> 🗆					
	r a Group Return, enter the organization's fou		un Evamptian Number (CCN)	1.6	this is					
for the whole	e group, check this box	t is for par	t of the group, check this box	Ⅱ. bne□≪l	attach a					
list with the	names and EINs of all members the extension	is for.	state group, enough the box.	· · · LJana	attion a					
	uest an additional 3-month extension of time (		May 16th , 2	20 11						
5 For c	alendar year , or other tax year beginning	a Oc	tober 1 , 20 09 , and ending	June 30	, 20 10 .					
	tax year entered in line 5 is for less than 12 m	onths, che	eck reason:   Thitial return   [	Final return	, 20 10 .					
	nange in accounting period			_,a. , o.ta. , ,						
	in detail why you need the extension We re	cently gath	nered all the information to prepare th	e 990. We expect i	t will take 3					
week	s for our tax preparers to complete the return. A	Additionally	since the new 990 includes a line as	king if the Board re	ceived					
	90 before filing, our Board would like an addition									
8a If this	application is for Form 990-BL, 990-PF, 990	-T, 4720, c	or 6069, enter the tentative tax, less	s any						
nonre	efundable credits. See instructions.		,	8a \$						
b If this	s application is for Form 990-PF, 990-T, 4	720. or 6	069, enter any refundable credits							
	ated tax payments made. Include any prior									
amoi.	int paid previously with Form 8868.			8b \$						
c Balan	nce due. Subtract line 8b from line 8a. Include yo	ur payment	with this form, if required, by using El	FTPS						
	ronic Federal Tax Payment System). See instruct			8c \$						
	Signa	ature and	Verification	MY_ LI						
Under penalties	of perjury, I declare that I have examined this form, inclu	ding accomp	anying schedules and statements, and to the	e best of my knowledg	e and belief, it is					
true, correct, an	d complete, and that I am authorized to prepare this form.				•					
	7/ +// ///			, /.	, 1 ; ,					
Signature 🛌 🖊	romell Ucalles	Title ⊁	Director of Finance	Date ► 1/1	// //					
autus mutra e estrumi trinuri transia nemai seculia seculia seculia seculia seculia seculia seculia seculia se			**************************************	Form 88	68 (Rev. 1-2011)					
					, co. ij					

13	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	ATTACHMENT 3
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4 a	(Code:) (Expenses \$ 2,875,242. including grants of \$ ) (Revenue \$ )
	SUSTAINABLE FISHERIES - OCEAN CONSERVANCY WORKS WITH OUR NATION'S
	EIGHT REGIONAL FISHERY MANAGEMENT COUNCILS AND HOLDS THEM
	ACCOUNTABLE FOR IMPROVING U.S. FISHING POLICIES TO ENSURE
	SUSTAINABLE FISHERIES. WE ARE SHAPING A SHARED VISION FOR
	RETAILERS, RESTAURANT CHAINS, OTHER SEAFOOD BUSINESSES, AND
	INDIVIDUAL SEAFOOD BUYERS IN SUPPORT OF GOOD FISHING PRACTICES AND
	MANAGEMENT POLICIES. OCEAN CONSERVANCY ALSO MOBILIZED TEAMS
	THROUGHOUT THE GULF OF MEXICO TO BE PART OF THE RESPONSE,
	RESTORATION AND RECOVERY EFFORT OF THE BP OIL DISASTER AND IS
	WORKING TO ADVOCATE FOR REFORMS TO ENSURE THAT THIS TRAGEDY IS
	NEVER REPEATED.
4 b	(Code:) (Expenses \$1,200,758. including grants of \$521. ) (Revenue \$)
	CITIZEN OUTREACH - OCEAN CONSERVANCY LEADS THE WORLD'S LARGEST
	MARINE DEBRIS CLEANUP EFFORT. ANNUALLY MORE THAN HALF-A-MILLION
	PEOPLE IN 100 COUNTRIES REMOVE MILLIONS OF POUNDS OF TRASH FROM
	BEACHES AND WATERWAYS ALL OVER THE WORLD AND COLLECT DATA ON WHAT
	THEY FIND. THE DATA FROM THE INTERNATIONAL COASTAL CLEANUP HELPS
	PROVIDE A ROADMAP FOR ELIMINATING MARINE DEBRIS BY DEMONSTRATING
	THE SCOPE AND SCALE OF THE PROBLEM AND DOCUMENTING TRENDS. ARMED
	WITH THAT INFORMATION, WE CAN WORK TOGETHER TO REDUCE MARINE
	DEBRIS AT THE SOURCE, CHANGE BEHAVIORS THAT CAUSE IT, AND SUPPORT
	BETTER POLICIES TO PREVENT IT FROM CAUSING FURTHER HARM TO OUR
	VITAL OCEAN ECOSYSTEMS.
	(Code ) / E
4 C	(Code: ) (Expenses \$ 1,622,950, including grants of \$ 174,537. ) (Revenue \$ 0CEAN GOVERNANCE - OCEAN CONSERVANCY IS ACTIVELY LEADING A
	CAMPAIGN TO REFORM OCEAN GOVERNANCE, THE VERY FRAMEWORK THAT
	P. Z. A. D. A.
	ARE ADVOCATING FOR NEW NATIONAL AND STATE POLICIES TO IMPROVE
	COORDINATION AND INTEGRATION OF STATE AND FEDERAL AGENCIES IN
	MANAGING OUR COASTAL AND OCEAN ECOSYSTEMS. WE ARE STREAMLINING
	THE WAY WE MANAGE OUR OCEAN ECOSYSTEMS AND RESOURCES AS A WHOLE
	AND EMBRACING A PROACTIVE PLAN FOR WHAT OUR OCEAN WILL LOOK LIKE
	IN THE FUTURE. WE ARE ESSENTIALLY TAKING THE PRINCIPLES OF SMART
	GROWTH THAT HAVE SERVED US SO WELL IN OUR CITIES INTO THE SEA.
	THE SEA.
41	Other program services. (Describe in Schedule O.)
	(Function C. )
4e	Total program service expenses ► 7,449,137.
	. ~

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		+	,,,,
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<u> </u>		
	Schedule C, Part II	4	X	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	-	<del>                                     </del>	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	-		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		2.5
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	0		
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	3		
	quasi-endowments? If" Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
424	complete Schedule D, Parts XI, XII, and XIII.	12	Х	
IZA	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No			
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ü	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, husiness, and program service activities outside the United States 2 ft (No. 1) and 1 ft (1) ft			
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		X
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.		1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		X
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III			**
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		X
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	X	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	4.5		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
	If "Yes," complete Schedule G, Part III	10		Χ
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		<u>X</u>
		20		- 21

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Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations Χ in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II........ 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the Χ 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 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 Χ 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Χ 25a 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 Χ 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . . . Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Χ 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Χ 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Χ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 

Form 990 (2009)	23-7245152	1	Page
Part V Statements Regarding Other IRS Filings and Tax Comp	oliance		
		Yes	No
4. Establish superbas assessed in Day 2 of Establish 4000 A			

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
h	The state of the spanning of the state of th	4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
C	gaming (gambling) winnings to prize winners?	1-	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	Λ	
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a 115			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	20	21	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3 a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
٥	Prohibited Tax Shelter Transaction?	5 c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Х
h	organization solicit any contributions that were not tax deductible?	6a		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7 a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Χ
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
11	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	75		
8	required?	7h		
Ů	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		100000
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
4.0	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	_3293332		
b	Enter the number of voting members that are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			X
3	any other officer, director, trustee, or key employee?	2	<del> </del>	121
3	Did the organization delegate control over management duties customarily performed by or under the direct			X
4	supervision of officers, directors or trustees, or key employees to a management company or other person?		<u> </u>	X
5	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		ļ	X
6	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
7a	Does the organization have members or stockholders?	6		
1 a	Does the organization have members, stockholders, or other persons who may elect one or more members	-		X
b	of the governing body?	7a	<b>_</b>	X
8		7b		
O	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	0 -	Х	Process.
a b	Each committee with authority to act on behalf of the governing body?	8a	X	ļ
9		8b		
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	9a		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal		L	<u> </u>
Reve	enue Code.)			
		***************************************	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	105		l
	form?	11	Х	
11A				
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Χ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Χ	
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	15a	Χ	e to est o se e
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Χ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	2.34.5		7755
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KEN DONALDSON 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 2003	ne		
	organization: ► KEN DONALDSON 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 200 202-429-5609	36		

## 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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee	io Institutional trustee	Officer	al Key employee	Highest compensated employee	Ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
VERONIQUE SPRUILL										
PRESIDENT & CEO	40.00	X		Χ				240,181.	0.	20,930
CECILY MAJERUS										
CHAIR	2.00	Х						0.	0.	C
CURTIS BOHLEN							~~~			
VICE CHAIR	2.00	X						0.	0	0
BARBARA PAUL ROBINSON										
TREASURER	2.00	Χ						0.	0.	0
PATRICK B. PURCELL										
SECRETARY	2.00	Χ						0.	0	0
PHILIPPE COUSTEAU										
BOARD MEMBER	2.00	Х						0.	0.	0
NICOLE LUSKEY										
BOARD MEMBER	2.00	Χ				[		0.	0	0
STEVEN MOORE										
BOARD MEMBER	2.00	Х						0.	0	0
MICHAEL ORBACH									· · · · · · · · · · · · · · · · · · ·	0
BOARD MEMBER	2.00	Х						0.	0	0
STEPHEN PALUMBI				_						V
BOARD MEMBER	2.00	Х						0.	0	0
DAVID ZACHES			_	_						V
BOARD MEMBER	2.00	Х	- [			l		0.	0	0
DAVID ALDRICH				_			-	· · · · · · · · · · · · · · · · · · ·	V	<u> </u>
BOARD MEMBER	2.00	Х						0.	0	0
THOMAS ALLEN			-	$\dashv$	$\dashv$			0.	V	U
BOARD MEMBER	2.00	X						0.	0	0
DANE NICHOLS			_	$\dashv$				V •	<u> </u>	0
BOARD MEMBER	2.00	Х						0.		^
DENNIS KELSO				-	-		$\dashv$	· · · · · · · · · · · · · · · · · · ·	0	0
EVP/COO	40.00			$_{\rm X}$				200,504.		17 400
LAWRENCE AMON			+	+				200,304.	0	17,407
CFO	24.00			х				99,524.		£ 051
SA				,,	L			33,324.	0	5,971

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	oye	es,	and	Hig	hest Compensat	ed Employees	(continued)
(A) (B) (C) (D)			, , ,	(E)	(F)					
Name and title	Average hours per week	ndividual trustee or director	Institutional trustee	(chec	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS	other compensation
AMELIA MONTJOY	40.00			<u> </u>						
VP RESOURCE DEVELOPMENT LAURA CAPPS	40.00					X	-	162,187.		0. 10,194
VP COMMUNICATIONS	40.00					Х		158,227.		0. 13,934
JANIS JONES VP LEGAL AFFAIRS	40.00					Х		163,914.		0. 16,512
CHRIS DORSETT										10,312
DIRECTOR VICTORIA CORNISH	40.00					X		123,361.		0. 13,638
DIRECTOR MARINE WILDLIFE	40.00					Х		118,165.		0. 13,673
SONJA FORDHAM SHARK CONSERVATION PROG DIR	40.00						Х	146 044		
	40.00						Λ	146,044.		0. 6,710
1h Total								1 410 107		
Total number of individuals (including but not I reportable compensation from the organization.)	imited to th	ose li 15	sted	 d ab	 oove	 e) who	red	1,412,107 ceived more than S		0, 118,969.
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu	le J for suc	h indi	vidu	ıal .						Yes No
<b>4</b> For any individual listed on line 1a, is the the organization and related organizations individual	greater tha	an \$1	50	,000,	)? 	lf "Υ∈ 	∍s,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes," of Section B. Independent Contractors	or accru	ie co	mp	ens	atio	n fro	m	any unrelated or	nanization for	5 X
1 Complete this table for your five highest of	ompensate	ed inc	depe	end	ent	cont	ract	ors that received	more than \$	100,000 of
compensation from the organization.							т		*	
Name and business address ATTACHMENT 4	<del>9</del> 88	•						(B) Description of serv	/ices	(C) Compensation
2 Total number of independent contractors (in more than \$100,000 in compensation from the	cluding but organizati	t not on ▶	lim	ited	to 2		e lis	ited above) who	received	

Lik	art V	Statement of Revenue			23-7245152		
	T			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512, 513, or 51
ints	3 1 a	a Federated campaigns 1a	22,073.				
Contributions, gifts, grants and other similar amounts	5 t	Membership dues 1b	3,220,304.				
ifts,	<u> </u>	Fundraising events 1c				4.00	2
s, g	<u> </u>	d Related organizations 1d		-		100	
tion		Government grants (contributions) 1e	195,683.	-			
ibu	;   '	f All other contributions, gifts, grants,	7,781,387.				
ontr	g	and similar amounts not included above					
	i h			11,219,447.			
nue			Business Code				
eve	2 a	ENVIRONMENTAL CONSULTING	900099	63,288.	63,288		
e K	b	CONTRACT OF OFFICE SUPPORT	900099	15,384.	15,384		
چَ	C	STIPEND FOR EMPLOYEE SERVICES	900099	600.	600		
Se	d						
Iran	e						
Program Service Revenue	f g	All other program service revenue  Total. Add lines 2a-2f		79,272.			
	3	Investment income (including dividends, interother similar amounts)	est, and				288,232
	4	Income from investment of tax-exempt bond p	roceeds 🕨	0.			
	5	Royalties · · · · · · · · · · · · · · · · · · ·		229.			229
	_		(ii) Personal				
	6a						
	b						
	d	,	<b></b>	0.			
	7-	(i) Securities	(ii) Other	0.			
	7a	Gross amount from sales of assets other than inventory 950, 539.					
	b	Less: cost or other basis					
		and sales expenses 1,059,961.					
	C	Gain or (loss)					
	d	Net gain or (loss)	· · · · · · · <b>&gt;</b>	-109,422.			-109,422
ηne	8 a	randianing					
Ve.	İ	events (not including \$					
Re		of contributions reported on line 1c).					
Other Revenu	ь	See Part IV, line 18 a  Less: direct expenses b					
5	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities.		· ·			
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances a	571.				
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory  Miscellaneous Revenue	Business Code	571.			571.
	11-	LIST RENTAL	900004				
	11a b	MISCELLANEOUS INCOME	900004	54,175.			54,175.
	c		200099	99.			99.
	d	All other revenue					
	e	Total. Add lines 11a-11d		54,274.			
	12	Total Revenue. See instructions		11,532,603.	79,272.		233.884

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column ( $\Delta$ ) but are not required to the column ( $\Delta$ ) but are not required to the column ( $\Delta$ ) but are not required to the column ( $\Delta$ ) but are not required to the column ( $\Delta$ ) but are not required to the column ( $\Delta$ ) but are not required to the column ( $\Delta$ ) but are not required to the column ( $\Delta$ ) but are not required to the column ( $\Delta$ ) but are not required to the column ( $\Delta$ ) but are not required to the column ( $\Delta$ ) but are not required to the column ( $\Delta$ ) but are not required to the column ( $\Delta$ ) but are not required to the column ( $\Delta$ ) but are not required to the column ( $\Delta$ ) but are not required to the column ( $\Delta$ ).

D	All other organizations must compount include amounts reported on lines 6b,	(A)	(B)	(C)	(D) (D)
71	b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	and the decision to governments and				CAperises
2	organizations in the U.S. See Part IV, line 21	175,058	175,058.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments,	0			
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	578,461.	384,500.	154,932.	39,029
6	Compensation not included above, to disqualified				33,02.
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	3,169,508.	2,299,069.	308,425.	562,014
8	Pension plan contributions (include section 401(k)				33703
	and section 403(b) employer contributions)	157,998.	113,796.	19,039.	25,163
9	Other employee benefits	775,731.	558,710.	93,479.	123,542
10	Payroll taxes	272,912.	196,561.	32,887.	43,464
11	Fees for services (non-employees):				
a	Management	0.			
	Legal	35,683.	35,683.	0.	(
	Accounting	94,043.	1,800.	92,243.	(
	Lobbying	0.			
f	Professional fundraising services. See Part IV, line 17 Investment management fees	234,002.			234,002
		61,696. 1,155,229.	11,331.	50,365.	O
	Other	196,888.	950,635.	71,804.	132,790
	Office expenses	2,056,700.	143,367. 1,176,034.	0.	53,521
4	Information technology	71,093.	65,316.	134,187.	746,479
	Royalties	896,744.	649,012.	2,478.	3,299
6	Occupancy	481,520.	461,191.	139,272. 9,975.	108,460
	Travel	0.	401,171.	9,915.	10,354
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
9	Conferences, conventions, and meetings	0.			
	Interest	122,144.	331.	121,739.	7.4
	Payments to affiliates	0.		121,700.	74
	Depreciation, depletion, and amortization	130,283.	86,417.	24,784.	19,082
3	Insurance	50,859.	36,574.	7,997.	6,288
	Other expenses. Itemize expenses not				0,200
•	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	the second of the many in the contract of			
	CUNDRAISING EXPENSES	69,344.	0.	0.	69,344.
	CHANGE IN PLEDGES ALLOWANCE	-15,829.	0.	-15,829.	0.
	DUES AND SUBSCRIPTIONS OTHER MATERIALS/INCENTIVES	34,442.	29,798.	1,459.	3,185.
	IST RENTALS	17,353.	9,171.	1,582.	6,600.
		77,670.	28,158.	0.	49,512.
17 17	All other expenses	48,752.	36,625.	945.	11,182.
	Total functional expenses. Add lines 1 through 24f	10,948,284.	7,449,137.	1,251,763.	2,247,384.
S o fr	Joint Costs. Check here ▶ X If following 60P 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and undraising solicitation				

### Part X Balance Sheet

-			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,753	. 1	600.
	2	Savings and temporary cash investments	264 930		682,754.
	3	Pleages and grants receivable, net	7.052.954		5,954,744.
	4	Accounts receivable, net	87.449		46,994.
	5	receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
v)		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	145,193		205,305.
	10a	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or 10a 1,773,583		-	2037303.
		other basis. Complete Part VI of Schedule D	1		
	b	Less: accumulated depreciation	306,219	10c	343,021.
	11	Investments - publicly traded securities	11,117,948.		10,772,674.
	12	Investments - other securities. See Part IV, line 11	635,341.	12	1,104,003.
	13	Investments - program-related. See Part IV, line 11		13	1,104,005.
	14	Intangible assets	34,454.	14	21,930.
	15	Other assets. See Part IV, line 11	801,804.	15	802,221.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	20,454,045.	16	19,934,246.
	17	Accounts payable and accrued expenses	1,043,328.		976,410.
	18	Grants payable		18	3,0,410.
	19	Deferred revenue	1	19	
	20	rax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
jab		employees, highest compensated employees, and disqualified			
		persons. Complete Part II of Schedule L	and the property of the Control State State	22	
	23	Secured mortgages and notes payable to unrelated third parties	3,196,041.	23	2,377,734.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	917,050.	25	751,397.
	26	Total liabilities. Add lines 17 through 25	5,156,419.	26	4,105,541.
ses		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Balances	27	Unrestricted net assets	3,289,951.	7.7	5 100 E40
Bal	28	Temporarily restricted net assets	10,415,505.	27	5,109,546. 9,126,989.
힏	29	Permanently restricted net assets	1,592,170.	28	1,592,170.
or Fund		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.	1,352,170.	29	1,392,170.
S					
01	31	Capital stock or trust principal, or current funds		30	
As	32	Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, and wmont, accumulated income.		31	
et	33	Retained earnings, endowment, accumulated income, or other funds		32	
- 1	34	Total liabilities and not assets/fund belances	15,297,626.	33	15,828,705.
		Total liabilities and net assets/fund balances	20,454,045.	34	19,934,246.

Form **990** (2009)

Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3 a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2009)

### **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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

OCEA	ONSERV.	ANCY							23-72	245152
Part I	Reason	for Public Cha	rity Status (All organ	izations n	nust comp	lete this	part.) Se	e instruc	ctions.	
The or			ndation because it is: (F							
1	A church,	convention of ch	urches, or association	of churche	s described	in sectio	n 170(b)	(1)(A)(i).		
2	A school d	escribed in <mark>secti</mark>	ion 170(b)(1)(A)(ii). (At	tach Sched	lule E.)			, , .		
3	A hospital	or a cooperative	hospital service organ	ization des	cribed in <b>se</b>	ction 170	)(b)(1)(A)	(iii).		
4		research organ	ization operated in co	njunction	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
	hospital's r	name, city, and s	tate:							
5			for the benefit of a co	llege or ur	iversity ow	ned or c	perated l	by a gove	ernmental	unit described in
			Complete Part II.)							
6			overnment or governme							
7 X	An organiz	ation that norma	ally receives a substan	tial part of	its suppor	t from a	governme	ental unit	or from t	the general public
·			<b>)(1)(A)(vi).</b> (Complete F							
8			ed in <b>section 170(b)(1)</b>							
9	∫ An organiz	ation that norma	ally receives: (1) more	than 331/3	% of its su	pport fro	m contrib	outions, m	nembersh	ip fees, and gross
	receipts fro	om activities rel	ated to its exempt fun	ctions - su	ibject to ce	ertain exc	eptions,	and (2) r	no more t	han 331/3% of its
	support fro	om gross invest	tment income and un	related bu	siness tax	able inco	me (less	section	511 tax)	from businesses
			n after June 30, 1975.							
0			and operated exclusive							
1	] An organiz	zation organized	and operated exclusi	ively for th	ne benefit	of, to pe	erform th	e functio	ns of, or	to carry out the
	purposes o	of one or more p	publicly supported orga	anizations	described i	n section	1 509(a)(	1) or sect	tion 509(a	a)(2). See section
			nat describes the type o						C	
		pel b	Type II o		e III - Fund					pe III - Other
e [			ertify that the organiz							
		or section 509(a)	tion managers and oth	er man on	e or more	publicly :	supported	a organiza	ations de	scribed in section
f			d a written determina	tion from	the IDS the	atitic o	Type I T	Tuno II o	r Tuna III	our porting
•		n, check this box		tion nom	me ino ma	at 11 15 a	Type I, I	ype II, O	i type m	supporting
g	-		s the organization acce	 nted anv c	ift or contri	hution fro	 om anv of	the		
J	following p		o mo organization acco	prod drij g	in or ooner	button in	on any or	uic		
			or indirectly controls	. either ale	one or toa	ether wit	h person	s describ	ned in (ii)	Yes No
			erning body of the sup						, o a , , , ()	11g(i)
			person described in (i) a	-						11g(ii)
			y of a person described		above?			• • • • •		11g(iii)
h			nation about the suppor		•		• • • • •			
	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi) l	s the	(vii) Amount of
or	ganization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		ion in col. zed in the	support
			(see instructions))	governing	document:		or your port?	U.S		
				Yes	No	Yes	No	Yes	No	
		•		****						
otal										

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Part II

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,892,229.	16,041,532.	18,467,534.	16,135,997.	11,219,447.	75,756,739.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						-
4	Total. Add lines 1 through 3	13,892,229.	16,041,532.	18,467,534.	16,135,997.	11,219,447.	75,756,739.
5	The portion of total contributions by each person (other than a governmental unit or				Committee of the commit		
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount shown on line 11, column (f).						10 014 240
6	Public support. Subtract line 5 from line 4.	10.0					18,814,340. 56,942,399.
	tion B. Total Support						36,942,399.
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	13,892,229.	16,041,532.	18,467,534.	16,135,997.	11,219,447.	75,756,739.
8	Gross income from interest, dividends.		20,032,032.	20,101,031.	10,133,337.	11/215/147.	75,730,739.
-	payments received on securities loans, rents, royalties and income from similar sources	724,534.	666,615.	650,639.	407,949.	289,032.	2,738,769.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1	92,399.	98,085.	32,875.	195,358.	54,274.	472,991.
11	Total support. Add lines 7 through 10						78,968,499.
12	Gross receipts from related activities, etc. (s	see instructions).				12	386,751.
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizati	ion's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	·	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>				
14	Public support percentage for 2009 (li	ne 6, column (f)	divided by line	11, column (f))		14	72.11%
15	Public support percentage from 2008	Schedule A, Pa	rt <sub>,</sub> II, line 14			15	73.70%
16a	331/3% support test - 2009. If the o						
	this box and stop here. The organization						
	331/3% support test - 2008. If the concentration check this box and stop here. The organization	anization qualifie	es as a publicly s	supported orgai	nization		
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me						
	Part IV how the organization meets t						ipported
	organization						> 🔲
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization						publicly
	supported organization						▶ 🔲
18	Private foundation. If the organization						(
	instructions			, , ,			▶ 🔲

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	······································					
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and					***	
	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			***			
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		*				
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of I						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		***************************************				
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first second	third fourth or	fifth tax vear a	s a section 50	1(c)(3)
	organization, check this box and stop here.						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8,			nn (f))		15	%
16	Public support percentage from 2008 Sche					16	%
Sec	tion D. Computation of Investmer					L	
17	Investment income percentage for 2009 (lin	***************************************		3. column (f))		17	%
18	Investment income percentage from 2008					18	%
	33 1/3% support tests - 2009. If the or					<u> </u>	
	17 is not more than 33 1/3%, check the						
b	33 1/3% support tests - 2008. If the organization						
.,	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			
					,		

Page 4 Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE A, PART II - OTHER INCOM	4E				ATTACHMENT 1	
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
LIST RENTAL	57,601.	45,871.	28,939.	80,613.	54,175.	267,199.
ROYALTIES	34,798.	52,214.	0.	78,510.	0.	165,522.
MISCELLANEOUS INCOME	0.	0.	3,936.	36,235.	99.	40,270.
TOTALS =	92,399.	98,085.	32,875.	195,358.	54,274.	472,991.

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer identification number

OCEAN CONSERVANCY		23-7245152
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	ndation
	527 political organization	•
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundar	tion
	501(c)(3) taxable private foundation	
	ered by the <b>General Rule</b> or a <b>Special Rule.</b> 3), or (10) organization can check boxes for both the General Rule and a S	Special Rule, See
General Rule	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 o	or more (in manay or
_	contributor. Complete Parts I and II.	or more (in money or
Special Rules		
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 331/3 % support tes 170(b)(1)(A)(vi), and received from any one contributor, during the year of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line	r, a contribution of the greater
the year, aggregate con	, (8), or (10) organization filing Form 990 or 990-EZ that received from ntributions of more than \$1,000 for use exclusively for religious, charitab or the prevention of cruelty to children or animals. Complete Parts I, II, ar	le, scientific, literary, or
the year, contributions aggregate to more than year for an exclusively re	, (8), or (10) organization filing Form 990 or 990-EZ that received from for use <i>exclusively</i> for religious, charitable, etc., purposes, but these corn \$1,000. If this box is checked, enter here the total contributions that weligious, charitable, etc., purpose. Do not complete any of the parts unlestion because it received nonexclusively religious, charitable, etc., contribution because it received nonexclusively religious, charitable, etc., contributions.	ntributions did not ere received during the ss the <b>General Rule</b>
990-EZ, or 990-PF), but it must a	not covered by the General Rule and/or the Special Rules does not file S nswer "No" on Part IV, line 2 of its Form 990, or check the box on line H o certify that it does not meet the filing requirements of Schedule B (For	of its Form 990-EZ,

of	. (	of	Pa	rt	

Name of organization

OCEAN CONSERVANCY

Employer identification number 23-7245152

Page

Part I	Contributors	(see	instructions)	ŧ
--------	--------------	------	---------------	---

(a)	/b)	(-)	
No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$\$\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$\$.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		\$290,000. 	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

#### **SCHEDULE C**

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

2009

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions

- If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then
  - Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
  - Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

•	Section 501(c)(4), (5), or (6)	s," to Form 990, Part IV, line 5 (Proxy T organizations: Complete Part III.	ax), then		
Na	me of organization			Employer ident	ification number
OCE	EAN CONSERVANCY				245152
Pai	t I-A Complete if the	organization is exempt under	r section 501(c) o	r is a section 527 orga	nization.
1	Provide a description of t	he organization's direct and indirec	t political campaign	activities in Part IV.	
2		• • • • • • • • • • • • • • • • • • • •			
3	Volunteer hours			• • • • • • • • • • • • • • • • • • • •	
Par	t I-B Complete if the	organization is exempt under	section 501(c)(3).	•	
1	Enter the amount of any	excise tax incurred by the organizat	ion under section 49	955 ▶ \$	
2	Enter the amount of any e	excise tax incurred by organization	managers under se	ction 4955 ▶ \$	
3	If the organization incurre	d a section 4955 tax, did it file Forr	n 4720 for this year	?	Yes No
4a b	Was a correction made? If "Yes," describe in Part IV	. <b></b>			
Par	t I-C Complete if the	organization is exempt unde	r section 501(c), e	except section 501(c)(3	5).
1 2 3 4 5	activities	expended by the filing organization.  In this penditures. Add lines 1 and 2. Enter this year?  The sand employer identification number an interest and direct the amount elived that were promptly and direct call action committee (PAC). If addition to the same the interest action committee (PAC).	d to other organization of the control of the control of all sections and from the filing the control of the co	ions for section  sporm 1120-POL,  sporm 527 political organizate organization's funds. All eparate political organization organization's funds.	ions to which payments so enter the amount of tion, such as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

200	redule C (FORM 990 of 990-EZ) 2009		245152	Page						
	art II-A Complete if the organization under section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion rage						
A B	The fining organization belongs to an anniated group.									
	Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred.)  (a) Filing (b) Affiliated organization's totals									
1 a b c	Total lobbying expenditures to influence Total lobbying expenditures to influence Total lobbying expenditures (add lines 1	6,171. 90,501.	group totalo							
d e	Other exempt purpose expenditures Total exempt purpose expenditures (add	10,851,612. 10,948,284.								
f	Lobbying nontaxable amount. Enter the columns.	697,414.								
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e.								
	Over \$1,000,000 but not over \$1,500,000	\$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000.								
	Over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000.								
g h i	Grassroots nontaxable amount (enter 25 Subtract line 1g from line 1a. If zero or less Subtract line 1f from line 1c. If zero or less subtract line 1f from line 1	% of line 1f)	174,354.							
j	If these is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?									

### 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total			
2 a Lobbying non-taxable amount	936,289.	3,594.	12,839.	697,414.	1,650,136.			
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					2,475,204.			
c Total lobbying expenditures	173,622.	12,303.	61,513.	96,672.	344,110.			
d Grassroots nontaxable amount	234,072.	899.	3,097.	174,354.	412,422.			
e Grassroots ceiling amount (150% of line 2d, column (e))					618,633.			
f Grassroots lobbying expenditures	139,994.	5,665.	434.	6,171.	152,264.			

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 23-7245152 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b C d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? е Grants to other organizations for lobbying purposes? f Direct contact with legislators, their staffs, government officials, or a legislative body? g Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? h Other activities? If "Yes," describe in Part IV i Total. Add lines 1c through 1i j Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . 2 a If "Yes," enter the amount of any tax incurred under section 4912 ..... If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 2 expenses for which the section 527(f) tax was paid). 2a b 2b 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) **Supplemental Information** Part IV Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

OCEAN CONSERVANCY

Department of the Treasury

Internal Revenue Service

Name of the organization

Employer identification number

E	Part I Organizations Maintaining Donor Advis			23-7245152
	Part I Organizations Maintaining Donor Advis the organization answered "Yes" to Form	ed Funds or Other Sim 1 990, Part IV, line 6.	nilar Funds or A	ccounts. Complete if
		(a) Donor advised for	unds	(b) Funds and other accounts
1	Total number at end of year			(a) I dilas and other accounts
2	A management and a state of the	***************************************		
3	A			
4	Angregate value at and of year			
5	Did the organization inform all denors and denors at			
	Did the organization inform all donors and donor adv	isors in writing that the a	ssets held in dono	or advised
6	funds are the organization's property, subject to the	organization's exclusive le	egal control?	· · · · · · · · Yes No
_	Did the organization inform all grantees, donors, and	donor advisors in writing	that grant funds	can be
	used only for charitable purposes and not for the ber	netit of the donor or dono	r advisor, or for ar	ny other
Ð	purpose conferring impermissible private benefit?	<del> </del>	<u></u>	· · · · · · · Yes No
1	The state of the s	ic uruanizanon answer	OU . AUG., tV PVL	n 990, Part IV, line 7.
•	Purpose(s) of conservation easements held by the or	rganization (check all that a	apply).	
	Preservation of land for public use (e.g., recreat	ion or pleasure)	Preservation of a	n historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
2	Preservation of open space			
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservation	contribution in the	e form of a conservation
	easement on the last day of the tax year.			o de la como di validi
	T 4 1			Held at the End of the Year
a	The series of tallott cascificates		2	a
b	<ul> <li>rotal acreage restricted by conservation easements.</li> </ul>		9	b
С	is indifiber of conservation easements on a certified his	toric structure included in	(2)	^
d	<ul> <li>Number of conservation easements included in (c) ac</li> </ul>	couired after 8/17/06	۱ ء	
3	Number of conservation easements modified, transfe	rred, released, extinguish	hed or terminator	thy the organization to
	the tax year ▶	, , , , , , , , , , , , , , , , , , ,	nea, or terminated	by the organization during
4	Number of states where property subject to conserva	tion easement is located		
5	Does the organization have a written policy regarding	the periodic monitoring	inspection hand!	
	violations, and enforcement of the conservation easer	ments it holds?	inspection, nangi	ng ot
6	Staff and volunteer hours devoted to monitoring, inspen	acting and onforcing		· · · · · · · · · Yes No
	•	ecting, and emorcing con	iservation easem	ents during the year
7	Amount of expenses incurred in monitoring, inspecting	a and onforming		
	►\$	y, and emorcing conserva	ation easements i	during the year
8		(al) = 1 = 1 = 1 = 1		
	Does each conservation easement reported on line 2(	(a) above satisfy the requi	irements of sectior	)
9	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	· · · · · · · Yes No
-	In Part XIV, describe how the organization reports con	iservation easements in i	ts revenue and exp	pense statement, and
	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organiza	ation's financial s	atements that describes
Pa	a semi-	enis		
NACT: 44	Organizations Maintaining Collections of Complete if the organization answered "Ye	Art, Historical Treasur	es, or Other Si	milar Assets.
1.0				
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for	116, not to report in it	ts revenue stater	nent and balance sheet works of
	art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its finance.	or public exhibition, educ	cation, or research	h in furtherance of public service,
b	If the organization elected as permitted under SEAS	116 to report in the	inco triese items.	
	historical treasures, or other similar assets held for provide the following amounts relating to these items:	oublic exhibition, educat	tion or records	and balance sheet works of art,
	. The state of the			
	(i) Revenues included in Form 990, Part VIII, line 1			<b>b</b> (f
	(") resets included in Form 990, Part X			<b>.</b> .
2	If the organization received or held works of art, h	istorical transuran		
	following amounts required to be reported under SFAS	116 rolpting to the con-	iner similar assel	s for financial gain, provide the
а	Revenues included in Form 990. Part VIII line 4	r to relating to these iter	ms:	
b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 900, Part V	• • • • • • • • • • • • • • • • • • • •		> \$
~	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·		<b>&gt;</b> \$

Pa	art III Organizations Maintai	ning Collections	of Art, Historica	l Treasures,	or Other Similar	Assets (continued)				
3										
Ŭ	Using the organization's acquisiti collection items (check all that ap	on, accession, and	omer records, ch	eck any of the	tollowing that are a	a significant use of its				
а		ριγ).	a []	Loop or ovol	hongo programa					
b			d e	Other	hange programs					
c		enerations	e	Other						
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in								
	Part XIV.									
5	During the year, did the organiza	tion solicit or receiv	e donations of ar	historical tra	asuras or other sim	ilor				
	assets to be sold to raise funds ra	ther than to be ma	intained as part o	f the organiza	tion's collection?					
Pa	It V Escrow and Custodial	Arrangements, C	complete if the c	rganization a	answered "Yes" to	Form 990 Port				
	IV, line 9, or reported a	n amount on For	m 990, Part X, Ii	ne 21.	anowored res to	ri omi 990, rait				
						**************************************				
1 a	Is the organization an agent, trust	ee, custodian or ot	her intermediary f	or contribution	ns or other assets n	ot				
	included on Form 990, Part X?					· · · · Yes No				
b	If "Yes," explain the arrangement	in Part XIV and con	nplete the followin	g table:						
					1	Amount				
C	Beginning balance				С					
d					d					
е	adding the jour			1	е					
f	Ending balance			1	f					
2a	and an an an an an an an	mount on Form 990	), Part X, line 21?			Yes No				
	If "Yes," explain the arrangement i	n Part XIV.				1				
Pa	rtV Endowment Funds. Co	mplete if organiz	ation answered	"Yes" to Forr	n 990, Part IV, line	e 10.				
		(a) Current Year	(b) Prior year	(c) Two years						
1a	5	1,915,018.	1,975,495.							
b	Contributions	0.	0.							
С	Net investment earnings, gains,									
	and losses	6,244.	50,658.							
d		0.	0.							
е										
	and programs	0.	0.							
T	Administrative expenses	89,701.	111,135.							
g	End of year balance		1,915,018.							
2	Provide the estimated percentage									
a	Board designated or quasi-endown		00 %							
b	Permanent endowment ► 83.									
C	Term endowment ► 17.0000	, 0								
sa	Are there endowment funds not in	the possession of	the organization	that are held a	and administered for	the				
	organization by:					Yes No				
	(i) unrelated organizations	· · · · · · · · · · · · ·				3a(i)   X				
h	(ii) related organizations		• • • • • • • • • • • • • • • • • • • •			3a(ii) X				
b	If "Yes" to 3a(ii), are the related org	ganizations listed a	s required on Sche	edule R?		3b				
4	Describe in Part XIV the intended to	uses of the organiza	ation's endowmer	t funds.						
Par				m 990, Part 2	X, line 10.					
	Description of investment			Cost or other	(c) Accumulated	(d) Book value				
1a	Land		Sament)	basis (other)	depreciation					
b	Buildings									
2	Leasehold improvements			88 575	45 000					
d	Equipment			44,575		28,648.				
	Other	L		1,524,850		294,525.				
				204,158	184,310	19,848.				
· otal	I. Add lines 1a through 1e. (Column	(u) must equal For	m 990, Part X, col	umn (B), line 1	<i>U</i> (c).) ▶	343,021.				
						Schedule D (Form 990) 2009				

Part VII Investments - Other Securities. See	Form 990, Part X, lin	e 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
OtherREAL ESTATE INVESTMENT FUNDS	1,007,880	- FMV
ALTERNATIVE INVESTMENTS	96,123	FMV
	-	
Total (Column (b) must sound 5-m 000 D 4 V 4 (D) ii 4 v 2	1 104 002	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related. See	1,104,003.	
(a) Description of investment type	(b) Book value	
	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
		,
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X,	▶	
	a) Description	(b) Book value
		(b) Dook value
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	MANUFACTOR CONTROL OF THE CONTROL OF	
Part X Other Liabilities. See Form 990, Part 1.	X line 25	······
(a) Description of liability	(b) Amount	
ederal income taxes		
CHARITABLE GIFT ANNUITIES	644,644.	
DEFERRED RENT ·	106,753.	
		The state of the s
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	751,397.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 Set 7, 3 5 Donated services and use of facilities 5 Donated services and use of facilities 6 Investment expenses and use of facilities 7 Prior period adjustments 8 Other (Doscribe in Part XIV.) 9 Total adjustments (net). Add lines 4 through 8 9 Total adjustments (net). Add lines 4 through 8 10 Total adjustments (net). Add lines 4 through 8 11 Total revenue, gains, and other support per audited financial statements. Combine lines 3 and 9 10 Sexoss or (deficit) for the year per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 2 Net unrealized gains on investments 2 a Net unrealized gains on investments 3 2 a -53, 241.  b Donated services and use of facilities 2 2b 9, 825.  d Other (Describe in Part XIV.) 2 2d 2e -43, 4  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses and losses per audited financial statements 4 1 Total expenses and losses per audited financial statements 5 Total expenses and losses per audited financial statements 6 1 10, 932, 5  Total expenses and losses per audited financial statements 9 2 9, 825.  5 Total expenses and losses per audited financial statements 9 2 9, 825.  5 Total expenses and losses per audited financial statements 9 2 9, 825.  5 Total expenses and losses per audited financial statements 9 2 9, 825.  5 Total expenses and losses per audited financial statements 9 2 9, 825.  5 Total expenses and losses per audited financial statements	chedu	le D (Form 990) 2009 23-7245152			Page 4
2 Total expenses (Form 990, Part KL, column (A), line 25)	Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tateme	ents	
Second   Company   Second	1	Total revenue (Form 990, Part VIII, column (A), line 12)	🖳	1	11,532,603
Second   S	2	Total expenses (Form 990, Part IX, column (A), line 25)	L	2	10,948,284
Most unrealized gains (losses) on investments	3			3	584,319
5   Donated services and use of facilities   5   Investment expenses   6   7   Prior period adjustments   7   8   Other (Describe in Part XIV.)   8   9   Total adjustments (net). Add lines 4 through 8   9   10   531, 0   2017 XIII   Reconciliation of Revenue per Audited Financial Statements (Combine lines 3 and 9   10   531, 0   2017 XIII   Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1   Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1   Total revenue, gains, and other support per audited financial Statements   1   11, 463, 6   2   Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2   Amounts included on line 1 but not on Form 990, Part VIII, line 12: 3   Net unrealized gains on investments   2   2   2   5   9, 825   4   Other (Describe in Part XIV.)   2   2   2   2   2   2   5   Add lines 2 a through 2   2   2   2   2   2   2   6   Add lines 2 a through 2   2   2   2   2   2   2   7   Add lines 2 a through 2   2   2   2   2   2   2   2   7   Add lines 4 and 4   2   2   2   2   2   2   2   2   7   Add lines 4 and 4   2   2   2   2   2   2   2   2   2	4	Net unrealized gains (losses) on investments		4	-53,241
6   Investment expenses     6   7	5	Donated services and use of facilities		5	
7   Prior period adijustments   7	6	Investment expenses		6	
Total adjustments (net), Add lines 4 through 8   3   -53,2	7	Prior period adjustments	• • •	7	
9 Total adjustments (net). Add lines 4 through 8 Excess or (deficil) for the year per audited financial statements. Combine lines 3 and 9 10 531,0 2nt XII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. 2		Other (Describe in Part XIV.)	· · ·		
Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9   10   531, 0		Total adjustments (net) Add lines 4 through 8	• • •		-53,241
Total revenue, gains, and other support per audited financial Statements   1   11, 463, 6   2   2   3   -53, 241.					531,078
Total revenue, gains, and other support per audited financial statements					
2 Amounts included on line 1 but not on Form 990, Part VIIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: b Other (Describe in Part XIV.) 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: b Other (Describe in Part XIV.) 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses and lossos per audited financial statements With Expenses per Return 1 Total expenses and lossos per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, lines 1b, lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1l, lines 1a and 4; Part IV, lines 1b not 2b; Part IX, line 2; Part XI, line 8; Part XII, lines 2d and 4b, Also complete this part to provide the descriptions required for Part II, lines 2d and 4b, Also complete lines part to provide any additional information.					11,463,613
a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d  Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b c Total expenses and losses per audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements With Expenses per Return Total expenses and losses per audited financial statements With Expenses per Return Total expenses and losses per audited financial statements With Expenses per Return Total expenses and use of facilities Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities Definition of the Part XIV.) c Add lines 2 a through 2d Other (Describe in Part XIV.) c Add lines 2 a through 2d Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b Other (Describe in Part XIV.) c Add lines 2 and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, lines 14).  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, lines 18).  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III			• • • •		
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part III, line 25. c Other losses d Other (Describe in Part XIV.) c Add lines 4a and 4b c C C C C C C C C C C C C C C C C C C C			3.241		
c Recoveries of prior year grants d Other (Describe in Part XIV.) 2 d 2 2 2 2 4 3 4 3 5 2 4 5 2 5 5 4 3 5 2 6 4 3 4 5 6 4 5 6 4 5 6 4 5 6 4 5 6 4 5 6 6 4 5 6 6 4 5 6 6 4 5 6 6 6 6				10000000	
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3 Subtract line 2e from line 1 3 11,507,0  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4 a and 4b c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total expenses and losses per audited financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements With Expenses per Return  1 Total expenses and losses per audited financial statements With Expenses per Return  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Describe in Part XIV.) 2 Conter losses 4 Other (Describe in Part XIV.) 2 Conter (Describe in Part XIV.) 2 Conter (Describe in Part XIV.) 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 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 18b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18b.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18b complete this part to provide the descriptions required for Part III, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete via part to provide any additional information.	d	Other (Describe in Part XIV.)			42 416
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Ab 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 6 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 7 Total expenses and losses per audited financial statements 8					- 1
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe In Part XIV.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1a and 4; Part IV, lines 1b nd 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XIII, lines 2d and 4b; and Part XIII, lines 1a and 4; Part IV, lines 1b nd 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XIII, lines 2d and 4b; and Part XIII, lines 1a and 4; Part IV, lines 1b nd 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XIII, lines 2d and 4b; and Part XIII, lines 1a and 4; Part IV, lines 1b nd 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XIII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete lines part to provide any additional information.				. 3	11,507,029
b Other (Describe in Part XIV.)  c Add lines 4a and 4b  Add lines 4a and 4b  Total expenses and losses per audited financial Statements With Expenses per Return  Total expenses and losses per audited financial statements With Expenses per Return  Total expenses and losses per audited financial statements With Expenses per Return  Total expenses and losses per audited financial statements With Expenses per Return  Total expenses and losses per audited financial statements With Expenses per Return  Total expenses and use of facilities  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  2 Describe in Part XIV.)  2 Add lines 2a through 2d  2 Amounts included on Form 990, Part IX, line 25:  2 Amounts included on Form 990, Part IX, line 25:  2 Amounts included on Form 990, Part IX, line 25:  4 Amounts included on Form 990, Part VIII, line 7b  4 Amounts included on Form 990, Part VIII, line 7b  5 Other (Describe in Part XIV.)  4 Add lines 4a and 4b  Cast, 5  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XIV, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XII, lines 2d and 4b; and Part XIII, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete his part to provide any additional information.	4				
c Add lines 4a and 4b	а			4	
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Total expenses and losses per audited financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not 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 b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part VI, line 2; Part XI, line 8; Part XIII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete his part to provide any additional information.	С	Add lines 4a and 4b		. 4	
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b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1	2			•	
b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1	а	Donated services and use of facilities 2a	9,825	, .	
c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1	b				
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a Now the complete this part to provide the descriptions required for Part III, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  EVALUATE:  Add lines 2a through 2d  3 10,922,7  3 10,922,7  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  b Other (Describe in Part XIV.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.).  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b ind 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete his part to provide any additional information.  SEEE PAGE 5					
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a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 10, 948, 2  Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete his part to provide any additional information.  SEEE PAGE 5					
b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete his part to provide any additional information.  SEEE PAGE 5	-				
c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. ( <i>This must equal Form</i> 990, <i>Part I, line</i> 18.).  5 10, 948, 2  Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete his part to provide any additional information.  SEEE PAGE 5	_	Other /Describe in Port VIV/	5 574	+	
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Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete his part to provide any additional information.  SEE PAGE 5		7.00 m/05 40 and 45			10 010 001
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete his part to provide any additional information.  SEE PAGE 5			<del></del> .		10,340,204
	Comp nd 21 nis pa	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 5; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and art to provide any additional information.	4b. Also	o con	nplete 

USE OF ENDOWMENT FUNDS

FORM 990, SCHEDULE PART V

DONORS' INTENT IN CONTRIBUTING TO THE ENDOWMENT FUND WAS TO PROVIDE AN ONGOING SOURCE OF FUNDING FOR THE GENERAL OPERATIONS OF THE ORGANIZATION. THERE ARE NO DONOR RESTRICTIONS AS TO HOW INCOME GENERATED FROM THE ENDOWMENT MAY BE USED. IN ORDER TO HONOR DONOR INTENT, THE BOARD OF DIRECTORS HAS AUTHORIZED AN ANNUAL DISTRIBUTION OF 5% OF THE FAIR MARKET VALUE OF THE FUND ANNUALLY. THE DISTRIBUTION IS MEANT TO FUND GENERAL OPERATIONS OF THE ORGANIZATION.

OTHER REVENUE ITEMS

FORM 990, SCHEDULE D, PART XII, LINE 4B
TIME VALUATION OF PLEDGES = 25,574

OTHER EXPENSE ITEMS

FORM 990, SCHEDULE D, PART XIII, LINE 4B
TIME VALUATION OF PLEDGES = 25,574

### **SCHEDULE G**

(Form 990 or 990-EZ) Department of the Treasury Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047 Open To Public

DONOR SERVICES GROUP

Internal F	Revenue Service		Attach to Form 990 or	Form 990-EZ.	➤ See se	parate instructions.		Inspection
Name of	the organization				······································		Employer identification	n number
OCEA	ONSERVAN	CY					23-724515	2
Part I	Fundraisi Form 990	n <b>g Activities.</b> Col -EZ filers are not	mplete if the orgar required to comp	nization a lete this i	nswered part.	"Yes" to Form 9	90, Part IV, line	17.
1 1			ised funds through			activities. Check a	all that apply.	
a	X Mail solicitat		e			non-government g		
~ [		email solicitations	f	1 1		government grants		
С	X Phone solicit	ations	g			ising events		
d	X In-person so	icitations		,		J		
b li	or key employees f "Yes," list the te	listed in Form 990 In highest paid ind	or oral agreement w 0, Part VII) or entity ividuals or entities (t by the organization.	in connec	ction with p	professional fundra	ising services?	X Yes No
	(i) Name of ir or entity (fun		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			·	Yes	No			
MAL W	JARWICK & AS	SOCIATES	DIRECT MAIL		Х	3,173,182.	113,813.	3,059,370.
WATEF	RSHED	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	INTERNET FUNDRAISING		Х	58,200.	41,690.	16,510.
			TELE-	1	1			

106,093.

78,499

27,594.

MARKETING

Total				3,337,475.	234,002.	3,103,474
3 List all states in which the organization registration or licensing. AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA		r licensed	d to solic	it funds or has b	peen notified it is	exempt from
KS,KY,LA,ME,MD,MA,MI,MN,MS,MC	YN, MN, LN, HN, C		),OH,			
OK,OR,PA,RI,SC,TN,TX,VT,WA,WV						
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					and the time that the ball that the same that the time
OF THE BASE AND THE PARK HAVE AND AND AND AND THE SERVICE AND THE SERVICE AND THE SAME AND THE SERVICE AND THE						
			And year was also have he			

,		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through
(		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts				
1 2	Less: Charitable				
	contributions				
3	Gross income (line 1 minus line 2)				
<u> </u>					
4	Cash prizes	,			
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses				
10	Direct expense summary. Add lines	through 9 in column (	d)		(
11 ant	Net income summary. Combine line:  Gaming. Complete if the org				
aı ı	than \$15,000 on Form 990-	EZ, line 6a.	162 10 101111 990, 17	arciv, iirie 19, or rep	oned more
		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ac
			bingo/progressive bingo		col. (a) through col. (
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
1	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	Yes	% Yes %	Yes %	
7	Direct expense summary. Add lines 2	2 through 5 in column (	d)		
8	Net gaming income summary. Comb	ine line 1, column d, ai	nd line /	• • • • • • • • • •	Yes N
) E	inter the state(s) in which the organizal	ion operates gaming a	ctivities:		
	s the organization licensed to operate of	gaming activities in each	h of these states?		<mark>9a    </mark>
	"No," explain:				
				ng the tay year?	10a
b If a V	Vere any of the organization's gaming	icenses revoked, susp	ended or terminated duri	ing the tax year:	100
b If - a V	"Yes," explain:	•		,	l Va
b If a V	"Yes," explain:	•	ended or terminated duri	,	100

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility			
b	An outside facility			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Name •			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		/34.5481.848.811.4
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Name			
	Address ►			
16	Gaming manager information:			
	<b>.</b>			
	Name Name			
	Coming and the state of the stat			
	Gaming manager compensation ▶ \$			
	Description of services provided •			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
	* Noncount /			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		700 S 100 C T
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations			
	or spent in the organization's own exempt activities during the tax year 🕨 \$	0.5200		

Schedule G (Form 990 or 990-EZ) 2009

# SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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990
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5
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9
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ach
13
-

Open to Public 2009

OMB No. 1545-0047

Employer identification number

CONSERVANCY

OCEAN

Name of the organization Internal Revenue Service

Department of the Treasury

å (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use SEE PART IV SEE PART IV SEE PART IV X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 23-7245152 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV and Schedule I-1 (Form 990) if additional space is needed ...... 20,000: 10,000 139,337 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance 56-0532129 54-2059475 53-0242652 (p) EIN (a) Name and address of organization or government DUKE CENTER FOR MARINE CONSERVATION SHEPHERDSTOWN, WV 25442-3283 ARLINGTON, VA 22203-1606 THE NATURE CONSERVANCY BEAUFORT, NC 28516 SKY TRUTH PartII

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 23-7245152 Schedule I (Form 990) 2009

Part

		000000000000000000000000000000000000000			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		:			
Partiv Supplemental Information. Complete this par	ete this part to	provide the info	rmation required	in Part I, line 2, and any	t to provide the information required in Part I, line 2, and any other additional information.
MONITORING PROCESS OF GRANTS		1 			
FORM 990, SCHEDULE I, PART I	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 			
OCEAN CONSERVANCY MONITORS GRANTEES	ES BY REQUIRING	FULL	FINANCIAL REPO	REPORTS	
ALONG WITH SPECIFIC PROJECT DELIVE	DELIVERABLES.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	:				
PURPOSE OF GRANT OR ASSISTANCE (SEE	Z	(i)			
				1	
		†	. may that . may		

23-7245152

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009 Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Supplemental Information. Complete this part to provide the information required in Part I, line	te this part to	provide the info	rmation required	\ci	and any other additional information.
FORM 990, SCHEDULE I, PART II			! !		
THE PURPOSE OF THE DUKE CENTER FOR	MARINE	CONSERVATION	GRANT WAS TO		
SUPPORT DUKE GLOBAL FELLOWS PROGRAM	AND S	PONSOR BYCATCH	MITIGATION.		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
THE PURPOSE OF THE SKY TRUTH GRANT	WAS TO	MONITOR THE O	OIL SPILL IN	THE	
GULF OF MEXICO.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	1		
THE PURPOSE OF THE NATURE CONSERVANCY	GRANT	WAS TO DEVELOP	OP A PARTNERSHIP	SSHIP	
TO IMPROVE ENGAGEMENT WITH SPECFILC	C_STAKEHOLDER		NETWORKS (BOTH WITHIN	IN_THE	
ADMINISTRATION AND WITH A VARIETY C	OE_STAEKHOLDERS_	LDERS ON THE	ON_THE_GROUND)_AND		

Schedule 1 (Form 990) 2009

23-7245152

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule | (Form 990) 2009

Part | Grants an

(a) Type of grant or assistance	(b) Number of recipients	nber of (c) Amount of (ents cash grant	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
				TMV, applaisal, otner)	
L					
Supplemental Information. Complete this	part	provide the info	to provide the information required in Part I, line	in Part I, line 2, and any	2, and any other additional information.
	1				
DEVELOP SUPPORTIVE TOOLS TO PROMOTE	E THE NEED	FOR A FEDERAL	MARINE	SPATIAL	
PLANNING FRAMEWORK AND SUPPORTIVE	FUNDING ME	MECHANISMS.			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	: : : : : : : : : : : : : : : : : : :				
					Schedule I (Form 990) 2009

# **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public

Schedule J (Form 990) 2009

Name of the organization

Employer identification number OCEAN CONSERVANCY 23-7245152 **Questions Regarding Compensation** Part I

1:	Check the appropriate box(es) if the organization provided any of the full state of the first state of the f		Yes	No
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	Trousing allowance or residence for personal use			
	T-wist was the personal residence			
	Discounting of interaction (CC)			
	(o.g., maid, orialited)			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1 b		
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
		2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant   X   Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4				
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control payment?	1	A94 38.	Χ
b	Participate in, or receive payment from a supplemental populatified retirement along	4a		$\frac{\Lambda}{X}$
С	and the state of t	4b		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4 c		^
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?  Any related organization?	1000 MATE		V
b	,	5a		$\frac{X}{X}$
	a training and the file	5 b	S30 - 1 4	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?		\$4.58 E	
b	Any related organization?  If "Yes" to line 6a or 6b, describe in Part III	6a		X
	If "Yes" to line 6a or 6b, describe in Part III.	6b	3.5 S S	Χ
7	For persons listed in Form 990, Part VII. Section A. line 13, did the organization and it.			
	payments not described in lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported in Form 990. Part VII. paid or energy described in the organization provide any non-tixed			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	7		X
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III			
•	" 100 to line of the ordanization also follow the reputtable programation are a district.	8	_	X
	Regulations section 53.4958-6(c)?			
or Pr	vacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	9		X
	Schedul	0 I/F===	0001	

# Partil Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	0			
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	( <b>u</b> ) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	239,41			14,365.	6.565.		
VERONIQUE SPRUILL (II)		1	10	0	-i	11	
( )	198,74	0	1,756.	11,925.	5,482.	217,911.	0
DENNIS KELSO			1	0	.0	  -  -  -	
	159,61	0	2,575.	9,577.	617.	172,381.	0
AMELLA MONTJOY (II)				.0		1	
1 1	158,055.	0	172.	9,483.	4,451.	172,161.	
LAURA CAPPS (II)			0	1.0	10	1	.10
1	86,60	0	59,439.	5,196.	1,514.	152,754.	0
SONUA FORDHAM			     	10	1.0	1	.0
t ;;;	163,70	0   0   1   1   1   1   1   1   1   1	209.	N	6,690.	180,426.	0
CANIS CONES	0	.0	.0	0	0.	 	
9			1				
(ii)		i I					
(9)							
(ii)		!					
(i)							
(ii)							*** *** *** *** *** *** *** *** ***
(i)							
(ii)	1						
(i)							
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0							
(ii)							
9		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
(ii)							
<u> </u>							
(ii)							
(6)							
(ii)		- 1					

Schedule J (Form 990) 2009

### SCHEDULE M (Form 990)

# **Noncash Contributions**

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

OMB No. 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
OCEAN CONSERVANCY

Employer identification number

23-7245152

	Types of Property	(0)	4)		
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications	Х		15,950.	FAIR MARKET VALUE
5	Clothing and household			10/000.	THIN PARKET VALUE
	goods	Х		409.	FAIR MARKET VALUE
6	Cars and other vehicles			100.	THE THREE VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded	X	12	126,273.	FAIR MARKET VALUE
10	Securities-Closely held stock				TATAL IMMINIST VALUE
11	Securities-Partnership, LLC,				
	or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation				
	contribution-Historic				
	structures				
14	Qualified conservation				
	contribution-Other				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (OTHER SUPPLIES)	X	30	4,674.	FAIR MARKET VALUE
26	Other ▶()				
27	Other ▶()				
28	Other ▶()				
29	Number of Forms 8283 received by	the organiz	ation during the tax year for	contributions for	
	which the organization completed Fo	orm 8283, P	art IV, Donee Acknowledge	ment	29
					Yes No
30 a	During the year, did the organization	on receive	by contribution any proper	ty reported in Part I, line	1-28 that
	it must hold for at least three years	from the o	late of the initial contribution	on, and which is not requ	ired to be
	used for exempt purposes for the ent	ire holding	period?		30a X
	it res, describe the arrangement in	Part II.			
31	Does the organization have a g	ift accepta	nce policy that requires	the review of any no	n-standard
20	contributions?				21 X
32 a	Does the organization hire or use	third partie	s or related organizations	to solicit, process, or se	II noncash
	contributions?	· · · · · · .			32a X
	ii res, describe in Part II.				
33	If the organization did not report reve	enues in co	lumn (c) for a type of prope	rty for which column (a) i	s checked,
	describe in Part II.				

# SCHEDULE O (Form 990)

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OCEAN CONSERVANCY

Employer identification number 23-7245152

ATTACHMENT 2

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11A

THE CHIEF FINANCIAL OFFICER AND DIRECTOR OF FINANCE REVIEW THE DRAFT 990. AFTER THEIR REVIEW, THE 990 IS FORWARDED TO THE TREASURER. TREASURER PERFORMS A DETAILED REVIEW OF THE 990, AND THEN PRESENTS THE 990 TO THE EXECUTIVE COMMITTEE OF THE BOARD. ONCE ALL COMMENTS FROM THE EXECUTIVE COMMITTEE HAVE BEEN ADDRESSED, THE 990 IS DISTRIBUTED TO THE ENTIRE BOARD BEFORE FILING.

CONFLICTS OF INTEREST

FORM 990, PART VI, LINE 12

CONFLICT OF INTEREST POLICY DISCLOSURE STATEMENTS ARE TO BE PREPARED AT LEAST ANNUALLY. IN THE CASE WHERE A POSSIBLE CONFLICT BY AN EMPLOYEE OTHER THAN THE PRESIDENT OF THE ORGANIZATION IS IDENTIFIED, THE PRESIDENT AND CEO SHALL DETERMINE WHETHER AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EXISTS OR CAN BE REASONABLY CONSTRUED TO EXIST AND HOW THE CONFLICT OF INTEREST SHOULD BE RESOLVED. WHEN A CONFLICT OF INTEREST IS DISCLOSED BY A COVERED PERSON OTHER THAN A COVERED EMPLOYEE OR BY THE PRESIDENT AND CEO, THE CHAIR SHALL DISCLOSE THE CONFLICT OF INTEREST TO THE BOARD OF DIRECTORS, OR A DESIGNATED COMMITTEE. THEN, BY MAJORITY VOTE OF THE DISINTERESTED DIRECTORS (EVEN IF THE DISINTERESTED DIRECTORS CONSTITUTE LESS THAN A QUORUM), IT WILL BE DECIDED WHETHER AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EXISTS OR CAN BE REASONABLY CONSTRUED TO PROPOSALS TO THE FULL BOARD OF DIRECTORS AS TO HOW THE CONFLICT EXIST.

Name of the organization
OCEAN CONSERVANCY

Employer identification number 23-7245152

ATTACHMENT 2 (CONT'D)

OF INTEREST SHOULD BE RESOLVED WILL THEN BE PROVIDED.

DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15

THE BOARD SETS THE CEO'S COMPENSATION BASED ON ITS EVALUATION OF HER PERFORMANCE USING MARKET SURVEYS, TAKING INTO ACCOUNT THE ORGANIZATION'S FINANCIAL SITUATION AND PERFORMANCE. LIKEWISE, THE CEO SETS ALL EMPLOYEE COMPENSATION ALSO BASED ON PERFORMANCE EVALUATIONS, MARKET SURVEYS AND THE ORGANIZATION'S FINANCIAL SITUATION AND PERFORMANCE.

AVAILABILITY OF OTHER DOCUMENTS

FORM 990, PART VI, LINE 19

OCEAN CONSERVANCY'S AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

STATES IN WHICH FORM 990 IS REQUIRED TO BE FILED

FORM 990, PART VI, LINE 17

ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, CONNECTICUT,
DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, ILLINOIS, KANSAS, KENTUCKY,
LOUISIANA, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA,
MISSISSIPPI, MISSOURI, NEW HAMPHSIRE, NEW JERSEY, NEW MEXICO, NEW YORK,
NORTH CAROLINA, NORTH DAKOTA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE
ISLAND, SOUTH CAROLINA, TENNESSEE, TEXAS, VIRGINIA, WASHINGTON, WEST
VIRGINIA, WISCONSIN.

FUNDRAISING ACTIVITY EXPENSES

FORM 990, SCHEDULE G, PART I, LINE 2B, COLUMN (V)

THE TOTAL AMOUNT OF FUNDRAISING EXPENSES WERE \$303,346. OF THIS AMOUNT,

Name of the organization
OCEAN CONSERVANCY

Employer identification number 23-7245152

ATTACHMENT 2 (CONT'D)

\$234,002 WAS PAID DIRECTLY TO THE FUNDRAISER. THE REMAINING EXPENSES
WERE COMPOSED OF PRINTING, POSTAGE AND OTHER FEES TOTALING \$69,344.

CHANGE IN ACCOUNTING PERIOD

FORM 990

THE ORGANIZATION HAS CHANGED THEIR FISCAL YEAR END TO JUNE 30. THE RESULTING FINANCIAL AMOUNTS REFLECT THE PERIOD ENDING JUNE 30, 2010.

ATTACHMENT 3

# FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OCEAN CONSERVANCY PROMOTES HEALTHY AND DIVERSE OCEAN ECOSYSTEMS AND OPPOSES PRACTICES THAT THREATEN OCEAN LIFE AND HUMAN LIFE. THROUGH RESEARCH, EDUCATION, AND SCIENCE-BASED ADVOCACY, OCEAN CONSERVANCY INFORMS, INSPIRES, AND EMPOWERS PEOPLE TO SPEAK AND ACT ON BEHALF OF THE OCEANS.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST	ATTACHMEN PAID IND. CONTRACTORS	NT 4
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MAL WARWICK & ASSOCIATES 2550 NINTH STREET, SUITE 103 BERKELEY, CA 94710	FUNDRAISING	116,063.
SANDRA WHITEHOUSE 175 CARROLL AVENUE NEWPORT, RI 02840	MARINE SPATIAL PLAN	126,000.
TOTAL COMPENSATION		242,063.

-orm **112**0

# Application To Adopt, Change, or Retain a Tax Year

(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

OMB No. 1545-0134

Attachment Sequence No. 148

	End General Information								
_	Important: All filers must complete Part I and sign below. See instructions.								
	Name of filer (if a joint return is filed, also enter spouse's name) (see instructions)	Filer's identifying number							
	Ocean Conservancy  Number, street, and room or suite no. (if a P.O. box, see instructions)	23-7245152							
æ	1300 19th Street, NW, 8th Floor	Service Center where income tax return will be filed							
or Print	City or town, state, and ZIP code	Ogden, UT Filer's area code and telephone number/Fax number							
ŏ	Washington, DC 20036	( 202 ) 429-5609 /( 202 ) 872-0619							
Type	Name of applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)							
	,								
	Name of person to contact (if not the applicant or filer, attach a power of attorney)	Contact person's area code and telephone number/Fax number							
		/( )							
7	1 Check the appropriate box(es) to indicate the type of applicant (se	e instructions).							
	☐ Individual ☐ Cooperative (sec. 1381(a))	☐ Passive foreign investment company (PFIC)							
	Partnership Controlled foreign corporation (CFC) (sec. 957)	(sec. 1297)							
	☐ Estate ☐ Foreign sales corporation (FSC) or Interest-charge	Other foreign corporation							
	Domestic corporation domestic international sales corporation (IC-DISC)	☑ Tax-exempt organization							
	S corporation Specified foreign corporation (SFC) (sec. 898)	Homeowners Association (sec. 528)							
	☐ Personal service ☐ 10/50 corporation (sec. 904(d)(2)(E)) ☐ Trust	Other							
	corporation (PSC)	(Specify entity and applicable Code section)							
2	2a Approval is requested to (check one) (see instructions):								
	☐ Adopt a tax year ending ► (Partnerships and F	OCCO, Co to Doubli often committee Double							
	☐ Adopt a tax year ending ► June 30th ☐ Retain a tax year								
	the ordering to a tax your ording printing in the control at tax you	a origing #							
	b If changing a tax year, indicate the date the present tax year ends. ▶	September 30th							
c If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ▶ October 1 , 20 09 , and ending ▶ June 30 , 20 10									
		•							
3	Is the applicant's present tax year, as stated on line 2b above, also its curr	rent financial reporting year? ▶ ☑ Yes ☐ No							
	If "No," attach an explanation.								
	4 Indicate the applicant's present overall method of accounting.								
	☐ Cash receipts and disbursements method ☐ Accrual method								
	(4 4041)) - ,	☐ Other method (specify) ▶							
Ę									
,	5 State the nature of the applicant's business or principal source of income.								
•	State the nature of the applicant's business or principal source of income. Ocean Conservancy is funded by charitable contributions, and is a conservance.	•							
	Ocean Conservancy is funded by charitable contributions, and is a conserv	vation based organization.							
	Ocean Conservancy is funded by charitable contributions, and is a conserv Signature—All Filers (See Who Must Sign in	vation based organization.  n the instructions.)							
Ur	Ocean Conservancy is funded by charitable contributions, and is a conserv	vation based organization.  n the instructions.) g schedules and statements, and to the best of my knowledge							
Ur	Signature—All Filers (See Who Must Sign in the penalties of perjury, I declare that I have examined this application, including accompanying the belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based on all	n the instructions.) g schedules and statements, and to the best of my knowledge II information of which preparer has any knowledge.							
Ur	Ocean Conservancy is funded by charitable contributions, and is a conservance Signature—All Filers (See Who Must Sign index penalties of perjury, I declare that I have examined this application, including accompanying	vation based organization.  n the instructions.) g schedules and statements, and to the best of my knowledge							
Ur	Signature—All Filers (See Who Must Sign in the penalties of perjury, I declare that I have examined this application, including accompanying the belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based on all	n the instructions.) g schedules and statements, and to the best of my knowledge II information of which preparer has any knowledge.							
Ur	Signature—All Filers (See Who Must Sign in the penalties of perjury, I declare that I have examined this application, including accompanying the belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based on all Filer*	n the instructions.) g schedules and statements, and to the best of my knowledge II information of which preparer has any knowledge.							
Ur	Signature—All Filers (See Who Must Sign in the penalties of perjury, I declare that I have examined this application, including accompanying the belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based on all Filer*	n the instructions.) g schedules and statements, and to the best of my knowledge linformation of which preparer has any knowledge.  Preparer (other than filer)							
Ur an	Signature—All Filers (See Who Must Sign in the penalties of perjury, I declare that I have examined this application, including accompanying the belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based on all Filer*	n the instructions.) g schedules and statements, and to the best of my knowledge linformation of which preparer has any knowledge.  Preparer (other than filer)							
Ur an	Signature—All Filers (See Who Must Sign in the penalties of perjury, I declare that I have examined this application, including accompanying the belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based on all Filer*  Signature and date.  Signature and date.	n the instructions.) g schedules and statements, and to the best of my knowledge linformation of which preparer has any knowledge.  Preparer (other than filer)							
Ur an	Signature—All Filers (See Who Must Sign in der penalties of perjury, I declare that I have examined this application, including accompanying ad belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based on all Filer*  Signature and date.  Signature and date.	n the instructions.) g schedules and statements, and to the best of my knowledge il information of which preparer has any knowledge.  Preparer (other than filer)							
Ur an	Signature—All Filers (See Who Must Sign in der penalties of perjury, I declare that I have examined this application, including accompanying ad belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based on all Filer*  Signature and date.  Signature and date.	n the instructions.) g schedules and statements, and to the best of my knowledge information of which preparer has any knowledge.  Preparer (other than filer)  ature of individual preparing the application and date							
Ur an	Signature—All Filers (See Who Must Sign in der penalties of perjury, I declare that I have examined this application, including accompanying ad belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based on all Filer*  Signature and date.  Signature and date.	n the instructions.) g schedules and statements, and to the best of my knowledge il information of which preparer has any knowledge.  Preparer (other than filer)							

Carm	1100	/Dave	1-2008)	
-orm	1128	(HeV	1-2(1(18)	

	Automatic Approval Request (see instructions)		
	dentify the revenue procedure under which this automatic approval request is filed ▶		
Sec	ction A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, c successor)	r its	
1	Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions)	Yes	No
2	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553. Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions)		
Sec	ction B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)		
4	Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions)	- S. Ja	
5	Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year?		
6	Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4.01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information required to be submitted)		
7	required to be submitted)  Is the S corporation requesting an ownership tax year? (see instructions)  Is the applicant a partnership requestion of the submitted of the submitte		
	Is the applicant a partnership requesting a concurrent change pursuant to section 6.09 of Rev. Proc. 2006-45 (or its successor) or section 5.04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions) ▶ etion C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)		
9			SEE S
-	ts the applicant an individual requesting a change from a fiscal year to a calendar year?	20050505	
	Is the applicant a tax-exempt organization requesting a change?	1	2012211
	Ruling Request (All applicants requesting a ruling must complete Section A and any other se	ection	that
-	applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)		
Sec	tion A—General Information	Yes	No
1	Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court?		
2	Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year?		
	If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented.		
3	Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented?		
4a	Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc. 2002-39 (or its successor)?	5.00	
b	If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions).  If your business purpose is based on one of the natural business year tests under section 5.03, check the		
D	applicable box.		
	Annual business cycle test Seasonal business test 25-percent gross receipts test  Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions)		
5	Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period.		
	Short period \$		
	Second preceding year \$		
	Note: Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income. Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions.		

Forn	n 1128 (Rev. 1-2008)	Page \$	3
6	Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period:	Yes No	
	Generated Expiring		H
	Net operating loss		
	Capital loss \$ \$ Unused credits \$ \$		September 1
7	Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6.01(7) of		Transporter and the second
8a	Rev. Proc. 2002-39, or its successor)  Is the applicant a U.S. shareholder in a CFC?		K(4)
	If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the percentage of total combined voting power of the applicant, and the amount of income included in the gross income of the applicant under section 951 for the 3 tax years immediately before the short period and for the short period.		PROGRAMMENT CONTROL OF THE PROGRAMMENT OF THE PROGR
b	Will each CFC concurrently change its tax year?		18
-	If "Yes" to line 8b, go to Part II, line 3.  If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U.S. shareholder.		Participation of the second
9a	Is the applicant a U.S. shareholder in a PFIC as defined in section 1297?	24001E-27(5) 30501E-65	1
b	If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net capital gain from the PFIC included in the income of the applicant.  Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund?		Section of Clinical States of Section 12
	Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation		Paramon to
	a snareholder of an IC-DISC, or a shareholder of an FSC?		3
	If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust, estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of		- Company
	and for the short period. Indicate the percentage of gross income of the applicant represented by each amount.		
b c	Will any partnership concurrently change its tax year to conform with the tax year requested? ▶  If "Yes" to line 10b, has any Form 1128 been filed for such partnership? ▶		
11	Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office?		
	If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues involved in each request.		
12	Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application? ▶	1 2 2 2 2 2 3	
13	Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the IRS proposes to disapprove the application?		
14	Enter amount of user fee attached to this application (see instructions)	LL	
Sect	tion B—Corporations (other than S corporations and controlled foreign corporations) (see instructions)		
15	Enter the date of incorporation. ▶		
	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period?	Yes No	
b	If "Yes," will the corporation be going to a permitted S corporation tax year?  If "No" to line 16b, attach an explanation.		
17	Is the corporation a member of an affiliated group filing a consolidated return?		
	If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated return		
	tax year, and Service Center where the applicant files the return; (b) the name, address, and identifying number of each member of the affiliated group; (c) the taxable income (loss) of each member for the 3 years immediately before the short period and for the short period; and (d) the name of the parent corporation.		
l8a	Personal service corporations (PSCs): Attach a statement providing each shareholder's name, type of entity (individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and amount of income received from the PSC for the first preceding year and the short period.		
b	If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year.  Grandfathered (attach copy of letter ruling)  Letter ruling (date of letter ruling (attach copy))		

	The first P200		age 4
19	Enter the date of the S corporation election.	T.V	T 3.
	Enter the date of the S corporation election. ▶	Yes	No
20	Is any shareholder applying for a corresponding change in tax year?		
21	If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year.  Grandfathered (attach copy of letter ruling)  Letter ruling (date of letter ruling)  (attach copy))		
22	Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period.		
Sec	ction D—Partnerships (see instructions)	Parent Cont.	B. SERVICE CO.
23	Enter the date the partnership's business began. ▶	Yes	No
24	Is any partner applying for a corresponding change in tax year?		
25	Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits.		-44
26	Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)?		
27	If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year.  Grandfathered (attach copy of letter ruling)  Letter ruling (date of letter ruling (attach copy))		
Sec	tion EControlled Foreign Corporations (CFC)	hoseen alber	raesors
28	Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period.		
Sec	tion F—Tax-Exempt Organizations	125050000000	Department
29	Type of organization: ☐ Corporation ☐ Trust ☐ Other (specify) ▶	Yes	No
30	Date of organization. ▶		
31	Code section under which the organization is exempt.		
32	Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶	14055553	NOTES OF
33	Enter the date the tax exemption was granted. ▶		
34_	If the organization is a private foundation, is the foundation terminating its status under section 507? >		Ĺ <u>.</u>
	Total the date the estate was averted by		
35	Enter the date the estate was created. ▶		
	Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each is an interested party of any portion of the estate.		
b 	Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement s distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately short period and for the short period.	howin befor	g the e the
Sec	tion H—Passive Foreign Investment Companies		
37	If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name	, addr	ess,

# PUBLIC DISCLOSURE COPY

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047 2010

Open to Public

Department of the Treasury Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 20 11 C Name of organization D Employer identification number B Check if applicable: OCEAN CONSERVANCY 23-7245152 Address Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Name change Room/suite E Telephone number 1300 19TH STREET NW, 8TH FLOOR Initial return (202) 429-5609 City or town, state or country, and ZIP + 4 Terminated Amended return WASHINGTON, DC 20036 G Gross receipts \$ 16,527,629. return Application pending F Name and address of principal officer: VERONIQUE SPRUILL H(a) Is this a group return for Yes X No SAME AS LINE C H(b) Are all affiliates included? Yes X 501(c)(3) Tax-exempt status: ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) Website: ▶ WWW.OCEANCONSERVANCY.ORG H(c) Group exemption number Form of organization: | X | Corporation Trust Association L Year of formation: 1972 M State of legal domicile: Other > DC Part I Summary Briefly describe the organization's mission or most significant activities: OCEAN CONSERVANCY LEADS THE SEARCH FOR SOLUTIONS FOR OUR WATER PLANET. Activities & Governance INFORMED BY SOUND SCIENCE, OUR WORK GUIDES POLICY AND ENGAGES PEOPLE IN PROTECTING THE OCEAN AND ITS WILDLIFE FOR FUTURE GENERATIONS. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 16. Total number of individuals employed in calendar year 2010 (Part V, line 2a) 109. Total number of volunteers (estimate if necessary) 615,000. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0. 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 11,219,447 14,138,846. Program service revenue (Part VIII, line 2g) 9 79,272 57,213. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 178,810. 1,447,819. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 55,074 384,007. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 11,532,603. 16,027,885. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 175,058. 310,470. Benefits paid to or for members (Part IX, column (A), line 4) 14 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,954,610. 7,699,962. 16a Professional fundraising fees (Part IX, column (A), line 11e) 234,002. 380,262. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,332,916 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 5,584,614. 9,010,590. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,948,284. 17,401,284. Revenue less expenses. Subtract line 18 from line 12 . . . . . . 19 584,319. -1,373,399.Pes **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 19,934,246. 19,849,107. 21 Total liabilities (Part X, line 26) 4,105,541. 4,243,987. 25 22 25 22 Net assets or fund balances. Subtract line 21 from line 20. . . . 15,828,705. 15,605,120. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign 2-10-12 Signature of office Here LAWRENCE J. Type or print name and title Print/Type preparer's name Preparer's signature Check if PTIN Paid employed > Preparer ARGY, WILTSE & ROBINSON, Firm's EIN Firm's address > 8405 GREENSBORO DRIVE, 7TH FLOOR MCLEAN, VA 22102 703-893-0600 Phone no.

No

X | Yes

201106

Department of the Treasury Internal Revenue Service Ogden UT 84201

For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: November 21, 2011

Taxpayer Identification Number: 23-7245152 Tax Form: 990

Tax Period: June 30, 2011



OCEAN CONSERVANCY INC 1300 19TH ST NW STE 800 WASHINGTON DC 20036 20036-1653004

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# APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is February 15, 2012.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

-	(Rev. 1-2012) are filing for an <b>Additional (Not Automatic</b>	1 2-Month Evice	rolon complete cally D	and the second section is about	he from	Pagé 2		
Note, O	nly complete Part II if you have already bee are filing for an Automatic 3-Month Exten	n granted an au	tomatic 3-month extens	art II and check th ion on a previously	filed Fo	orm 8868.		
Part II	Additional (Not Automatic) 3-Mo	nth Extension	of Time. Only file the	original (no coni	es nee	ded)		
			Ei	nter filer's identifying	a numbe	r see instruction		
Type or	Name of exempt organization or other filer	, see instructions.		Employer identif	ication n	umber (EIN) or		
print	OCEAN CONSERVANCY		23-7245					
File by the Number; street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)								
due date for								
return. See Instructions		de. For a foreign a	ddress, see Instructions.					
Enter the	Return code for the return that this applic	ation is for (file a	separate application fo	r each return) .		0 1		
Applica	ition	Return	Application			Return		
Is For	4	Code	Is For			Code		
Form 99	7 - 31-1	01						
Form 99		02	Form 1041-A		CONTROL OF THE PARTY OF THE PAR	08		
Form 99		01	Form 4720			09		
Form 99		04	Form 5227			10		
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	The Control of the Control		11		
Form 98	90-T (trust other than above)	06	Form 8870			12		
of file Mi	s for a Group Return, enter the organization hole group, check this box ▶ [ he names and EINs of all members the ext	If it is for par	t of the group, check thi	s box	▶ □ a	and attach a		
4 In	equest an additional 3-month extension of or calendar year , or other tax year be	time until	MÄY 15	. 20 12				
5 Fc	or calendar year , or other tax year be	ginning J	ULY1 ,20 10 ,	and ending	JUNE 30	20 11		
O H	the tax year entered in line 5 is for less that Change in accounting period	n 12 months, ch	eck reason: Initial	return	return			
Q! TI	ate In detail why you need the extension UESTIONED THE WORDING FOR OUR PROG HE PROGRAM DESCRIPTIONS CAN SHOW O URRENTLY DEBATING THE WORDING AND I	RAM DESCRIPTI N THE FORM ITS	ONS AND IF WE SHOULD ELF INSTEAD OF A SUPI	CONDENSE THE V	VORDING E. WE	G SO THAT		
8a If t	this application is for Form 990-BL, 990-P onrefundable credits. See instructions.	F, 990-T, 4720,	or 6069, enter the tenta	tive tax, less any		es .		
b If es an	this application is for Form 990-PF, 990 timated tax payments made. Include any nount paid previously with Form 8868.	prior year ove	rpayment allowed as a	credit and any	8a \$ 8b \$			
c Ba (El	lance due. Subtract line 8b from line 8a. Incluectronic Federal Tax Payment System). See in	ude your payment estructions.	t with this form, if required	I, by using EFTPS	8c \$			
		-			30 1			
	Signature and Ver	ification must	be completed for P	art II only.				

Date > 2/8//\_ Form 8868 (Rev. 1-2012)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 2,949,667. including grants of \$

43,970. ) (Revenue \$

57,213. )

**4e Total program service expenses** ▶ 13,213,895.

# Part IV Checklist of Required Schedules

-	200			
4	to the premination density of the section FOM NOV.	-	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			1
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			-
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	3	-	
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	+2175	A
	VII, VIII, IX, or X as applicable.		4	
			WASHING.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X	
h	Schedule D, Part VI  Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	_^	
D			X	
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	^	
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			37
al.	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			37
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		3.7	
4.0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

### Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
0.0	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			
24 a	employees? If "Yes," complete Schedule J	23	X	
44 a	the same and the same country bottom to do 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			3.7
b	through 24d and complete Schedule K. If "No," go to line 25	24a		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?	24c		
d		24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
28	If "Yes," complete Schedule L, Part III	27	WAR TO	X
20	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):	ν,		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-	NAME OF	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		Λ
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			**
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
<b>0</b> T	IV, and V, line 1	24		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	-	X
а	Did the organization receive any payment from or engage in any transaction with a	33	-	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	990 (2	0101

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V.

-	and the second s			•
		College	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1000		
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		6	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
20	reportable gaming (gambling) winnings to prize winners?	1c	X	and the same
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Wildelp Transfer	1330	
h	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 109	THE REAL PROPERTY.	37	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	CHARLES IN CO.
3.0	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			ASSET.
Ja h	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	X
<i>1</i> 2	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4.		X
b	account)?	4a		
~	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	模型		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E o	ALCOH.	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	36		
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	W 11/2		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	AR SHOWING CO.
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	議場		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	11001111	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	)	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		TO BE	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	10.		SEE 18
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	16345ve1958981	Walter Land
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			17
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  11a	<b>经</b>		
	Gross income from members or shareholders			
J				1
12a	against amounts due or received from them.)	420		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	S. Charles	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	The state of	STATE OF
-	Note. See the instructions for additional information the organization must report on Schedule O.	13d		
b	Enter the amount of reserves the organization is required to maintain by the states in which	To the		V.
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		1.	
14a	5111	14a		X
b	15 10 2 - 11 1 - 11 (2) - 1 - 5 - 700 ( ) - 11	14b		
JSA		-		

rai	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, c	o bel er cha	ow, ange	and s in
	Schedule O. See instructions.		•	
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17	15-04102013	\$5.24 (C)	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16		i Or	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	11 35	1	1
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	773	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	W.	103	is the
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			7.7
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
40.	Describe association have been been at the state of the s	40	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		Λ
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	400		
44.	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		-
па	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	44-	Х	
L.	form?	11a	71	EN SE
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4.0	X	is-Min
	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	71	-
U	rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."	120		
·	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	X	-
14	Does 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	H Const		(329)
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а	The organization's CEO, Executive Director, or top management official	15a	X	D)+RDCI
b	Other officers or key employees of the organization	15b	X	-
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		9.30	1 74.5
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	NA.	0.24	No.
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1		
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.	,/		
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KEN DONALDSON 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 2003	е		
	organization: KEN DONALDSON 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 2003	6		

# 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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

\_\_\_\_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<b>(A)</b> Name and Title	(B) Average						nlv\	(D) Reportable	(E)	(F)
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	_		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) VERONIQUE SPRUILL										
PRESIDENT & CEO	40.00	X		X				266,634.	0	22,776
(2) CECILY MAJERUS										
BOARD MEMBER	2.00	Х						0.	ol	0
(3) CURTIS BOHLEN		93								
CHAIR	2.00	Х		X				0.	ol	0
(4)BARBARA PAUL ROBINSON										
VICE CHAIR	2.00	Х		Х				0.	ol	0
(5) PATRICK B. PURCELL										U
TREASURER	2.00	Х		Х				0.	o l	0
(6) PHILIPPE COUSTEAU									-	0
BOARD MEMBER	2.00	Х						0.	0	0
(7)NICOLE LUSKEY								0,	0	0
BOARD MEMBER	2.00	Х						0.	0	0
(8) STEVEN MOORE								0.	0	0
SECRETARY	2.00	Х		х		1		0.	0.	0
(9)MICHAEL ORBACH				-				0.	0	0
BOARD MEMBER	2.00	Х						0.	0	0
(10)STEPHEN PALUMBI								·	0	0
BOARD MEMBER	2.00	Х						0.	0	0.
(11)DAVID ZACHES	2.00	- 21			-			0.	0	<u> </u>
BOARD MEMBER	2.00	х						0.	0.	0
(12)DAVID ALDRICH	2.00	21				-		0.	0.	0.
BOARD MEMBER	2.00	Х						0.	0.	
(13)THOMAS ALLEN	2.00	Λ		-	-		-	0.	0	0.
BOARD MEMBER	2.00	х						0.		
(14)DANE NICHOLS	2.00	Δ		-	-		-	U .	0	0.
BOARD MEMBER	2.00	X	1					0.		2
(15)LAURA CAPPS	2.00	Λ	-	-				0.	0	0.
BOARD MEMBER	2.00	x						0		
(16)WILL MARTIN	2.00	Λ						0 -	0	0.
BOARD MEMBER	2.00	X						_		
DOUGH HERDER	2.00	Λ						0.	0	0.

Part VII Section A. Officers, Directors, Tr		y Ell	ipio			and i	ug			yees (c	ontinued)
(A) Name and title	(B) Average hours per week		tion (o	chec		that apple	oly) Former	(D) Reportable compensation from	(E) Report compens from re	sation	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	trustee	Institutional trustee	97	Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC)	organiza (W-2/1099	ations	compensation from the organization and related organizations
(17) ENRIC SALA BOARD MEMBER	2.00	X						0			
(18) DENNIS KELSO	2.00	A	$\vdash$				-	0.		0.	(
EVP	40.00			Х				197,347.		0.	18,565
(19) LAWRENCE AMON											207000
CFO TANKS TONES	24.00			X				101,450.		0.	6,678
(20) JANIS JONES VP LEGAL AFFAIRS	40.00				v			160 006			1.0.01
(21) AMELIA MONTJOY	40.00	-		_	X		0	169,096.		0.	16,911
VP RESOURCE DEVELOPMENT	40.00					Х		164,872.		0.	13,653
(22) CHRIS DORSETT											20,000
DIRECTOR FISH CONSV & GULF RES	40.00					X		123,949.		0.	12,885
(23) MATTHEW TINNING											
VP COMMUNICATIONS (24) STANLEY SENNER	40.00					X		126,522.		0.	10,066
DIRECTOR CONSERVATION SCIENCE	40.00					х		127,200.		0.	10 636
(25) DENNIS HEINEMANN	10.00					Λ		127,200.		0.	10,639
SENIOR SCIENTIST	40.00					Х		112,274.		0.	10,053
(26)											
(27)											
(28)											
1b Sub-total								1,389,344.		0.	122,226.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .							1,389,344		0	122,226.
Total number of individuals (including but not reportable compensation from the organization)	limited to the	nose l	listed	ab	oove	e) who	o re		\$100,000		122,220.
reportable compensation from the organization			-		-		_				Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede	er, directo ule J for suc	or or ch ind	trus <i>ividu</i>	stee	e, k	ey e	mp	loyee, or highest	compens	sated	3 X
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150,	000	0?	If "Y	es."	complete Sched	ule J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	mpen	satio	n f	rom	anv	uni	elated organization	n or indiv	idual	5 X
Section B. Independent Contractors	_,	.5 501	. Juui	. 5 0	.01	Juon	100			• • •	JA
1 Complete this table for your five highest compensation from the organization.	compensat	ed in	depe	end	ent	cont	ract	tors that received	d more th	an \$100	),000 of
(A) Name and business addr	ess							(B) Description of ser	vices	Co	(C) empensation
ATTACHMENT 5											portodilott
							-				
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)	cluding bu	it not	limi	ited			e li	sted above) who	received		
more than \$100,000 in compensation from the	Juganizat	IUII P				6					Action for the second

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tag under sections 512, 513, or 514
रा व	3 1a	Federated campaigns 1a	28,228.				事 医原始的 计规则
Jan	ь		1,929,205.	<b>以</b> 就是编建了	· 新新工作。		
3, 5	c						
gif	d						14 机单型放射器
i,	e	Government grants (contributions) 1e	318,689.				到 "金麗」 艾勒
utio	f	All other contributions, gifts, grants,					
trib the	5	and similar amounts not included above . 1f	11,862,724.				
Contributions, gifts, grants	g	Noncash contributions included in lines 1a-1f: \$	117,664.			*	<b>计新算机 基础</b>
	l n	Total. Add lines 1a-1f					
ž			Business Code		A Secretary Secret		<b>到</b> 了有一个结果并是
Še	2a	ENVIRONMENTAL CONSULTING	900099	57,213.	57,213.		
ė	b	-					
Ž	C						
Š	d						
rau	е						
Program Service Revenue	f	All other program service revenue			Service Control of the Control of th		
			-	57,213.		的ED19以前,但是	Land Market
	3	Investment income (including dividends, intere					
	1.	other similar amounts)					445,413.
	4	Income from investment of tax-exempt bond p					
	5		(ii) Personal	245,123.	one with the state of the state of	× 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	245,123.
			(ii) i croonar				
				0.	W. S. Desire L. George	- 128025-1200	A STATE OF STREET
		Royalties (i) Real (ii)  a Gross Rents	(ii) Other				
	7 a						
	b	accord carter trial arteriory					
	"						
	c	Gain or (loss) 1,002,406.					Section 1
	d	Net gain or (loss)		1,002,406.	August (August 2010)	-tanta sa a sa	1,002,406.
<u>o</u>	8 a	Gross income from fundraising				THE STATE OF	1,002,400.
JL.		events (not including \$					
ě		of contributions reported on line 1c).					
2		See Part IV, line 18		40,44 81			
Other Revenu	b	Less: direct expenses b					
ŏ	C	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b			4.00	<b>建一种活动</b>	
	C	Net income or (loss) from gaming activities .		0.	Calvarius and Union States		
	10a	Gross sales of inventory, less					
		returns and allowances a				<b>《编集》创一</b> 流	
	b	Less: cost of goods sold b		<b>在大型的</b> 是一种特别。	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
	С	Net income or (loss) from sales of inventory  Miscellaneous Revenue	Business Code	0.	HI - WAR S 200 DE S TONE	William Street by the sales	
					THE RESERVE TO SERVE THE PARTY OF THE PARTY		1. 发展,1000年
	11a	LIST RENTAL	900099	100,000.			100,000.
	b	MISCELLANEOUS INCOME	900099	38,578.			38,578.
	C		900099	306.			306.
	d	All other revenue L  Total. Add lines 11a-11d		138,884.		Land British Constitution	00/808/2020 20X (amount)
	12	Total revenue. See instructions	Water Control of the	16,027,885.	200	Min. 一个一个一个一个	1 004
_				10,021,000.	57,213.		1,831,826.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and				
organizations in the U.S. See Part IV, line 21	304,470.	304,470.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
U.S. See Part IV, lines 15 and 16	6,000.	6,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	799,456.	594,699.	166,630.	38,127
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.	2 001 655	550 011	
7 Other salaries and wages	5,258,614.	3,881,657.	570,011.	806,946
8 Pension plan contributions (include section 401(k)	200 100	140 422	10 701	
and section 403(b) employer contributions)	200,109.	148,433.	19,731.	31,945
9 Other employee benefits	1,020,217.	757,345.	121,007.	141,865
10 Payroll taxes	421,566.	313,690.	49,881.	57,995
11 Fees for services (non-employees):				
a Management	62,666.	59,444.	2 222	
b Legal	99,589.	59,444.	3,222. 99,589.	0
c Accounting	99,389.	0.	99,389.	0
d Lobbying	380,262.			200 202
e Professional fundraising services. See Part IV, line 17	79,874.	71.	79,790.	380,262
f Investment management fees	2,179,010.	1,921,617.	142,899.	114 404
g Other	164,537.	163,575.	602.	114,494
12 Advertising and promotion	2,993,027.	2,474,897.	169,454.	360
13 Office expenses	160,213.	138,436.	10,305.	348,676
14 Information technology	0.	130,430.	10,303.	11,472
15 Royalties	1,180,425.	836,300.	196,736.	147 200
16 Occupancy	839,423.	797,928.	20,632.	147,389 20,863
17 Travel	039,423.	191,920.	20,032.	20,863
18 Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	227,747.	211,006.	10,526.	6,215
19 Conferences, conventions, and meetings	131,081.	194.	130,844.	43
20 Interest	0.	174.	130,044.	43
21 Payments to affiliates	201,255.	139,350.	35,391.	26,514
	59,904.	41,914.	10,285.	7,705
23 Insurance 24 Other expenses, Itemize expenses not covered			ACMEDICAL PROPERTY OF	he and a sub-
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If	<b>企图人表现的</b>			
line 24f amount exceeds 10% of line 25, column		Me School		
(A) amount, list line 24f expenses on Schedule O.)				
a LIST RENTALS	173,051.	122,001.	346.	50,704
b DUES AND SUBSCRIPTIONS	113,288.	102,530.	6,224.	4,534
c FUNDRAISING EXPENSES	80,000.	0.	0.	80,000
d TELEMARKETING EXPENSES	137,566.	96,984.	275.	40,307
e FURNITURE & EQUIPMENT	78,726.	62,056.	10,444.	6,226
f All other expenses	49,208.	39,298.	-351.	10,261
25 Total functional expenses. Add lines 1 through 24f	17,401,284.	13,213,895.	1,854,473.	2,332,916
26 Joint Costs. Check here X if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	3,660,405.	2,609,278.	6,717.	1,044,410
ISA	0,000,100.	2,000,210	0,111.	1,044,410

art X	Balance Sheet		23	3-7245152	-	Page 1
aren	Salanos Onece			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			600.	1	600
2	Savings and temporary cash investments	682,754.	2	2,665,713		
3	Pledges and grants receivable, net	5,954,744.	3	1,770,628		
4	Accounts receivable, net	46,994.	4	178,784		
5	Receivables from current and former officers,					
	employees, and highest compensated employee					
	Schedule L	***************************************	5			
6	Receivables from other disqualified persons (as defined under					
	described in section 4958(c)(3)(B), and contributing employers a					
	section 501(c)(9) voluntary employees' beneficiary organizations (	see ins	structions)	38190,0112	6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 8	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges	• • •		205,305.	9	343,961
10a	Land, buildings, and equipment: cost or				1680	
	other basis. Complete Part VI of Schedule D	10a	1,616,383.			
b	Less: accumulated depreciation			343,021.	10c	330,295
11	Investments - publicly traded securities			10,772,674.		13,107,988
12	Investments - other securities. See Part IV, line 11.			1,104,003.		656,914
13	Investments - program-related. See Part IV, line 11				13	
14	Intangible assets			21,930.	14	5,614
15	Other assets. See Part IV, line 11			802,221.	15	788,610
16	Total assets. Add lines 1 through 15 (must equal li			19,934,246.		19,849,107
17	Accounts payable and accrued expenses			976,410.	17	1,040,561
18	Grants payable			3.072200	18	1,010,001
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
	Escrow or custodial account liability. Complete				21	
21 22	Payables to current and former officers, d			gradient beautiful	PLOCATE IN	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	employees, highest compensated employees, as				1.4	
Ĭ	Complete Part II of Schedule L		200	N SECONO I LED O MUNICIPALITA	22	AND THE PERSON ASSESSED.
23	Secured mortgages and notes payable to unrelated			2,377,734.		2,222,210
24	Unsecured notes and loans payable to unrelated th			2,011,1011	24	2,202,210
25	Other liabilities. Complete Part X of Schedule D	751,397.		981,216		
26	Total liabilities. Add lines 17 through 25		THE RESERVE THE PROPERTY OF TH	4,105,541.		4,243,987
	Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets			5,109,546.	27	8,495,050
28	Temporarily restricted net assets	9,126,989.	28	5,517,900		
29	Permanently restricted net assets	1,592,170.	29	1,592,170		
27 28 29	Organizations that do not follow SFAS 117, chec complete lines 30 through 34.					Table 1
30	Capital stock or trust principal, or current funds			STATE OF THE PARTY	30	ALL STREET
31	Paid-in or capital surplus, or land, building, or equip	men	t fund		31	
32	Retained earnings, endowment, accumulated incom				32	
30 31 32 33	Total net assets or fund balances			15,828,705.	33	15,605,120
- 1	Total liabilities and net assets/fund balances			19,934,246.		19,849,107

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			X	JC 12
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,0	27,8	85.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,4	01,2	84.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,3	73,3	99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,8	28,7	05.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,1	49,8	14.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	15,6	05,1	20.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				100
	Schedule O.				1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		150		
	issued on a separate basis, consolidated basis, or both:				£1
	X Separate basis Consolidated basis Both consolidated and separate basis				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				*** C1881050
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3 b		

# 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. ► See separate instructions.

OMB No. 1545-0047
2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
OCEAN CONSERVANCY

Employer identification number 23-7245152

Town Street										1210102				
Part I	Reason for Pub	olic Charity Statu	<b>ıs</b> (All organizations mu	ust cor	nplete	e this pa	art.) Se	e instr	uctions.					
The org			cause it is: (For lines 1 th											
1			association of churches		ed in	section	170(b)	(1)(A)(i)						
2	A school describe	d in section 170(b)	(1)(A)(ii). (Attach Schedu	le E.)										
3	A hospital or a co	operative hospital :	service organization descr	ibed in	section	on 170(l	)(1)(A)	(iii).						
4	A medical resear	ch organization op	perated in conjunction w	ith a l	nospita	al descr	ibed in	sectio	n 170(b)	(1)(A)(iii). Enter	the			
	hospital's name, ci	ity, and state:												
5	An organization o	perated for the be	enefit of a college or univ	ersity	owne	d or ope	erated	ov a go	vernmer	ntal unit described	d in			
-	section 170(b)(1)(	A)(iv). (Complete I	(iv). (Complete Part II.)											
6			t or governmental unit des	cribed	in sec	tion 170	)(b)(1)(	A)(v).						
7 X			es a substantial part of it						it or fro	m the general nul	hlio			
L			. (Complete Part II.)	o oup,	, , , , , , ,	om a ge	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Jillai aii	. 01 110	in the general pu	טווט			
8	3		ion 170(b)(1)(A)(vi). (Con	nnlete (	Part II Y									
9			es: (1) more than 331/3%				contrib	outions	mombo	robin food and an				
•	receipts from acti	vities related to its	s exempt functions - sub	iect to	corto	in over	otions	and (2)	no mor	iship lees, and gr	088			
	support from are	se investment inc	ome and unrelated busi	inone t	ovoblo	incom	o (loco	anu (z)	. 511 +	e than 551/3% of	IIS			
	acquired by the or	ganization after lu	ne 30, 1975. See <b>section</b>	E00/a	1/2\ //	Complet	e (less	section	1 511 1	ax) from busines	ses			
10			ated exclusively to test for											
11														
''			erated exclusively for the											
			upported organizations de								ion			
			pes the type of supporting							1				
_	a Type I	b Type								Type III - Other				
e			t the organization is not											
			agers and other than one	or mo	re put	olicly su	pporte	organ	izations	described in sect	ion			
	509(a)(1) or section	1 / 1												
f			en determination from th					Type II,	or Type	III supporting				
	organization, check	k this box												
g	Since August 17, 2	2006, has the orga	nization accepted any gif	t or co	ntribut	ion from	any of	the						
	following persons?								-3.					
			ectly controls, either alor								No			
	and (iii) below	, the governing bo	dy of the supported orgar	nization	?					11g(i)				
	(ii) A family mem	ber of a person de	scribed in (i) above?							11g(ii)				
	(iii) A 35% control	led entity of a pers	son described in (i) or (ii) a	bove?						11g(iii)				
h	Provide the followi	ng information abo	out the supported organization	ation(s	).	50 502500500		BEING BROWN						
(i) N	lame of supported	(ii) EIN	(iii) Type of organization		Is the	(v) Did y	ou notify	(vi)	s the	(vii) Amount of	_			
	organization		(described on lines 1-9 above or IRC section	organization in col. (i) listed in						support				
			(see instructions))	your g	overning ment?		. (I) of apport?	in the	rganized U.S.?					
				Yes	No	Yes	No	Yes	No					
											_			
(A)														
				-		-					_			
(B)														
											_			
(C)														
(D)														
											_			
(E)														
-		Epite e e contra de		T PROFILE	HINGS:	5 60		N 100 S 10	TOUR PRINT					
Γotal					ulia sa		100	The same is						
ıvlai		G-TV - Company of the	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	and the second	STATE OF THE PARTY OF	- X-2/X	STATE OF THE PARTY	A CONTRACTOR OF THE PARTY OF TH	CONTRACTOR OF STREET					

23-7245152 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part II Section A. Public Support

	otion 7th Labite Oupport						
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,041,532.	18,467,534.	16,135,997.	11,219,447.	14,138,846.	76,003,356.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						=
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	16,041,532.	18,467,534.	16,135,997.	11,219,447.	14,138,846.	76,003,356.
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				21 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		
	shown on line 11, column (f)						18,276,243.
_6_	Public support. Subtract line 5 from line 4.	DESCRIPTION OF PROPERTY.				1000	57,727,113.
Sec	tion B. Total Support				the second state of the second	HELD STATE STATE	37,727,113.
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	16,041,532.	18,467,534.	16,135,997.	11,219,447.	14,138,846.	76,003,356.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	718,829.	650,639.	407,949.	289,032.	690,536.	2,756,985.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH 1	45,871.	32,875.	195,358.	54,274.	138,884.	467,262.
11	Total support. Add lines 7 through 10			TEMPER OF			79,227,603.
12	Gross receipts from related activities, etc. (see						278,603.
13	First five years. If the Form 990 is fo organization, check this box and stop here			, third, fourth,	or fifth tax year	as a section 5	601(c)(3)
	tion C. Computation of Public Supp	ort Percentag	е				
14	Public support percentage for 2010 (lin	e 6, column (f)	divided by line 1	1, column (f))		14	72.86%
15	Public support percentage from 2009 S	Schedule A, Par	t II, line 14			15	72.11%
16a	331/3% support test - 2010. If the or	ganization did r	not check the b	ox on line 13,	and line 14 is 3	331/3 % or more	, check
h	this box and <b>stop here.</b> The organizatio	n qualifies as a p	publicly support	ed organization			▶ X
D	331/3% support test - 2009. If the or	ganization did i	not check a box	k on line 13 or	16a, and line	15 is 331/3% o	r more,
172	check this box and stop here. The orga	nization qualities	s as a publicly si	upported organi	zation		
170	10%-facts-and-circumstances test - 20	ets the "facts of	lization did not d	neck a box on i	ine 13, 16a or 1	6b, and line 14	is 10%
	or more, and if the organization med Part IV how the organization meets the	els the lacts-a	cumetances" tos	t The organize	this box and	stop here. Exp	olain in
	organization	ie lacts-aliu-cii	cumstances tes	st. The organiza	ation qualifies a	s a publicly sup	pported
b	10%-facts-and-circumstances test - 2	009. If the orga	nization did no	· · · · · · · · · · · · · · · · · · ·	n line 13 16a	16b or 17a a	nd line
	15 is 10% or more, and if the organ	nization meets	the "facts-and-	circumstances"	test check this	ob, or 17a, a	nd line
	Explain in Part IV how the organization	n meets the "fa	cts-and-circums	tances" test. Th	ne organization	qualifies as a r	nere. Jublick
	supported organization				organization	quanios as a p	Jubility
18	Private foundation. If the organization	did not check	a box on line	13, 16a, 16b,	17a, or 17b, cl	heck this box a	nd see
	instructions				****		

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
2						-	
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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		3.00				
	line 6.)						
Sect	tion B. Total Support	P WAS THE INCHIDES	I see and the second	THE RESERVE TO BE SE	THE WASHINGTON THE PARTY OF	**************************************	
	llendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
		(4) 2000	(6) 2001	(0) 2000	(u) 2009	(6) 2010	(i) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part IV.)						
3	Total support. (Add lines 9, 10c, 11,				12.		
•	The state of the s						
4	and 12.)	the error! !!	ala finat - ·	Africal Court	e:m-		1 (0)
4	First five years. If the Form 990 is for the						
	organization, check this box and stop here.				· · · · · · ·		>
	ion C. Computation of Public Supp						
	Public support percentage for 2010 (line 8,					15	%
6	Public support percentage from 2009 Sched	lule A, Part III, lir	ne 15			16	%
	ion D. Computation of Investment						
7	Investment income percentage for 2010 (line	e 10c, column (	f) divided by line	13, column (f))		17	%
	Investment income percentage from 2009 S					18	%
	331/3% support tests - 2010. If the orga						
-	17 is not more than 331/3%, check this						
h	331/3% support tests - 2009. If the organ						
							-
	line 18 is not more than 331/3%, check the secondarion of the experience of		-	•		11	-
20	Private foundation. If the organization d	iu not cneck	a box on line	14, 19a, or 19b	, cneck this be	ox and see instru	ictions -

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

SCHEDULE A, PART II	- OTHER INCO	OME			ATTACHMENT 1	
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
LIST RENTAL	45,871.	28,939.	80,613.	54,175.	38,578.	248,176.
MISCELLANEOUS INCOME	0.	3,936.	36,235.	99.	306.	40,576.
LAWSUIT SETTLEMENT	0.	0.	78,510.	0.	100,000.	178,510.
TOTALS	45,871.	32,875.	195,358.	54,274.	138,884.	467,262.

#### Schedule B (Form 990, 990-EZ,

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization
OCEAN CONSERVANCY

Employer identification number

23-7245152 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

of Part I

Name of organization OCEAN CONSERVANCY

Employer identification number 23-7245152

	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_		\$\$, 1,750,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2_		\$550,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3_		\$\$ <u>538,525.</u>	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4 _		\$\$500,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5 _		\$ <u>500,000</u> .	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6_		\$\$50,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Employer identification number

			23-7245152
Part I Contrib	outors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$90,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		   \$	Person Payroll Noncash

(Complete Part II if there is a noncash contribution.)

#### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

▶See separate instructions.

OMB No. 1545-0047
2010

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2010

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

JSA 0E1264 0.040

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number OCEAN CONSERVANCY 23-7245152 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV. 2 3 Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . . > \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . > \$ \_\_\_ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Yes No Was a correction made? Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's funds. If none, enter -0-. promptly and directly delivered to a separate political organization, If none, enter -0-. (1) (2) (3) (4) (5) (6)

Schedule C (Form 990 or 990-EZ) 2010 23-72		45152 Pag		
P	art II-A Complete if the organizat section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (ele	ction under
A B	Check ▶ if the filing organization if the filing organization	belongs to an affiliated group. n checked box A and "limited control" provis	ions apply.	
_	Limits on Lob (The term "expenditures" m	bying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	4,863.	
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	464,388.	
C	Total lobbying expenditures (add lines 1	a and 1b)	469,251.	
ď	Other exempt purpose expenditures	16,822,797.		
e	rotal exempt purpose expenditures (ad	d lines 1c and 1d)	17,292,048.	
f	Lobbying nontaxable amount. Enter the			
	columns.	1,000,000.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25		250,000.	1. 2. 10 to
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le			
j	If there is an amount other than zero on	either line 1h or line 1i, did the organization file	Form 4720 reporting	
	section 4911 tax for this year?			Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total		
2 a Lobbying nontaxable amount	3,594.	12,839.	697,414.	1,000,000.	1,713,847.		
b Lobbying ceiling amount (150% of line 2a, column (e))					2,570,771.		
c Total lobbying expenditures	12,303.	61,513.	96,672.	469,251.	639,739.		
d Grassroots nontaxable amount	899.	3,097.	174,354.	250,000.	428,350.		
e Grassroots ceiling amount (150% of line 2d, column (e))					642,525.		
f Grassroots lobbying expenditures	5,665.	434.	6,171.	4,863.	17,133.		

Schedule C (Form 990 or 990-EZ) 2010 23-7245152 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? d Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? f Direct contact with legislators, their staffs, government officials, or a legislative body? . . . g Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? h Other activities? If "Yes," describe in Part IV Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2 a If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members 1 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Carryover from last year 2b C 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) . . . . . . 5 Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

art IV Supplemental Information (continued)

Page 4

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Inspection

Name of the organization Employer identification number OCEAN CONSERVANCY 23-7245152 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) . . . . 3 Aggregate grants from (during year) ..... 4 Aggregate value at end of year ...... 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . . . . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year h Number of conservation easements on a certified historic structure included in (a) . . . . . . | 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Pa	rt III Organizations Maintain	ing Collections	of Art. Historical	Treasures	or Other Similar	Assets (continued)	ige 2
	- James de la constant de la constan	ing Concollons (	or Part, Thotorical	ricasares, (	on Other Ommar	Assets (COntinued)	
3	Using the organization's acquisition collection items (check all that app	on, accession, and oly):	d other records, c	heck any of t	he following that	are a significant use of	its
a	Public exhibition		d	Loan or excha	ange programs		
b	Scholarly research		e	Other			
C	Preservation for future ge	enerations	لبــا				
4	Provide a description of the orga		ns and explain he	ow they further	er the organization	n's exempt purpose in P	he
	XIV.			, , , , , , , , , , , , , , , , , , , ,		to oxompt purpose in t	art
5	During the year, did the organization	on solicit or receive	donations of art,	historical trea	sures, or other sim	ilar	
Da	assets to be sold to raise funds rath	mananananan O	ntained as part of	ne organizatio	on's collection?	Yes	No
ı a	rt IV Escrow and Custodial A line 9, or reported an an	nount on Form 9	90, Part X, line 2	ganization a	nswered "Yes" to	Form 990, Part IV,	
1 a	Is the organization an agent, truste	e. custodian or oth	ner intermediary fo	or contributions	s or other assets n	ot	
	included on Form 990, Part X?				or other assets in	· · · · Yes	Ma
b	If "Yes," explain the arrangement in	Part XIV and com	nlete the following	r table		· · · · L Tes L	No
	, , , , , , , , , , , , , , , , , , , ,			, table.	7	Amount	_
С	Beginning balance			1		Amount	
d	Additions during the year						_
е	Distributions during the year						
f	Ending balance						_
2a		ount on Form 990	Part X line 212			TV Tu	
	If "Yes," explain the arrangement in	Part XIV	, raitx, inezr		*******	Yes 1	No
	Endowment Funds. Con		ation answered "	'Voc" to Form	000 Port IV lin	n 10	_
	Endownient unus. Con	(a) Current year	(b) Prior year	(c) Two years			-
1 a	Beginning of year balance				September 1	ears back (e) Four years back	ck
b	Contributions	1,831,561.	1,915,018.	1,975,	The same of the N		100
c	Net investment earnings, gains,	0.	0.		0.		
	and losses				三十二次 (1)		
А	Grants or scholarships	404,563.	6,244.	50,	658.		
	Other expenditures for facilities	0.	0.		0.		
•	and programs						
f	Administrative expenses	0.	0.		0.		
g	End of year balance	114,148.	89,701.		135.		
2		2,121,976.	1,831,561.	1,915,	018.		
	Provide the estimated percentage						
b	Board designated or quasi-endown Permanent endowment ► 75.0		00%				
	Term endowment ► 25.0000						
Ja	Are there endowment funds not in	the possession of	the organization t	hat are held a	nd administered for		
	organization by:						0
	(i) unrelated organizations						X
h	(ii) related organizations					3a(ii)	X
	If "Yes" to 3a(ii), are the related org					3b	
4	Describe in Part XIV the intended u						_
ral	t VI Land, Buildings, and Equ	ipment. See Fo	rm 990, Part X, I	ine 10.			
	Description of investment	(inve	or other basis (b) C estment)	ost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
	Land						
	Buildings						
	Leasehold improvements			74,667	20,126	54,541	ī.
	Equipment			1,449,228			_
	Other			92,488	79,678		
otal	. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part X, col	umn (B), line 1	O(c).) ▶	330,295	-
						Schedule D /Form 990) 20	_

rait vii investments - Other Securities. See Fo	orm 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		33/0
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(l)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		机会医多属的医型和原因性医检查性 化二元基基基
Part VIII Investments - Program Related. See Fo	orm 990, Part X, line	: 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	4.5	
Part IX Other Assets. See Form 990, Part X, lin		
(a) D	Description	(b) Book value
(2)	,	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	Manager Annual Control	
Part X Other Liabilities. See Form 990, Part X,	line 25	
1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) CHARITABLE GIFT ANNUITIES	681,60	64.
(3) DEFERRED RENT	299,5	
(4)		
(5)		
(6)		有一张。1995年,据《宋平集》至第一位《张汉》
(7)		
(8)		
(9)		
(10)		
(11)		
(11)	▶ 981,21	6.

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,027,885
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,401,284
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,373,399
4	Net unrealized gains (losses) on investments	4	1,149,814
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,149,814
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-223,585
Part		urn	
1	Total revenue, gains, and other support per audited financial statements	. 1	17,211,989
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 1,149,81	4.	
b	Donated services and use of facilities	0.	
С	Recoveries of prior year grants 2c		
ď	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	. 2e	1,184,104
3	Subtract line 2e from line 1	. 3	16,027,885
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	age V	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.) 4b	T. T.	
С	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	16,027,885
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturn	
1	Total expenses and losses per audited financial statements	. 1	17,435,574
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4.00	
а	Donated services and use of facilities 2a 34,29	0.	
b	Prior year adjustments 2b	ALC:	
C	Other losses 2c	100	
d	Other (Describe in Part XIV.)	100	
е	Add lines 2a through 2d	. 2e	34,290
3	Subtract line 2e from line 1	. 3	17,401,284
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4.0	
a	Investment expenses not included on Form 990, Part VIII, line 7b	Sugar.	
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	. 5	17,401,284
	XIV Supplemental Information		
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp Iditional information.	ete this p	art to provide
SEE	PAGE 5		~~~~~~

USE OF ENDOWMENT FUNDS

FORM 990, SCHEDULE PART V, LINE 4

DONORS' INTENT IN CONTRIBUTING TO THE ENDOWMENT FUND WAS TO PROVIDE AN ONGOING SOURCE OF FUNDING FOR THE GENERAL OPERATIONS OF THE ORGANIZATION. THERE ARE NO DONOR RESTRICTIONS AS TO HOW INCOME GENERATED FROM THE ENDOWMENT MAY BE USED. IN ORDER TO HONOR DONOR INTENT, THE BOARD OF DIRECTORS HAS AUTHORIZED AN ANNUAL DISTRIBUTION OF 5% OF THE FAIR MARKET VALUE OF THE FUND ANNUALLY. THE DISTRIBUTION IS MEANT TO FUND GENERAL OPERATIONS OF THE ORGANIZATION.

FIN 48 FOOTNOTE

FORM 990, SCHEDULE PART X, LINE 2

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT OC IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC), EXCEPT FOR TAXES ON UNRELATED BUSINESS INCOME. OC IS NOT A PRIVATE FOUNDATION UNDER 509(A)(1) OF THE IRC.

IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY
IN INCOME TAXES ISSUED BY THE FASB, MANAGEMENT HAS EVALUATED OC'S TAX
POSITIONS AND HAS CONCLUDED THAT OC HAS TAKEN NO UNCERTAIN TAX POSITIONS
THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE
PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, OC IS NO LONGER SUBJECT
TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX
AUTHORITIES FOR YEARS ENDED SEPTEMBER 30, 2007 AND PRIOR.

#### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OCEAN CONSERVANCY

Employer identification number

23-7245152 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees, region (by type) (e.g., a program service, expenditures for region agents, fundraising, program describe specific type of and investments and independent services, investments, service(s) in region in region contractors grants to recipients in region located in the region) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)Sub-total....... Total from continuation sheets to Part I . . . . . . . Totals (add lines 3a and 3b)

27013	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method valuation (book, FMV appraisal, other)
1)			EUROPE/ICELAND/GREENLAND	CLEANUP	6,000.	CHECK	0.	NONE	CASH
2)									
)									
)									
) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1									
)									
Ente	er total number of recipient or	ganizations listed abov	e that are recognized as cl	narities by the fo	oreign country, reco	gnized as tax-ex	empt		
by tr	ne IRS, or for which the grant or total number of other organ	ee or counsel has prov	ided a section 501(c)(3) eq	uivalency letter					1.

23-7245152 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (h) Method of (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of non-cash (g) Description of non-cash valuation (book, FMV, recipients cash grant cash disbursement assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12) (13)(14)

(15)

(16)

(17)

(18)

Part IV Fo	reign	<b>Forms</b>
------------	-------	--------------

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471).	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

23-7245152

Page 5

# Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

JSA

Schedule F (Form 990) 2010

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization answered "Yes" to Form 990, Part IV, Ilnes 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, Ilne 6a.

Attach to Form 990 or Form 990-EZ.

See separate Instructions.

OMB No. 1545-0047 Open To Public Inspection

OCEAN CONSERVANCY					23-7245152	
Eundraising Activities C	omplete if the organ	nization a	newered '	'Vec" to Form 9		
Form 990-EZ filers are no				res to roini s	90, i aitiv, ilile	17.
1 Indicate whether the organization	raised funds through	any of the	following a	activities. Check a	Il that apply.	
a X Mail solicitations	е	X Solid	citation of r	non-government g	rants	
<b>b</b> X Internet and email solicitations	s f	X Solid	citation of g	government grants	3	
c X Phone solicitations	g			sing events		
d X In-person solicitations						
<ul><li>2a Did the organization have a writter or key employees listed in Form 9</li><li>b If "Yes," list the ten highest paid in</li></ul>	90, Part VII) or entity	in connec	ction with p	rofessional fundrai	sing services?	X Yes No
(i) Name and address of individual or entity (fundraiser)	ne organization. (ii) Activity	custody o	ndraiser have or control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
, (			outions?		col. (i)	organization
4		Yes	No			
MAL WARWICK & ASSOCIATES	DIRECT MAIL		x	3,948,760.	189,550.	2 750 210
2	INTERNET	-	Λ	3,940,700.	109,330.	3,759,210.
VATERSHED	FUNDRAISING		x	450,455.	53,147.	397,308.
3	TELE-		Λ	430,433.	33,147.	391,300.
OONOR SERVICES GROUP	MARKETING		x	60,643.	123,557.	-62,914.
4	TELE-		Λ	00,043.	123,337	-02,914.
ARIA	MARKETING		x	14,085.	14,008.	77.
5	IMMALITIO		A	14,005	14,000.	
6						
7						
8						
•						
9						
10						
T-4-1				4 472 042	300 363	4 002 601
Total				4,473,943.		
List all states in which the organi registration or licensing. L., AK, AZ, AR, CA, CO, CT, DC, FL, S, KY, LA, ME, MD, MA, MI, MN, MS, DK, OR, PA, RI, SC, TN, UT, VA, WA,	,GA,HI,IL, ,MO,NH,NJ,NM,N ,WV,WI,	Y,NC,NI	О,ОН,	·		

Part II

Pa	ert I	Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,000.	nt contributions and gr	swered "Yes" to Form 99 oss income on Form 990	90, Part IV, line 18, or EZ, lines 1 and 6b.	reported more List events with
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
Rev		Less: Charitable				
		contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs	+			
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4	through 9 in column (	d)		(
	11	Net income summary. Combine line 3	B, column (d), and line	10		
Pa	rt II	Gaming. Complete if the org than \$15,000 on Form 990-E	anization answered EZ, line 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
	1	Stoss revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	Yes	% Yes %	Yes %	10 Ke 12 Ke 19 TV. A94 12 Ke
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2	through 5 in column (	d)		(
	8	Net gaming income summary. Combin	ne line 1. column d. ar	nd line 7		
9		ter the state(s) in which the organizati		ctivities		
a b	ls t	the organization licensed to operate ga No," explain:	aming activities in each	n of these states?		. Yes No
0 a b	We	ere any of the organization's gaming lid Yes," explain:	censes revoked, susp		ng the tax year?	. Yes No

Sched	ule G (Form 990 or 990-EZ) 2010	3
11	Does the organization operate gaming activities with nonmembers?  Yes No.	_
12	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	5
13	Indicate the percentage of gaming activity operated in:	
а	The organization's facility	%
b		6
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	_
	Name ▶	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	)
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	_
	Address ▶	_
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	_
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	,
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year 🕨 \$	_
Part	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	
		-

### SCHEDULE I (Form 990)

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
2010

Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public

Name of the organization						Employer identifica	tion number
OCEAN CONSERVANCY	23-724515	2					
Part I General Information on Grants and  Does the organization maintain records to suf-							
the selection criteria used to award the grants  Describe in Part IV the organization's procedu	or assistance ures for mon	e?	of grant funds in the	United States.			X Yes No
Form 990, Part IV, line 21, for any II can be duplicated if additional space	recipient th	at received n	nore than \$5,000.	Check this box is	plete if the organiz f no one recipient r	eceived more that	n \$5,000. Part
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FL RESTAURANT & ASSOC EDUCATIONAL FOUNDATIO 230 S. ADAMS ST. TALLAHASSEE, FL 32301	59-6194391	501(C)(3)	16,000.				SEE PART IV
(2) SAN DIEGO COAST KEEPERS 2825 DEWEY RD. STE 200 SAN DIEGO, CA 92106	33-0647946	501(C)(3)	10,000.				SEE PART IV
(3) YES FOR 21: CA FOR ST PARKS & WILDLIFE CONS 1100 11TH STREET SACRAMENTO, CA 95814	27-1091369	501(C)(4)	252,000.				SEE PART IV
_(4)							OBB TAKE IV
_(5)							
_(6)							
_(7)							
_(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and go 3 Enter total number of other organizations For Paperwork Reduction Act Notice, see the Ins							

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

MONITORING PROCESS OF GRANTS

FORM 990, SCHEDULE I, PART I

OCEAN CONSERVANCY MONITORS GRANTEES BY REQUIRING FULL FINANCIAL REPORTS

ALONG WITH SPECIFIC PROJECT DELIVERABLES.

PURPOSE OF GRANT OR ASSISTANCE (SEE NEXT PAGE)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					*Sho
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FORM 990, SCHEDULE I, PART II

THE PURPOSE OF THE FL RESTAURANT & ASSOCIATION EDUCATIONAL FOUNDATION GRANT WAS TO SECURE FUNDING FOR SPONSORSHIPS.

THE PURPOSE OF THE SAN DIEGO COAST KEEPERS GRANT WAS TO SUPPORT BEACH CLEAN-UPS.

THE PURPOSE OF YES ON 21: CALIFORNIANS FOR STATE PARKS & WILDLIFE CONSERVATION GRANT WAS TO PROVIDE FUNDING FOR CA STATE PARKS.

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

OCEAN CONSERVANCY

**Questions Regarding Compensation** 

Employer identification number 23-7245152

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use	7	40	
	Travel for companions  Payments for business use of personal residence		¥	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	est P		390
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			i v
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	1.5		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
		DE CO	No.	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.	<b>8</b>	H. FI	
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee	U = 12/8		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	P3041 = 3	Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		diam'r	
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		i sta	11-5
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	hw lat		
а	compensation contingent on the revenues of:	20.20		
b	The organization?	5a		X
IJ	Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.	5b		X
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the net earnings of:		10.6	
а	The organization?	60		X
b	Any related organization?	6a 6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	OD	3 3	16.1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	(PRIHE)	N/HRK0	San Cil
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			-
	to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

# Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	_	(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i) _	245,990.	20,000.	644.	17,035.	5,741.	289,410.	0
1 VERONIQUE SPRUILL	(ii)	0.	0.	0.	0.	0.	0.	0
	(i) _	194,250.	1,250.	1,847.	12,947.	5,618.	215,912.	0
2 DENNIS KELSO	(ii)	0.	0.	0.	0.	0.	0.	0
	(i) _	160,660.	1,250.	2,962.	10,957.	2,696.	178,525.	0
3 AMELIA MONTJOY	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)	167,600.	1,250.	246.	11,751.	5,160.	186,007.	0
4 JANIS JONES	(ii)	0.	0.	0.	0.		0.	
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i) _							
8	(ii)							
	(i)							
9	(ii)							
	(i) _							
0	(ii)							
	(i)							
1	(ii)							
	(i) _							
2	(ii) -							
	(i) _							
3	(ii)							
	(i) _							
4	(ii)							
	(i)							
5	(ii)							
•	(i)			-				
6	(ii)							
•	(11)							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Page 3

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OCEAN CONSERVANCY

Employer identification number 23-7245152

Pa	rt I Types of Property				23-124315	)		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor	(d) of dete	erminir ion am	ng ounts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		2,203.	FAIR MAR	KET	VAL	UE
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	13.	113,291.	FAIR MAR	KET	VAL	UE
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests			The state of the s				
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
4.5	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17 18	Real estate - Other							
19	Collectibles	X	20.	0 170				
20	Food inventory	Λ	۷٠.	2,170.	FAIR MAR	KET	VALU	JE
21	Drugs and medical supplies							
22	Taxidermy							
23	Scientific specimens.							-
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received by	w the orga	nization during the tay was	a fan and the state of				
	which the organization completed Fe	orm 8283 [	Part IV Donos Asknowledge	ar for contributions for	20			
	The organization completed to	OIIII 0200, 1	art iv, Donee Acknowledge	ement	29			-
30a	During the year, did the organizati	on receive	by contribution any prope	rty reported in Part I line	a 1-28 that	SIRSTAND	Yes	No
	it must hold for at least three years	from the	date of the initial contribut	ion and which is not rea	uired to be		J. 134	
	used for exempt purposes for the en	tire holdina	period?	and willout is flot for	uned to be	20-	SLUNI	X
b	If "Yes," describe the arrangement in	Part II.				30a	December 1	MARKET
31	Does the organization have a g		ance policy that requires	the review of any n	on-standard	1	111	
	contributions?		, ,	and totion of any in	on standard	24	Х	7/27
32 a	contributions?  Does the organization hire or use	third partie	es or related organizations	to solicit process or so	ell noncash	31	Λ	-
	contributions?			0011011, p100000, 01 31	J. 110110a311	320		X
b	If "Yes," describe in Part II.					32a	53.51	A Company
33	If the organization did not report an	amount in c	column (c) for a type of pror	perty for which column (a)	is checked	230	811	ALE DE
	describe in Part II.		,	and the second second second second	.c onconcu,	100	- 3	The Lead

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OCEAN CONSERVANCY

Employer identification number 23-7245152

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE CHIEF FINANCIAL OFFICER AND DIRECTOR OF FINANCE REVIEW THE DRAFT 990.

AFTER THEIR REVIEW, THE 990 IS FORWARDED TO THE TREASURER. THE TREASURER

PERFORMS A DETAILED REVIEW OF THE 990, AND THEN PRESENTS THE 990 TO THE

EXECUTIVE COMMITTEE OF THE BOARD. ONCE ALL COMMENTS FROM THE EXECUTIVE

COMMITTEE HAVE BEEN ADDRESSED, THE 990 IS DISTRIBUTED TO THE ENTIRE BOARD

BEFORE FILING.

CONFLICTS OF INTEREST

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY DISCLOSURE STATEMENTS ARE TO BE PREPARED AT LEAST ANNUALLY. IN THE CASE WHERE A POSSIBLE CONFLICT BY AN EMPLOYEE OTHER THAN THE PRESIDENT OF THE ORGANIZATION IS IDENTIFIED, THE PRESIDENT AND CEO SHALL DETERMINE WHETHER AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EXISTS OR CAN BE REASONABLY CONSTRUED TO EXIST AND HOW THE CONFLICT OF INTEREST SHOULD BE RESOLVED. WHEN A CONFLICT OF INTEREST IS DISCLOSED BY A COVERED PERSON OTHER THAN A COVERED EMPLOYEE OR BY THE PRESIDENT AND CEO, THE CHAIR SHALL DISCLOSE THE CONFLICT OF INTEREST TO THE BOARD OF DIRECTORS, OR A DESIGNATED COMMITTEE. THEN, BY MAJORITY VOTE OF THE DISINTERESTED DIRECTORS (EVEN IF THE DISINTERESTED DIRECTORS CONSTITUTE LESS THAN A QUORUM), IT WILL BE DECIDED WHETHER AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EXISTS OR CAN BE REASONABLY CONSTRUED TO EXIST. PROPOSALS TO THE FULL BOARD OF DIRECTORS AS TO HOW THE CONFLICT

OF INTEREST SHOULD BE RESOLVED WILL THEN BE PROVIDED.

#### DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15

THE BOARD SETS THE CEO'S COMPENSATION BASED ON ITS EVALUATION OF HER PERFORMANCE USING MARKET SURVEYS, TAKING INTO ACCOUNT THE ORGANIZATION'S FINANCIAL SITUATION AND PERFORMANCE. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES USING EXTERNALLY PREPARED COMPARABILITY DATA.

#### AVAILABILITY OF OTHER DOCUMENTS

FORM 990, PART VI, LINE 19

OCEAN CONSERVANCY'S AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

STATES IN WHICH FORM 990 IS REQUIRED TO BE FILED

FORM 990, PART VI, LINE 17

ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, HAWAII, ILLINOIS, KANSAS, KENTUCKY, LOUISIANA, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, NEW HAMPHSIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Employer identification number 23-7245152

FORM 990 PART XI, LINE 5

NET UNREALIZED GAINS/LOSSES ON INVESTMENTS: \$1,149,814

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FOUNDED IN 1972, OCEAN CONSERVANCY PROMOTES HEALTHY AND DIVERSE OCEAN ECOSYSTEMS AND OPPOSES PRACTICES THAT THREATEN OCEAN LIFE AND HUMAN LIFE. THROUGH RESEARCH, EDUCATION, AND SCIENCE-BASED ADVOCACY, OCEAN CONSERVANCY INFORMS, INSPIRES, AND EMPOWERS PEOPLE TO SPEAK AND ACT ON BEHALF OF THE OCEANS. IN ALL ITS WORK, OCEAN CONSERVANCY STRIVES TO BE THE WORLD'S FOREMOST ADVOCATE FOR THE OCEANS. OCEAN CONSERVANCY'S FOUR STRATEGIC PRIORITIES REFLECT THE CRITICAL OCEAN CONSERVANCY'S FOUR STRATEGIC PRIORITIES REFLECT THE CRITICAL OCEAN CONSERVATION ISSUES THAT WILL BE THE MAIN FOCUS OF OUR EFFORTS, INCLUDING RESTORING SUSTAINABLE AMERICAN FISHERIES, PROTECTING WILDLIFE FROM HUMAN IMPACTS, CONSERVING SPECIAL OCEAN PLACES, AND REFORMING GOVERNMENT FOR BETTER OCEAN STEWARDSHIP.

ATTACHMENT 2

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

GULF OF MEXICO RESTORATION - OCEAN CONSERVANCY HAS WORKED TO
PROMOTE A HEALTHY GULF FOR MORE THAN 20 YEARS. BUILDING ON
ESTABLISHED RELATIONSHIPS IN THE REGION AND SOLID, SCIENTIFIC
KNOWLEDGE OF ITS ECOSYSTEMS AND WILDLIFE, OCEAN CONSERVANCY GULF
RESTORATION AND FISHERIES CONSERVATION PROGRAM STAFF AND OUR
POLICY EXPERTS ARE PUTTING THEIR EXPERTISE TO WORK BY TESTIFYING
BEFORE CONGRESS AND OTHER DECISION-MAKING BODIES LIKE THE
PRESIDENT'S COMMISSION ON THE DEEPWATER HORIZON OIL DISASTER AND

Employer identification number 23-7245152

ATTACHMENT 2 (CONT'D)

THE GULF COAST ECOSYSTEM RESTORATION TASK FORCE; CONDUCTING

ON-THE-GROUND RESEARCH AND OBSERVATION; AND PUBLISHING REPORTS AND
RECOMMENDATIONS FOR DECISION-MAKERS AND CITIZENS ALIKE. WE HAVE
RECENTLY DEVELOPED A FRAMEWORK FOR RESTORATION THAT IS A BLUEPRINT
TO RESTORE THE GULF TO ITS RIGHTFUL PLACE AS A NATIONAL TREASURE
AND ARE WORKING TO ENSURE THAT THE NECESSARY FUNDS FOR GULF
RESTORATION ARE COMMITTED.

ATTACHMENT 3

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4B

OCEAN POLICY, SCIENCE AND GOVERNANCE - OCEAN CONSERVANCY

TRANSLATES THREATS INTO SOUND, PRACTICAL POLICIES THAT PROTECT OUR

OCEAN AND IMPROVE OUR LIVES. WE RECOGNIZE THAT REAL LEADERSHIP

MEANS REAL COOPERATION - BETWEEN GOVERNMENTS, BUSINESSES,

SCIENTISTS, POLICYMAKERS, CONSERVATION ORGANIZATIONS AND CITIZEN

ADVOCATES. WE SEEK TO ACHIEVE THIS BY ADVOCATING FOR THE

IMPROVEMENT IN QUALITY AND QUANTITY OF OCEAN RESEARCH AND

MONITORING, THE REFORM OF OCEAN GOVERNANCE AND PLANNING FOR

VARIOUS OCEAN USES LIKE FISHING, FISH FARMING, AND OTHER TYPES OF

RESOURCE DEVELOPMENT. THANKS TO IMPROVED MANAGEMENT PRACTICES AND

RESTORATION OF NURSERY HABITAT, MANY OF OUR NATION'S FISHERIES ARE

PRODUCING SUSTAINABLE YIELDS THAT FUEL A STRONG ECONOMY, SUPPORT

WELL-PAYING JOBS, PROVIDE FOR AMPLE RECREATIONAL OPPORTUNITIES AND

SUPPLY AMERICANS WITH HEALTHY SEAFOOD. RECENTLY OCEAN CONSERVANCY

PLAYED AN IMPORTANT ROLE SUPPORTING THE INTRODUCTION OF THE

Employer identification number 23-7245152

ATTACHMENT 3 (CONT'D)

RESTORE ACT, WHICH WILL DISTRIBUTE BP FUNDS THROUGHOUT THE GULF REGION; THE TRASH FREE SEAS ACT, WHICH ADDRESSES THE ISSUE OF OCEAN TRASH; AND THE NATIONAL ENDOWMENT FOR THE OCEAN, WHICH SETS UP A FUND FOR LONG-TERM RESEARCH AND RESTORATION. IN ADDITION, OCEAN CONSERVANCY TESTIFIED ON THE HILL ON THE IMPORTANCE OF OFFSHORE DRILLING SAFETY AND OIL SPILL RESPONSE.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

COMMUNICATIONS AND OUTREACH - OCEAN CONSERVANCY EDUCATES THE

PUBLIC THOUGH VARIOUS COMMUNICATIONS CHANNELS INCLUDING WEB SITES,

E-MAIL, DIRECT MAIL, SOCIAL MEDIA, PAID ADVERTISING, PUBLIC

SERVICE ANNOUNCEMENTS, OUTREACH TO REPORTERS, WRITTEN REPORTS,

BLOGGING AND MORE. OCEAN CONSERVANCY HAS ACHIEVED A MEMBERSHIP

AUDIENCE OF MORE THAN 100,000, A VOLUNTEER CLEANUP AUDIENCE OF AT

LEAST 500,000 EACH YEAR, AND A SOCIAL MEDIA AUDIENCE OF NEARLY

50,000. WE ALSO SUPPORT VARIOUS EFFORTS TO PROVIDE MASS

COMMUNICATIONS RESOURCES SUCH AS RESEARCH, STRATEGIC ADVICE,

MESSAGING AND DIGITAL ASSETS TO THE LARGER OCEAN CONSERVATION

COMMUNITY.

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

MAL WARWICK & ASSOCIATES

FUNDRAISING

189,550.

Name of the organization
OCEAN CONSERVANCY

Employer identification number 23-7245152

ATTACHMENT 5 (CONT'D)

# 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS		DESCRIPTION OF SERVICES	COMPENSATION
2550 NINTH STREET, SUITE 103 BERKELEY, CA 94710			
SANDRA WHITEHOUSE 175 CARROLL AVENUE NEWPORT, RI 02840		MARINE SPATIAL PLAN	168,000.
PATTY DEBENHAM 917 BRODERICK STREET SAN FRANCISCO, CA 94115		MARINE DEBRIS POLICY	279,800.
WATERSHED 100 BUSH STREET, SUITE 850 SAN FRANCISCO, CA 94104		WEB ADVC&FUNDRAISING	133,147.
ALASKA STRATEGIES 4810 LAKES EDGE PLACE GARDEN CITY, ID 83714		GULF RESTORATION	150,000.
TOTA	AL COMPENSATION		920,497.

# Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

2011	
0010	-

A	For the	2011 calend	dar year, or tax year	beginning Jul 1	, 2011,	and endin	g Jun			,2012	
В	Check if a	pplicable:	C Name of organization	OCEAN CONSERVAN	CY			D Employ	er Ident	tification Number	
	Addre	ess change	Doing Business As			23-7245152					
	Name	change	Number and street (or	suite	E Telephone number						
	1-1	return	1300 19th ST	Floor	r (202) 429-5609						
	Term		City, town or country		State	ZIP code + 4					
			Washington		DC	20036		G Gross re	eceints	\$28,108,32	2
			F Name and address of	principal officer:		20030	H(a) Is this	a group retur		filiate = 2	
	Appin	cation penuing						affiliates incl		Yes Yes	F== ···
	T 010		Lawrence J. Amon Sa		4047(0)(1) 05	527	If 'No,'	attach a list.	(see ins	structions)	□ NO
<u></u>		mpt status		(c) ( ) ◄ (insert no.)	4947(a)(1) or	327				_	
<u>J</u>			w.oceanconse					exemption nu			
K			X Corporation Tru	st Association Other	LY	ear of Forma	tion: 197	2   M S	state of	legal domicile: DC	<u>:</u>
		Summar			: :::					41	
				mission or most significan						_tne_sear	<u> 2h</u>
9				water planet.							
ď				nd engages people	e in broced	scriid T	Tue Toce	ean and	그 그느	· <u>s</u>	
& Governance			for future	ization discontinued its op				 % of its no			
Ĝ				governing body (Part VI, ti						= 13. 	17
•ಶ				mbers of the governing boo					4	<del></del>	16
ţį				yed in calendar year 2011					5		132
Activities				ate if necessary)					6	59	8,000
¥				from Part VIII, column (C),					7a		0.
	<b>b</b> Ne	t unrelated	business taxable inc	ome from Form 990-T, line	34	<u></u>	<u> </u>		7b		
								Prior Year		Current Y	
d)	ı		- '	, line 1h)				1,138,8		20,898	
Revenue	1	_	•	I, line 2g)				57,2			,954.
eVe	1			mn (A), lines 3, 4, and 7d)				447,8			<u>,450.</u>
Œ	t			A), lines 5, 6d, 8c, 9c, 10c				384,0			,207.
				h 11 (must equal Part VIII				5,027,8		21,851	
			-	Part IX, column (A), lines	-			310,4		603	,097.
			· · · · · · · · · · · · · · · · · · ·	art IX, column (A), line 4)					0.		0.
•	<b>15</b> Sa	laries, othe	r compensation, emp	oloyee benefits (Part IX, co	olumn (A), lines 5	-10)		7,699,9		8,513	<u>,755.</u>
Expenses	<b>16a</b> Pr	ofessional f	undraising fees (Par	IX, column (A), line 11e)				380,2	262.	202	,552.
be	<b>b</b> To	tal fundraisi	ing expenses (Part I)	K, column (D), line 25) ►	2,53	4,038.					
ŭ	ł			A), lines 11a-11d, 11f-24e				9,010,5	590.	10,183	.050
	l			nust equal Part IX, column				7,401,2			
	1	-		ine 18 from line 12				L,373,3			
5 8		VC1100 1000	охроносо. Оченност	THE TO HOME HIM TE				ng of Currer			
Brock of	1	tal assets /	Part X. line 16)					9,849,		22,190	
Net Assets Fund Balanc		Total assets (Part X, line 16)							987.	4,524	
T P				act line 21 from line 20				5,605,		17,665	
		Signature		act file 21 from file 20		· · · · · · · · · · · · · · · · · · ·		3,003,.	120.	1 17,005	, 903.
				U			M b b cf			lief is:	
comp	r penalties dete. Declar	of perjury, i dec ation of prepar	rer (other than officer) is ba	this return, including accompanying sed on all information of which pre	g schedules and staten parer has any knowled	nents, and to lge.	trie best of n	пу кложіваде	; and be	ilei, π is true, correct	, and
		6	Samo	Male				2-1	11-1	13	
Sic	ın	Signatur	e o officer		· · · · · · · · · · · · · · · · · · ·		D	ate			
Sign Here		Lawr	ence J. Amon				Chie	f Fina	ncia	al Officer	
			print name and title.	· · · · · · · · · · · · · · · · · · ·			<u> </u>			0111001	
		Print/Type pr	eparer's name	Preparer's signature		Date		Check	if	PTIN	
Pai	id							self-employ			
	eparer	Firm's name	<b>▶</b> ·					Jon amploy			
	e Only	1 .						- Eirm's EIN	<b>•</b>		
		Firm's addres		· · · · · · · · · · · · · · · · · · ·				Firm's EIN			
NA -:	the IDC	diagram 45:-	roturn with the re	orar chaus shaus? (	notruption=\			Phone no.			7.
				arer shown above? (see in	<u>-</u>	······	EA0101 0	7/05/11		· Yes	. No

# Form 990 (2011) OCEAN CONSERVANCY Pair V Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	_3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, 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 D, Part VI	11 a	Х	
	<b>b</b> Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b	Х	_
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	Х	·
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) OCEAN CONSERVANCY

Part V Checklist of Required Schedules (continued)

a series	oneckinst of required selectates (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X_	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	х	
		23		<b></b>
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		X
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		L
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
ŧ	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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		•	
20	disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X_
t	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b	÷	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		_X_
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	

BAA

# Form 990 (2011) OCEAN CONSERVANCY Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	<u> </u>	<u></u>		
			Yes	No	
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2			THE STREET
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			The second
,	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c	X		STATE
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2		10	The second second
	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	Troni.			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	. За	***************************************	Х	
1	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	. 3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		X	-
	b If 'Yes,' enter the name of the foreign country:				To September
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				WINNE
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	$\vdash$		X	_
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X	_
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	. 5c			-
	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?	. 6a		х	_
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	. 6b	. Fictional Conduction		100
7	Organizations that may receive deductible contributions under section 170(c).				
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	. 7a	X		00
1	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	. 7b	Х		
(	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	. 7c		Х	
•	d If 'Yes,' indicate the number of Forms 8282 filed during the year				THE REAL PROPERTY.
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		X	_
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х	
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g			
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h			10
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	. 8			CONTRACTOR OF THE PERSONS
9	Sponsoring organizations maintaining donor advised funds.	744	November 157		
á	a Did the organization make any taxable distributions under section 4966?	9a	in excession and the	Management of the Control	•
	b Did the organization make a distribution to a donor, donor advisor, or related person?	. 9b			-
	Section 501(c)(7) organizations. Enter:				
	a Initiation fees and capital contributions included on Part VIII, line 12				The second
ŀ	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
ä	a Gross income from members or shareholders				THE REAL PROPERTY.
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				MANAGEMENT OF THE PARKS
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		***************************************	
ŀ	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.				
ä	a Is the organization licensed to issue qualified health plans in more than one state?	. 13a	ping/emi/	T ROBERT CO	
	Note. See the instructions for additional information the organization must report on Schedule O.				1
	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				THE RESIDENCE OF
	Enter the amount of reserves on hand				and the same
	a Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		X	_
Ŀ	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	. 14b			

Sec	tion A. Governing Body and Management											
			Yes	No								
1 a	Enter the number of voting members of the governing body at the end of the tax year											
	authority to an executive committee or similar committee, explain in Schedule O.											
t	Enter the number of voting members included in line 1a, above, who are independent 1b 16											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X								
4	since the prior Form 990 was filed?											
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?											
6												
7 <i>a</i>	7a 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?											
k	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?											
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
	The governing body?	8a	_X									
t o	• Each committee with authority to act on behalf of the governing body?	8b	X	·								
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<b>V</b> 1									
10-	Diddha annanination hand abadan burnaban an affiliata 2	10a	Yes	No_								
	a Did the organization have local chapters, branches, or affiliates?	iva		X								
	olf 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
	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	MATERIA POR CO								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х									
t	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х									
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	х									
13	Did the organization have a written whistleblower policy?	13	Х									
14	Did the organization have a written document retention and destruction policy?	14	Х	The second secon								
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?											
a	The organization's CEO, Executive Director, or top management official	15a	Χ									
t	Other officers of key employees of the organization	15b	Χ	-ntohic et crossi								
	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?	16a		X								
t	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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed See Form 990, Page 6, Line 17 (continued)											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check all that apply.	ilable	for pu	blic								
	X Own website X Another's website X Upon request											
19	Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	ble to										
	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	zation	:									
•	Kenneth Donaldson 1300 19th St., NW 8th Floor DC 20036 (2	02)_4										
BAA	TEEA0106 01/23/12	Form	990 (	2011)								

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

Check if Schedule O contains a response to any guestion in this Part VII ...

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization	n nor any r	elated	org	janiz	atio	n com	pen	sated any current offic	er, director, or trustee	) <b>.</b>
<b>(A)</b> Name and title	(B) Average hours per week	(do no unles	ot che	Pos ck mo	ition ore the	an one n an offi rustee)	box,	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	andividual trustee or director	anstitutional krustee	Officer	Forner Highest compensated employee Key employee		र्रेवरतस	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Veronique Spruill										-
President & CEO	40.00	X		Х				325,510.	0.	33,033.
(2) E.U. Curtis Bohlen Chair	2.00	Х		х				0.	0.	0.
(3) David Aldrich	2.00				<u> </u>					
Vice Chair	2.00	Х		Х				0.	0.	0.
(4) Patrick Purcell									·	
Treasurer	2.00	Х		Х				0.	0.	0.
(5) Steven Moore										
Secretary	2.00	_X		Х			ļ <u>.</u>	0.	0.	0.
_(6) Thomas Allen										
Board Member	2.00	Х						0.	0.	<u> </u>
	2.00	Х						0.	0.	0.
(8) Philippe Cousteau										
Board Member	2.00	Х						0.	0.	0.
(9) Nicole Luskey										
Board Member	2.00	Х						. 0.	0.	0.
(10) Cecily Majerus										
Board Member	2,00	X	<u> </u>					0.	0.	0.
(11) Will Martin Board Member	2.00	X						0.	0.	0.
(12) Edward Miller										
Board Member	2.00	Х						0.	0.	0.
(13) Dane Nichols										
Board Member	2.00	Х						0.	0.	0.
(14) Michael Orbach										
Board Member	2.00	Х				<u> </u>		0.	0.	0.

Part VIII Section A. Officers, Directors, Trus	stees, r	<b>∖ey</b> │	EM		oye C)	es,	and	nignest Com	pensated Em	ployees (cont)
(4)	(B)	Position						(D)	(E)	(5)
<b>(A)</b> Name and title	Average	box	box, unless person is be officer and a director/tru					Reportable compensation from	Reportable compensation from	<b>(F)</b> Estimated
	hours per week							the organization (W-2/1099-MISC)	related organization (W-2/1099-MISC)	s compensation
	(describ	Individual truste or director	institutional trustee	Officer	Key e	Highest compensated employee	Former	(W-2/1099-WI3C)	(W-2/1099-WIISC)	from the organization and related
	hours for	ecto	tion	4	employee	oyee	4			organizations
	related	trus	al tri		oyee	duc				
	organi- zations in	l e	uste			ensa				
	Sch O)					e e				
(15) Stephen Palumbi		ļ —								
Board Member	2.00	X						0.	·C	).
(16) Enric Sala	_ ]									
Board Member	2.00	X					l	0.	C	).
(17) David Zaches										
Board Member	2.00	X						0.	C	).
(18) Dennis Kelso										
EVP	40.00			Х				203,475.	C	28,29
(19) Lawrence Amon										
CFO	24.00			Х				106,323.	C	6,37
(20) Janis Jones										
VP Legal Affairs	40.00				Х			201,021.	C	28,10
(21) Amelia Montjoy										
VP Resource Development	40.00				Х			180,658.	C	18,35
(22) Elizabeth Hallman										
Dir. Corp. Giving	40.00					X		131,347.	C	15,10
(23) Emily Woglom										
Dir. Gov. Relations	40.00	)				X		130,019.	C	15,14
(24) Stanley Senner						1				
Dir. Conservation Science	40.00					X		124,317.	C	23,53
(25) Chris Dorsett										
Dir. Gulf Restoration	40.00	)				X		124,293.	C	15,45
1 b Sub-total							<b>&gt;</b>	1,526,963.	(	183,41
c Total from continuation sheets to Part VII, Section	Α				<b>.</b> .		<b>&gt;</b>	110,869.	(	14,21
d Total (add lines 1b and 1c)								1,637,832.	(	197,63
2 Total number of individuals (including but not limite	ed to thos	se lis	ted .	abo	ve)	who	rece	eived more than \$	00,000 of reporta	able compensation
from the organization > 13										
										Yes N
3 Did the organization list any former officer, director	r or trust	ee, k	кеу е	emp	loye	e, or	r hig	hest compensated	employee	
on line 1a? If 'Yes,' complete Schedule J for such i	individua	1				· · · ·				3
4 For any individual listed on line 1a, is the sum of re	eportable	con	npen	nsati	on a	and o	othe	r compensation fro	om .	
the organization and related organizations greater such individual	than \$15	0,00	0? <i>l</i> i	f 'Ye	es' c	omp	lete	Schedule J for		
										<b>4</b> X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compens complete	atioi Scl	n troi hedu	m a de J	ny ι ' for	ınrel such	ated	l organization or in rs <i>on</i>	dividual	STREET, STREET
Section B. Independent Contractors	compress	, 00,	1000	,,,,	,,,	5401	, per	3077		2
1 Complete this table for your five highest compensa	ted inde	pend	ent d	cont	ract	ors t	that	received more tha	n \$100,000 of	
compensation from the organization. Report compe		for t	ne ca	alen	dar	year	r end	ding with or within	the organization'	s tax year.
<b>(A)</b> Name and business addre	ess							Description (	of services	<b>(C)</b> Compensation
Patty Debenham 917 Broderick St. S	an Fra	nci	sco	CA	<u> </u>	941	15	Marine Debr	is Policy	211,900
	ewpor			RI				Marine Spati		182,000
	ereke		7	CA				Fundraising		172,96
Alaska Stratagies 4810 Lakes Edge Place G								Gulf Resto		139,500
	ambri			MA				Web Advc&Fu		114,42
		~ 3 5			<u> </u>		<u> </u>			
2 Total number of independent contractors (including	but not	limit	ed to	the	ose	liste	d ab	ove) who received	more than	

\$100,000 in compensation from the organization ► 7

	To Vin Statement of Revenue		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns     1a       b Membership dues     1b       c Fundraising events     1c       d Related organizations     1d       e Government grants (contributions)     1e       f All other contributions, gifts, grants, and	30,367. 1,968,912. 0. 255,058.				
CONTRIBU AND OTHI	similar amounts not included above 1f g Noncash contributions included in Ins 1a-1f: \$ h Total. Add lines 1a-1f	18,644,554.	20,898,891.			
UE		Business Code				
PROGRAM SERVICE REVENUE	2a Environmental Consulting	541900	157,766.	157,766.	0.	0.
RE	<b>b</b> Speaker Honorariums	541900	3,000.	3,000.	0.	0.
VICE	c Ocean Movie Night	512000	188.	188.	0.	0.
SER	d					
AM:	e					
GR.	f All other program service revenue					
PRC	g Total. Add lines 2a-2f	· · · · · · · · · · · · · · · · · · ·	160,954.			
	3 Investment income (including dividends other similar amounts)	interest and	409,340.	0.	0.	409,340.
	4 Income from investment of tax-exempt I	oond proceeds . 🏲				
	<b>5</b> Royalties		543,900.	0.	0.	543,900.
	(i) Real	(ii) Personal				
	6a Gross rents				r tu Wille grassonites	
	<b>b</b> Less: rental expenses .					
	c Rental income or (loss)					Saparan Aristolean
	<b>d</b> Net rental income or (loss)	<u></u>				
	7a Gross amount from sales of assets other than inventory . (i) Securities 6, 058, 596	(ii) Other				
	b Less: cost or other basis and sales expenses 6, 253, 486					
	c Gain or (loss)194,890				pagentarion Boligiano en Gregoria	Testel superior de la company de la
	d Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	-194,890.	0.	0.	-194,890.
J S	8a Gross income from fundraising events (not including \$ 0.					
OTHER REVEN	of contributions reported on line 1c).  See Part IV, line 18			Paristra de la Companya de la Compa La Companya de la Companya de		
٣	b Less: direct expenses			r distriction starting. National actions are set at the starting of the		
두	c Net income or (loss) from fundraising ev					
	9a Gross income from gaming activities. See Part IV, line 19					
	<b>b</b> Less: direct expenses					
	c Net income or (loss) from gaming activi					
	10 a Gross sales of inventory, less returns and allowances					
-	<b>b</b> Less: cost of goods sold					
	c Net income or (loss) from sales of inver		6,230.	6,230.	0.	Ο.
ŀ	Miscellaneous Revenue	Business Code	0,250.	0,200.		
İ		900099	27,034.	0.	0.	27,034.
		900099	43.	0.	0.	43.
ĺ	c		201			†
	d All other revenue					-
	e Total. Add lines 11a-11d	<b></b>	27,077.		national factors	
	12 Total revenue. See instructions			167,184.	0.	785,427.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a re	sponse to any question	in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See				
	Part IV, line 21	586,912.	586,912.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	2,000.	2,000.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	14,185.	14,185.		
4	Benefits paid to or for members	0.	0.		
5	Compensation of current officers, directors, trustees, and key employees	1,131,161.	795,687.	171,355.	164,119.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	5,602,618.	4,355,352.	676,623.	570,643.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	237,413.	186,009.	28,007.	23,397.
9	Other employee benefits	1,081,972.	834,053.	133,354.	114,565.
10	Payroll taxes	460,591.	353,542.	57,401.	49,648.
	Fees for services (non-employees):		000,012.	0.,101	15/040.
	a Management	0.	0.	0.	0.
	<b>b</b> Legal	37,491.	37,491.	0.	0.
(	CAccounting	125,212.	0.	125,212.	0.
(	<b>d</b> Lobbying	0.	0.	0.	0.
	Professional fundraising services. See Part IV, line 17	202,552.			202,552.
	Investment management fees	84,834.	0.	84,834.	0.
	g Other	2,384,320.	2,221,893.	159,096.	3,331.
	Advertising and promotion	155,924.	154,073.	957.	894.
13	Office expenses	3,943,588.	2,733,445.	188,241.	1,021,902.
14	Information technology	151,655.	118,121.	7,413.	26,121.
15	Royalties Occupancy	1,160,755.	0.	185,803.	0.
16 17	Travel	669,067.	866,879. 610,240.	18,830.	108,073.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	39,997.
19	Conferences, conventions, and meetings	289,337.	248,811.	19,729.	20,797.
20	Interest	120,930.	115.	120,799.	16.
21	Payments to affiliates	0.	0.	0.	0.
22	Depreciation, depletion, and amortization	176,318.	127,293.	30,996.	18,029.
23	Insurance	68,163.	51,692.	10,414.	6,057.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	List Rentals	162,951.	109,503.	978.	52,470.
t	Dues & Subscriptions	144,275.	116,249.	3,702.	24,324.
	:Telemarketing	152,062.	102,186.	912.	48,964.
	Expensed Furniture & Equip	305,331.	254,697.	31,787.	18,847.
	All other expenses	50,837.	25,198.	6,347.	19,292.
	Total functional expenses. Add lines 1 through 24e	19,502,454.	14,905,626.	2,062,790.	2,534,038.
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   X if following				
	SOP 98-2 (ASC 958-720)	3,789,008.	2,546,213.	22,734.	1,220,061.
	001 30-2 (100 300-720)	3, 109,000.	2,340,213.	24,134.	1,220,001.

	Til X	Balance Sheet				
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			1	600.
	2	Savings and temporary cash investments			2	1,231,912.
	3	Pledges and grants receivable, net			3	4,742,641.
	4	Accounts receivable, net		178,784.	4	271,686.
	5	Receivables from current and former officers, directors, and highest compensated employees. Complete Part II of	trustees, key employees, of Schedule L		5	
	6	Receivables from other disqualified persons (as defined persons described in section 4958(c)(3)(B), and contribus ponsoring organizations of section 501(c)(9) voluntary organizations (see instructions)		6		
Ş	7	Notes and loans receivable, net			7	
ASSETS	8	Inventories for sale or use			8	928.
T S	9	Prepaid expenses and deferred charges		343,961.	9	263,532.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	10a 1,988,975.			
	b	Less: accumulated depreciation			10 c	532,182.
	11	Investments – publicly traded securities			11	14,351,960.
	12	Investments - other securities. See Part IV, line 11		656,914.	12	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	5,614.	14	0.	
	15	Other assets. See Part IV, line 11	788,610.	15	795,264.	
	16	Total assets. Add lines 1 through 15 (must equal line 34			16	22,190,705.
	17	Accounts payable and accrued expenses			17	1,153,825.
	18	Grants payable		18	209,420.	
	19	Deferred revenue			19	12,928.
· F	20	Tax-exempt bond liabilities			20	
A B I	21	Escrow or custodial account liability. Complete Part IV			21	
L I T	22	Payables to current and former officers, directors, truste highest compensated employees, and disqualified perso of Schedule L	es, key employees, ns. Complete Part II		22	
Ĺ	23	Secured mortgages and notes payable to unrelated third			23	2,047,109.
É	24	Unsecured notes and loans payable to unrelated third pa	•		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comple	o related third parties, te Part X of Schedule D	981,216.	25	1,101,440.
	26	Total liabilities. Add lines 17 through 25		4,243,987.	26	4,524,722.
N E T		Organizations that follow SFAS 117, check here 🕨 🗓	and complete lines			
		27 through 29 and lines 33 and 34.	•			
Ş	27	Unrestricted net assets		8,495,050.	27	8,620,256.
ASSETS	28	Temporarily restricted net assets		5,517,900.	_	7,453,557.
	29	Permanently restricted net assets		1,592,170.	29	1,592,170.
Q R		Organizations that do not follow SFAS 117, check here	► and complete			
FUND		lines 30 through 34.				
Ď	30	Capital stock or trust principal, or current funds			30	
B A	31	Paid-in or capital surplus, or land, building, or equipmer			31	
<b>BALAZCES</b>	32	Retained earnings, endowment, accumulated income, or			32	
Ĕ	33	Total net assets or fund balances			33	17,665,983.
<u> </u>	34	Total liabilities and net assets/fund balances		19,849,107.	34	22,190,705.

BAA

Form 990 (2011)

		7245152	F	Page <b>12</b>
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u></u> .	· · · · · · · · ·	
1	Total revenue (must equal Part VIII, column (A), line 12)		,851,	
2	Total expenses (must equal Part IX, column (A), line 25)		,502,	
3	Revenue less expenses. Subtract line 2 from line 1		,349,	048.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		,605,	120.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-288,	185.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b> 17	,665,	983
	Financial Statements and Reporting		70007	<del></del>
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	$\overline{}$
1	Accounting method used to prepare the Form 990:		Alphaniani	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
ı	Were the organization's financial statements audited by an independent accountant?		<b>2b</b> X	
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
(	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both:	on a		
	X Separate basis Consolidated basis Both consolidated and separate basis			
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a	Х
ŧ	of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits available available of audits.	ed audit	26	

BAA

Form **990** (2011)

#### Form 990

# **Continuation Sheet for Form 990**

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

OCEAN CONSERVANCY 23-7245152

Part VIII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees												
(A)  Name and Title	(B)	Posi	ition (		C) k all t	hat app	lv)	(D)	(E)	(F)		
ivalile aliu Title	Average hours per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
26 Kenneth Donaldson Dir. Finance	40.00					х		110,869.	0.	14,216.		
								14				
	-											
								·				
						-						
										Form 000 Cont 2011		

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

Employer identification number

Name	of th	e organization							Employer	identificat	ion number		
OCE	AN	CONSERVANCY							<u>23-72</u>	245152	2		
Hali		Reason for Publ	ic Charity Status	(All organizations	must d	comple	te this	part.)	See in	nstruct	ions.		
The o	orga	nization is not a privat	te foundation because	it is: (For lines 1 through	gh 11, cl	neck only	y one bo	ox.)					
1		A church, convention	of churches or associ	ation of churches descr	ibed in s	section 1	170(b)(1	)(A)(i).					
2		A school described in	section 170(b)(1)(A)(	ii). (Attach Schedule E	.)								
3				organization described		ion 170(	b)(1)(A)	(iii).					
4			•	in conjunction with a ho					οχ1χΑχ	iii). Ente	er the hospi	tal's	
	_	name, city, and state	•	,	•			,		•			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> 170(b)(1)(A)(iv). (Complete Part II.)											
6	-	A federal, state, or lo	cal government or gov	vernmental unit describ	ed in <b>se</b>	ction 17	0(b)(1)(A	4)(v).					
7	X	in section 170(b)(1)(A	<b>A)(vi).</b> (Complete Part		•		ernment	al unit o	r from t	he genei	ral public d	escribe	ed
8		A community trust de	scribed in section 170	<b>)(b)(1)(A)(vi).</b> (Complete	e Part II.	)							
9		from activities related	to its exempt function	more than 33-1/3% of ns — subject to certain taxable income (less sinplete Part III.)	excentio	ns and	(2) no n	nore tha	n 33-1/3	3% of its	Support fro	nm arc	188
10				clusively to test for pub									
11	H	•	•	clusively for the benefit		-				out the	Durnoses o	of one	or
••	ш	more publicly support	ted organizations desc	cribed in section 509(a) on and complete lines 1	(1) or se	ection 50	9(a)(2).	See se	ction 50	9(a)(3).	Check the	box th	at
		a Type I	<b>b</b> Type II	<b>c</b> Type III	– Func	tionally	integrate	ed		d 🗌	Type III -	- Other	r
е		By checking this box, other than foundation section 509(a)(2).	I certify that the orga managers and other	nization is not controlle than one or more public	d directl	y or indi orted org	rectly by ganizatio	one or ons desc	more di cribed in	squalifie section	ed persons 509(a)(1) o	or	
f		If the organization red		mination from the IRS th				r Type I	II suppo	rting org	janization,		П
~				n accepted any gift or				the follo	wina ne	erenne?			. —
g		Since August 17, 200	o, nas the organization	in accepted any gift of	CONTINU	tion non	il ally of	tile loll	Jwing po	2130113.		Yes	No
		(i) A person who d	irectly or indirectly co	ntrols, either alone or to	aether v	with pers	sons des	scribed i	n (ii) an	d (iii)		163	140
		below, the gove	rning body of the sup	ported organization?							11g (i)		
		(ii) A family member	er of a person describ	ed in (i) above?							. 11 g (ii)		
		(iii) A 35% controlle	ed entity of a person d	escribed in (i) or (ii) ab	ove?						. 11 g (iii)		
h		Provide the following	information about the	supported organization	ı(s).								
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column ( vour qu	Is the zation in i) listed in overning ment?	the organ	ou notify lization in n (i) of upport?	organiz colur organize	s the ation in nn (i) ed in the 5.?	(vii) Amour	it of sup	port
					Yes	No	Yes /	No	Yes	No			
(A)													
(B)													
<u> </u>													
(C)													
(D)													
<u>(D)</u>		·											
<u>(E)</u>								e projection de la constanta	roganicies	08.020580883			
					THE REAL PROPERTY.	190 TOTAL CONTRACTOR	<b>- 网络阿拉斯斯斯斯</b>		ENGINEE CONTRACTOR	THE PERSON NAMED IN			

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	18,467,534.	16,135,997.	11,219,447.	14,138,846.	20,898,891.	80,860,715.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			·			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	18,467,534.	16,135,997.	11,219,447.	14,138,846.	20,898,891.	80,860,715.
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)	a de la companya de l					24,435,993.
6	Public support. Subtract line 5 from line 4						56,424,722.
Sec	tion B. Total Support			_			
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> Total
7	Amounts from line 4	18,467,534.	16,135,997.	11,219,447.	14,138,846.	20,898,891.	80,860,715.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	650,639.	407,949.	289,032.	690,536.	953,240.	2,991,396.
.9	Net income from unrelated business activities, whether or not the business is regularly carried on	-					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	32,875.	195,358.	54,274.	138,884.	27,077.	448,468.
11	Total support. Add lines 7 through 10					ing Kapata Bangara Kapata Bangara Kapata	84,300,579.
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	
13 ——	First five years. If the Form 990 organization, check this box and	stop here	<u></u>	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶∏
Sec	tion C. Computation of Pu						1
14	Public support percentage for 20						
15	Public support percentage from 2	2010 Schedule A, I	Part II, line 14		• • • • • • • • • • • • • • • • • • • •	<u>15</u>	72.86%
16 a	<b>33-1/3% support test – 2011.</b> If t and <b>stop here.</b> The organization	he organization di qualifies as a pub	d not check the bilicly supported org	ox on line 13, and ganization	the line 14 is 33-	1/3% or more, che	eck this box ► X
b	33-1/3% support test — 2010. If t and stop here. The organization	he organization di qualifies as a publ	d not check a box licly supported org	on line 13 or 16a ganization	a, and line 15 is 33	3-1/3% or more, c	heck this box
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts'	neets the 'facts-ar	nd-circumstances	' test, check this b	ox and stop here	<b>.</b> Explain in Part I\	/ how
	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	meets the 'facts-ar I-circumstances' to	nd-circumstances' est. The organizat	test, check this b ion qualifies as a	ox and <b>stop here</b> publicly supporte	<b>.</b> Explain in Part I\ d organization	/ how the
	Private foundation. If the organiz	zation did not ched	k a box on line 1	3, 16a, 16b, 17a,			
BAA					S	chedule A (Form 9	990 or 990-EZ) 2011

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

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

	Park Bulling		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	tion A. Public Support	I	T	T	T		<del></del>
	dar year (or fiscal yr beginning in)  Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	<b>(f)</b> Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
	Total. Add lines 1 through 5						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b			-	-		
	Public support (Subtract line 7c from line 6.)						
<u>Sec</u>	tion B. Total Support	<b>I</b>		1		r	
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
10 a	Amounts from line 6	·					
_	: Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 i organization, check this box and	s for the organiza	ation's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶∏
	tion C. Computation of Pul						
	Public support percentage for 20	• •	***	, ,,,,			8
	Public support percentage from 2						용
	tion D. Computation of Inv						
	Investment income percentage for	•	• • •	•			<u> </u>
	Investment income percentage from						%
	33-1/3% support tests – 2011. If is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	s a publicly suppoi	ted organization	▶ ∐
	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%,	, check this box a	ind <b>stop here.</b> The	organization qua	alifies as a publicly	supported organiz	ation ▶ 🔲
	Private foundation. If the organiz	otion did not abo	ck a boy on line 1	1 100 or 10h ch	ook this boy and s	ee instructions	▶ 🗇

Schedule A (Form 990 or 990-EZ) 2011 OCEAN CONSERVANCY	23-7245152	Page <b>4</b>
Part IV. Supplemental Information. Complete this part to provide the explanations Part II, line 17a or 17b; and Part III, line 12. Also complete this part for ar (See instructions).	required by Part II, ny additional informa	line 10:
Other Income Part II, Line 10		· ·
Description: List Rental		·
2007: 28939.		·
2008: 80613.		· <b></b>
2009: 54175.		
2010: 38578.		
2011: 27034.		· ·
Description: Lawsuit Settlement		. – – – – – .
2008: 78510.		. – – – – – .
2010: 100000.		
2011: 0.		
Description: Miscellaneous Inc.		
2007: 3936.		
2008: 36235.		
2009: 99.		
2010: 306.		
2011: 43.		
		· <b></b>
·		· — — — — — .
		·
	·	· ·
· 		
·		

Schedule A (Form 990 or 990-EZ) 2011 OCEAN CONSERVANCY

23-7245152

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2011

Name of the organization		Employer identification number
OCEAN CONSERVANCY		23-7245152
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <u>3</u> ) (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> 527 political organization	
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treat 501(c)(3) taxable private foundation	ted as a private foundation
Check if your organization is covered <b>Note.</b> Only a section 501(c)(7), (8), o	by the <b>General Rule</b> or a <b>Special Rule</b> . r (10) organization can check boxes for both the General F	Rule and a Special Rule. See instructions.
General Rule For an organization filing Form 99 contributor. (Complete Parts I and	90, 990-EZ, or 990-PF that received, during the year, \$5,00d III.)	00 or more (in money or property) from any one
Special Rules		
X For a section 501(c)(3) organizati 509(a)(1) and 170(b)(1)(A)(vi), ar (2) 2% of the amount on (i) Form	on filing Form 990 or 990-EZ that met the 33-1/3% suppornd received from any one contributor, during the year, a co 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complet	rt test of the regulations under sections ontribution of the greater of (1) \$5,000 or te Parts I and II.
total contributions of more than \$	0) organization filing Form 990 or 990-EZ that received fro 1,000 for use <i>exclusively</i> for religious, charitable, scientificen or animals. Complete Parts I, II, and III.	om any one contributor, during the year, c, literary, or educational purposes, or
contributions for use exclusively for lf this box is checked, enter here	<ol> <li>organization filing Form 990 or 990-EZ that received fro or religious, charitable, etc, purposes, but these contribution the total contributions that were received during the year for the parts unless the <b>General Rule</b> applies to this organizat</li> </ol>	ons did not total to more than \$1,000. or an <i>exclusively</i> religious, charitable, etc,
religious, charitable, etc, contribu	tions of \$5,000 or more during the year	▶\$
990-PF) but it <b>must</b> answer 'No' on Pa	covered by the General Rule and/or the Special Rules does art IV, line 2, of its Form 990; or check the box on line H o ot meet the filing requirements of Schedule B (Form 990, 9	of its Form 990-EZ or on Part I, line 2, of its
BAA For Paperwork Reduction Act 990EZ, or 990-PF.	Notice, see the Instructions for Form 990,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2011

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2011)	Page	1 of 1 of <b>Part</b>
Name of org	CONSERVANCY		r identification number 245152
	Contributors (see instructions). Use duplicate copies of Part I if additional sp		
(a) Numb <b>e</b> r	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000,000.	Person X Payroll Nóncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$3,013,021.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$710,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,150,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$500,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X

Noncash

(Complete Part II if there is a noncash contribution.)

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

2011
Open to Public Inspection as

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• ;	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
	e of organization			Employer identifica	ation number
OCI	EAN_CONSERVANCY			23-724515	
(20)	rt I-A Complete if the o	rganization is exempt under section	on 501(c) or is a s	section 527 organia	zation.
1	Provide a description of the	organization's direct and indirect political ca	mpaign activities in P	art IV.	
2	Political expenditures			▶\$	
3	Volunteer hours				
6	rt I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exci	se tax incurred by the organization under s	ection 4955	<b>►</b> \$	
2	Enter the amount of any exci	ise tax incurred by organization managers u	ınder section 4955	▶\$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No
4:	a Was a correction made?				Yes No
1	<b>b</b> If 'Yes,' describe in Part IV.				
Pa	it I-C Complete if the o	rganization is exempt under secti	on 501(c), excep	t section 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ▶ \$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other o	rganizations for section	on 527 exempt 	
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2. Enter here and c	n Form 1120-POL,	▶\$	
4		Form 1120-POL for this year?			
5	Enter the names, addresses	and employer identification number (EIN) o . For each organization listed, enter the amons received that were promptly and directly action committee (PAC). If additional space	f all section 527 politi	cal organizations to whi	ch the filing
	(a) Name	( <b>b</b> ) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2011

Part II-A Complete if the section 501(h	ne organization i		tion 501(c)(3) and	iled Form 5768 (ele	ction under				
	· ·	s to an affiliated group (ar	nd list in Part IV each at	filiated group member's	name.				
	-	hare of excess lobbying ex		Ŭ i	,				
B Check ► if the filing	organization checke	d box A and 'limited contr	ol' provisions apply.						
(The term 'e	Limits on Lobbying expenditures' means	g Expenditures s amounts paid or incurre	d.)	(a) Filing organization's totals	(b) Affiliated group totals				
1 a Total lobbying expenditure	es to influence public	opinion (grass roots lobb	ying)	4,612.					
<b>b</b> Total lobbying expenditure	es to influence a legi	slative body (direct lobbyir	ng)	257,380.					
c Total lobbying expenditure	Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  20% of the amount on line 1e.  Over \$500,000 but not over \$1,000,000  \$100,000 plus 15% of the excess over \$500,000.  Over \$1,000,000 but not over \$1,500,000  \$175,000 plus 10% of the excess over \$1,000,000.								
d Other exempt purpose exp	oenditures	19,240,462.							
e Total exempt purpose exp	enditures (add lines	1c and 1d)		19,502,454.					
	unt. Enter the amour	nt from the following table	in	1,000,000.					
If the amount on line 1e, colum	nn (a) or (b) is: Th	e lobbying nontaxable am	ount is:	CHILDENGE OF THE STATE OF THE S					
Not over \$500,000	20	% of the amount on line 1e.							
Over \$500,000 but not over \$1,00	0,000 \$1	00,000 plus 15% of the excess o	ver \$500,000.	Antonio de Successión de la companyo					
Over \$1,000,000 but not over \$1,5	500,000 \$1	75,000 plus 10% of the excess o	ver \$1,000,000.						
Over \$1,500,000 but not over \$17	,000,000 \$2	25,000 plus 5% of the excess ov	er \$1,500,000.						
Over \$17,000,000	\$1	,000,000.							
<b>g</b> Grassroots nontaxable am				250,000.					
h Subtract line 1g from line	1a. If zero or less, e	nter -0		0.					
i Subtract line 1f from line	1c. If zero or less, er	nter -0		0.					
j If there is an amount othe section 4911 tax for this y	r than zero on either ear?	line 1h or line 1i, did the	organization file Form 4	720 reporting	Yes No				
(Some	organizations that i	Year Averaging Period Ur made a section 501(h) ele below. See the instruction	ction do not have to co	mplete all of the five 2f.)					
	Lobbyi	ng Expenditures During 4	-Year Averaging Period	1					
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) Total				
2a Lobbying non-taxable amount	948,260	697,414.	1,000,000.	1,000,000.	3,645,674.				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					5,468,511.				
<b>c</b> Total lobbying expenditures	61,513	96,672.	469,251.	257,380.	884,816.				
<b>d</b> Grassroots nontaxable amount	237,065	174,354.	250,000.	250,000.	911,419.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,367,129.				
f Grassroots lobbying expenditures	434	6,171.	4,863.	4,612.	16,080.				
BAA				Schedule C (Form	990 or 990-EZ) 2011				

(Patrollee)	Complete	if the	organization	n is exem	pt under	section	501(c)(3)	and has	NOT filed	Form	5768
	(election	unaer	section 501(	(n)).							

	(election under section 501(n)).			<del></del>		
For e	each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description		a)		b)	
ot tn	e lobbying activity.	Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?					
t	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	: Media advertisements?					
	Mailings to members, legislators, or the public?					
f	Grants to other organizations for lobbying purposes?					
ç	Direct contact with legislators, their staffs, government officials, or a legislative body?					
ŀ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
Ł	If 'Yes,' enter the amount of any tax incurred under section 4912		rich.			
	: If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	No. 45 (1) (1) (1)				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-				
	Complete if the organization is exempt under section 501(c)(4), section 501		), or	A CONTROL SECURIOR SE	#1000000000000000000000000000000000000	
	section 501(c)(6).	` ' ' '	,,			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
	Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	). or :	section		
Services	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' C	)Ř(b)	Parl	t III-A, line	. 3, is	;
	answered 'Yes.'					
1	Dues, assessments and similar amounts from members		1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year			<del> </del>		
	Carryover from last year			<del> </del>		
	: Total			<del> </del>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	· · · · · · ·	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?	cal	4	Ministry States (Ministry States (Minist		
5	Taxable amount of lobbying and political expenditures (see instructions)					
	Supplemental Information		1 -	<del></del>		
Com	plete this part to provide the descriptions required for Part I-A. line 1: Part I-B. line 4: Part I-C. line 5: Par	t II-A;	and P	art II-B, Iine	1.	
Also,	complete this part for any additional information.					
<del>-</del>						

Schedule C (Form 990 or 990-EZ) 2011 OCEAN CONSERVANCY	23-7245152 Page <b>4</b>
Part IV Supplemental Information (continued)	
Rart IX Supplemental Information (continued)	
	•
·	
·	
·	·
	·

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

2011

Oben to tribilit

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OCI	AN CONSERVANCY		23-7245152
Pa	Organizations Maintaining Donor Advised the organization answered 'Yes' to Form 9	Funds or Other Similar Fund 90, Part IV, line 6.	
1	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
2			
3			
4			
5	Did the organization inform all donors and donor advisors funds are the organization's property, subject to the organization's	zation's exclusive legal control?	Yes   No
6	Did the organization inform all grantees, donors, and dono used only for charitable purposes and not for the benefit o purpose conferring impermissible private benefit?		Yes No
Pal	Conservation Easements. Complete if the	organization answered 'Yes'	to Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the organized Preservation of land for public use (e.g., recreation or Protection of natural habitat Preservation of open space  Complete lines 2a through 2d if the organization held a qualitation day of the tax year.	education) Preservation of Preservation of	f an historically important land area f a certified historic structure e form of a conservation easement on the
	last day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		200/2016/06/2015
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic		
		` '	
	Number of conservation easements included in (c) acquire structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, tax year ►	released, extinguished, or terminated	d by the organization during the
4	Number of states where property subject to conservation e	asement is located ►	_
5	Does the organization have a written policy regarding the pand enforcement of the conservation easements it holds?	periodic monitoring, inspection, hand	ling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	-	
7	Amount of expenses incurred in monitoring, inspecting, an $\blacktriangleright \$$	d enforcing conservation easements	during the year
8	Does each conservation easement reported on line 2(d) at 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes Mo
9	In Part XIV, describe how the organization reports conservinclude, if applicable, the text of the footnote to the organization easements.	ation easements in its revenue and ezation's financial statements that des	expense statement, and balance sheet, and cribes the organization's accounting for
Paj	Organizations Maintaining Collections of Complete if the organization answered 'Ye	Art, Historical Treasures, or es' to Form 990, Part IV, line	Other Similar Assets. 8.
1 a	If the organization elected, as permitted under SFAS 116 (art, historical treasures, or other similar assets held for pu in Part XIV, the text of the footnote to its financial stateme	ASC 958), not to report in its revenue blic exhibition, education, or research ats that describes these items.	e statement and balance sheet works of h in furtherance of public service, provide,
t	If the organization elected, as permitted under SFAS 116 (historical treasures, or other similar assets held for public following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, historical amounts required to be reported under SFAS 116 (ASC 95	8) relating to these items:	· ·
	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

Pantilla Organizations Mainta	ining Collection	s of Art, Histo	orical Tre	easures, or O	ther Similar Asse	ets (cc	ntinu	ed)			
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):											
a Public exhibition d Loan or exchange programs											
<b>b</b> Scholarly research	b Scholarly research e Other										
c Preservation for future genera											
<b>4</b> Provide a description of the organ Part XIV.						n					
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Part IV Escrow and Custodia line 9, or reported an	<b>Arrangements</b> amount on Form	. Complete if t 990, Part X,	the organisme 21.	nization answ	vered 'Yes' to Fori	m 990, ——	, Part 	IV,			
1 a Is the organization an agent, trust included on Form 990, Part X?				utions or other as	ssets not	Yes		No			
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and com	plete the following	g table:			Amount	<del></del>	<del></del>			
<b>c</b> Beginning balance											
<b>d</b> Additions during the year							······				
e Distributions during the year											
f Ending balance											
2a Did the organization include an ar						Yes		No			
<b>b</b> If 'Yes,' explain the arrangement		,					٠.	_			
Fart V Endowment Funds. Co	mplete if the or	ganization ans	swered "	Yes' to Form	990, Part IV, line	10.					
	(a) Current year	(b) Prior year	r (o	:) Two years back	(d) Three years back	<b>(e)</b> Fo	our years	back			
1 a Beginning of year balance	2,121,976	1,831,5	61.	1,915,018.	1,975,495.		e permed Selektrose				
<b>b</b> Contributions	0		0.	0.	0.						
<b>c</b> Net investment earnings, gains,											
and losses	-20,588	404,5	63.	6,244.	50,658.						
<b>d</b> Grants or scholarships	0		0.	0.	0.						
e Other expenditures for facilities and programs	97,672	. 101,9	95.	78,370.	98,000.						
f Administrative expenses	11,326	12,1	.53.	11,331.	13,135.			ge Even			
<b>g</b> End of year balance	1,992,390	2,121,9	76.	1,831,561.	1,915,018.						
2 Provide the estimated percentage	of the current year	end balance (line	g, colum	ın (a)) held as:							
a Board designated or quasi-endow	ment 🕨	ક									
<b>b</b> Permanent endowment ►	80.00%										
c Temporarily restricted endowmen	t ►20.	<u>00</u> %									
The percentages in lines 2a, 2b, a	and 2c should equal	100%.									
3a Are there endowment funds not in	the possession of t	he organization th	hat are hel	d and administe	red for the						
organization by:		-					Yes	No			
(i) unrelated organizations						3a(i)		X			
(ii) related organizations								X			
<b>b</b> If 'Yes' to 3a(ii), are the related or	-					3b					
4 Describe in Part XIV the intended											
Part VI Land, Buildings, and I					····						
Description of property		st or other basis investment)		st or other s (other)	(c) Accumulated depreciation	<b>(d)</b> B	ook va	lue			
<b>1a</b> Land											
<b>b</b> Buildings											
c Leasehold improvements				100,694.	34,982.			712.			
<b>d</b> Equipment				532,854.	1,336,556.			298.			
e Other				355,427.	85,255.			172.			
Total, Add lines 1a through 1e. (Column	n (d) must equal Foi	m 990, Part X, co	olumn (B),	line 10(c).)				182.			
BAA				•	Sched	ule <b>D</b> (Fo	orm 99	0) 2011			

Part VII Investments - Other Securities. See	Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:
(1) Financial derivatives		Cost or end-of-year market value
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
<u>(D)</u>	,	
<u>(E)</u>		
<u>(F)</u>		
<u>(G)</u>		
(H)		
(I)		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) Part VIII Investments — Program Related. See		lino 13
(a) Description of investment type	(b) Book value	(c) Method of valuation:
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7) (8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	•	
Part IX Other Assets. See Form 990, Part X,	line 15.	
<b>(a)</b> De	escription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5) (6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (E	3), line 15.)	
Part X Other Liabilities. See Form 990, Part	X, line 25.	
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Deferred Lease Obligations	277,0	#5574 (2016) \$2 Park (1) Park
(3) Gift Annuity Payment Liability	824,39	<del>96.</del>
(4)		
(5) (6)		
(7)	***************************************	
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	<del></del>	
2 FIN 48 (ASC 740) Footpote. In Part XIV, provide the text of	of the feetnets to the arc	vanization's financial statements that reports the

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Pai	Reconciliation of Change in Net Assets from Form 990 to Audited Financ	ial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		21,851,502.
2	Total expenses (Form 990, Part IX, column (A), line 25)		19,502,454.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		2,349,048.
4	Net unrealized gains (losses) on investments		-288,185.
5	Donated services and use of facilities		
6	Investment expenses	<del> </del>	
7	Prior period adjustments	F	
8	Other (Describe in Part XIV.)		0.
9	Total adjustments (net). Add lines 4 through 8		<u>-288,185.</u>
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a		2,060,863.
	Reconciliation of Revenue per Audited Financial Statemen		
1	Total revenue, gains, and other support per audited financial statements	<u>1</u>	21,566,652.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments	· · · · · · · · · · · · · · · · · · ·	
	Donated services and use of facilities	2000000	
	Recoveries of prior year grants		
	Other (Describe in Part XIV.)		
	Add lines 2a through 2d	<del></del>	284,850.
	Subtract line 2e from line 1		<u>21,851,502.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIV.)	- Distriction	
C	Add lines 4a and 4b	<del></del>	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		21,851,502.
Part	Reconciliation of Expenses per Audited Financial Stateme		<u>rn</u>
1	Total expenses and losses per audited financial statements	1	19,505,789.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	10000000	
b	Prior year adjustments		
C	Other losses	2c	
d	Other (Describe in Part XIV.)	2d 3,335.	
е	Add lines 2a through 2d	2e	3,335.
3	Subtract line 2e from line 1		19,502,454.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•
а	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
_	Add lines <b>4a</b> and <b>4b</b>	4c	
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	19,502,454.
Sansana rate	Supplemental Information		
Comp Part any a	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, line dditional information.	: III, lines 1a and 4; Part IV, lines 1b es 2d and 4b. Also complete this par	and 2b; t to provide
Pt_	V Line 4 Donors' intent in contributing to t	he endowment fund was	
	to provide an ongoing source of fun	ding for the general	
	operations of the organization. Th	ere are no donor	·
	restrictions as to how income gener	ated from the endowmer	nt
<b>-</b>	may be used. In order to honor don	or intent, the Board	
<b>-</b>	of Directors has authorized an annu	ual distribution of	
<b>-</b>	5% of the fair market value of the	fund annually. The	
	distribution is meant to fund the g	general operations	

Schedule **D** (Form 990) 2011 OCEAN CONSERVANCY

23-7245152

Schedule D (Form 990) 2011 OCEAN CONSERVANCY  Part XIV Supplemental Information (continued)	23-7245152	Page 5
Par XIV Supplemental Information (continued)		
of the organization.		
Dt XII Line 2d Cost of goods sold	•	
Pt XII Line 2d Cost of goods sold		
Pt XIII Line 2d Cost of goods sold		
·		
,		
·		
	. <b></b>	
	<b></b>	

# Schedule F (Form 990)

# Statement of Activities Outside the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. 
► Attach to Form 990. 
► See separate instructions.

Name of the organization Employer identification number 23-7245152 OCEAN CONSERVANCY

	<b>General Informat</b> to Form 990, Part	<b>ion on Activiti</b> t IV, line 14b.	es Outside the	e United States. Complet	e if the organization	n answered 'Yes'							
1	For grantmakers. Does the the grantees' eligibility for t	e organization mail the grants or assis	ntain records to su tance, and the se	ubstantiate the amount of its gralection criteria used to award the	ants and other assistanc ne grants or assistance?	e, ····. Yes No							
2	<b>For grantmakers.</b> Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.												
3	Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)												
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region							
(1)													
(2)	· · · · · · · · · · · · · · · · · · ·												
(3)													
(4)													
(5)													
(6)													
<u>(7)</u>													
(8)													
(9)						·							
<u>(10)</u>													
(11)													
<u>(12)</u>													
(13)													
(14)													
<u>(15)</u>			-	·									
<u>(16)</u>													
<u>(17)</u>													
3 <i>a</i>	Sub-total												
	Total from continuation sheets to Part I												
_	Totals (add lines 3a and 3h)	ı			4 NEC - NEGREGO DE PARTE DE LA TRANSPORTACIÓN (NECESCO DE LA TRANSPORTACIÓN (NECESCO DE LA TRANSPORTACIÓN (NEC								

		CONSERVANCY					23-72		Page
	Grants and Other Assistan Form 990, Part IV, line 15, Part II can be duplicated if	for any recipient w	vho received r	Outside the Union \$5,0	<b>Jnited States.</b> 0 000. Check this	Complete if the box if no one	organization a recipient receiv	nswered 'Yes' to red more than \$	5,000 ► <u>x</u>
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
C									
16. 140.1									

BAA

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 OCEAN CONSERVANCY 23-7245152 Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of recipients (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner (g) Description of non-cash assistance (f) Amount of (h) Method cash grant of cash non-cash assistance of valuation disbursement (book, FMV, appraisal, other) (1) (10) (11) (12)(13)(14) (15) (17)

		7245152	Page <b>4</b>
Lieu	ft IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year?  If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No
BAA	TEEA3505 01/17/12	Schedule F (F	orm 990) 2011

Schedule F	(Form 990) 2011	OCEAN CONSI	ERVANCY			23-7245152	Page <b>5</b>
Part V	Supplemental Complete this 3, column (f) ( (accounting m recipients), as	Information part to provide (accounting me ethod); Part III applicable. Als	the information thod; amounts c (accounting me so complete this	required by Pa of investments thod); and Par part to provide	art I, line 2 (mon vs expenditures t III, column (c) ( e any additional i	itoring of funds); Paper region); Part II, estimated number of information (see ins	
					<b></b>		· <b>-</b>
		<b></b>					
					·		
	· 						

# SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Employer identification number

2011

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OCE	OCEAN CONSERVANCY 23-7245152									
Par	Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.  Form 990-EZ filers are not required to complete this part.									
1	Indicate whether the organization ra	aised funds thro	ough any o	of the follow	ving activities. Check all	that apply.				
а					X Solicitation of non-g	· · · •				
b				f	X Solicitation of gover	-				
C	ET			q	Special fundraising	-				
d				9	oposial tallarationing	0.00.00				
	Did the organization have a written	or oral agreem	ent with a	ny individu	ial (including officers, di	rectors, trustees or key				
	employees listed in Form 990, Part	: VII) or entity in	connecti	oń with pro	fessional fundraising se	rvices?	X Yes No			
b	<b>b</b> If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.									
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity		fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to			
	or entity (tundraiser)			dy or control   ributions?	from activity	(or retained by) fundraiser listed in	(or retained by) organization			
						column (i)				
			Yes	No						
1										
	Mal Warwick & Associates	Direct Mail		X	3,897,939.	247,670.	<u>3,650,269.</u>			
2	Brodeur Partners			x	170,108.	20,000.	150 100			
	Brodedi Farthers	Internet Fundra		^	170,100.	20,000.	150,108.			
3	Watershed	Internet Fundra		x	96,503.	63,705.	32,798.			
					33,3331		<u></u>			
4	Donor Services Group	  Telemarketing		X	69,738.	121,289.	-51,551.			
5					·		•			
	Public Interest Com.	Telemarketing		Х	28,612.	24,136.	4,476.			
6										
	Aria	Telemarketing		X	19,825.	44,654.				
7										
8										
9										
10										
		<u> </u>	<u> </u>	<u> </u>						
Total	· · · · · · · · · · · · · · · · · · ·			▶	4,282,725.	521,454.	3,761,271.			
	List all states in which the organiza									
	or licensing.						J			
	California									
	Colorado									
	Connecticut									
	District of Columbia	- <del></del> -								
	Florida									
	Coorgin									
	Hawaii									
	See Part I, Line 3 List of States Registered or Licensed to Solicit Funds									

23	-7	121	15	1	52	

		List events with gross receipts gre	eater than \$5,000.	s and gross income	: OII FOITH 990-E2,	miles i and 6b.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
R			(event type)	(event type)	(total number)	through column (c)
REVENUE	1	Gross receipts	•			
Ē	2	Less: Charitable contributions		·		
	3	Gross income (line 1 minus line 2)				
	4					
	5	Noncash prizes				
D I RECT	6	Rent/facility costs				
C T	7	Food and beverages			·	
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses				
S	ı	Direct expense summary. Add lines 4 thro				
		Net income summary. Combine line 3, col <b>Gaming.</b> Complete if the organiza				
RE:		\$15,000 on Form 990-EZ, line 6a.	illon answered Te	S to Form 990, Par	t iv, line 19, or rep	orted more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü E	1	Gross revenue				
_	2	Cash prizes				
D PENSES	3	Non-cash prizes				
C S T E S	4	Rent/facility costs	<del></del>			
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary. Combine lii	nes 1, column (d) and I	ine 7	<b>&gt;</b>	
	ls th	er the state(s) in which the organization open ne organization licensed to operate gaming lo,' explain:	activities in each of the	se states?		
		e any of the organization's gaming licenses	revoked, suspended o	r terminated during the t	tax year?	
BAA			TEEA3702 C	01/24/12	Schedule <b>G</b> (Fo	orm 990 or 990-EZ) 2011

Sch	nedule <b>G</b> (Form 990 or 990-EZ) 2011 OCEAN CONSERVANCY 23-72	45152	Page 3
11		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
12	Indicate the paymentons of manning pativity, analysis in		
	Indicate the percentage of gaming activity operated in:  a The organization's facility		0
	b An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	·	·
	Name •		
	Address ►		
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No
	<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue received by the organization or \$ and \$	_	
	of gaming revenue retained by the third party > \$		
(	c If 'Yes,' enter name and address of the third party:		
	Name ►		
	Addison		
	Address ►		
16	Gaming manager information:		
	Name •		
	Gaming manager compensation > \$		
	Description of services provided		<b></b>
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	□ <b>v</b>	
ŀ	state gaming license?		No
_	organization's own exempt activities during the tax year > \$	uno,	
	Supplemental Information. Complete this part to provide the explanations required by F columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable this part to provide any additional information (see instructions).	art I, line 2 . Also comp	2b, olete
			·· · · · · · · · · · · · · · · · · · ·
		· ·	
			·
	·		<del></del>
		<del></del>	

# SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

OCEAN CONCEDUANCY						Employer identifi	
OCEAN CONSERVANCY  Barass General Information on G	irants and Assis	tance				23-72451	52
Does the organization maintain record the selection criteria used to award the Describe in Part IV the organization's     Grants and Other Assista	ds to substantiate the ne grants or assistant procedures for mon ance to Governm	e amount of the grar ce? itoring the use of gra eents and Organ	ant funds in the United St	ates. <b>ed States.</b> Comple	te if the organizati	on answered 'Y	
Form 990, Part IV, line 21 Part II can be duplicated in	- '		nore than \$5,000. C	heck this box if no	one recipient rece	eived more thar	n \$5,000. ► □
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	95-6006145	501(c)(3)	355,488.				Research fello
(2) Tides Foundation 812 NW 17th Ave. Portland OR 97209	94-3213100	501(c)(3)	151,400.				Research
(3) Rockefeller Philanthropy 437 Madison Ave. 37th Fl. New York NY 10022	13-3615533	501(c)(3)	50,000.				Media Outreach
(4) Florida Restaurant Assoc. 230 S. Adams St. Tallahassee FL 32301	59-6194391	501(c)(3)	10,000.				Event Sponsor
(5)	-						
(6)							
<u>Ω</u>							
(8)	-						
2 Enter total number of section 501(c)(3 3 Enter total number of other organization and section and se	ions listed in the line	1 table			<u></u>		4 0 0 (2011)


#### SCHEDULE J (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

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OCEAN CONSERVANCY

Part Questions Regarding Compensation

Employer identification number 23-7245152

			Yes	No
1	<b>a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	500 K 50 7 80 5 7 8 4	Victoria de la composición dela composición de la composición de la composición dela composición de la composición dela composición dela composición de la c
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Compensation committee X Written employment contract		Chair Shall Is	
	Independent compensation consultant  X Compensation survey or study		legaja)	1000
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
	a Receive a severance payment or change-of-control payment?	4a		X
	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
	a The organization?	5a		X
	<b>b</b> Any related organization?	5 b	M EPRICE CONT. CO.	X
	If 'Yes' to line 5a or 5b, describe in Part III.			
6	contingent on the net earnings of:			
	a The organization?	6a		X
	<b>b</b> Any related organization?	6b		Х
	If 'Yes' to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7	į	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

# Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (F) Compensation	
(A) Name		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation reported as deferred in prior Form 990
	(1)	285,000.	41,500.	-990.	17,100.	19,525.	362,135.	0.
1 Veronique Spruill		0.	0.	0.	0.	0.	0.	0.
	(i)	206,079.	0.		12,365.	17,007.	232,847.	0.
2 Dennis Kelso	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	202,917.	0.		12,175.	16,901.	230,097.	0.
3 Janis Jones	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	180,200.	0.	458.	10,812.	8,458.	199,928.	0.
4 Amelia Montjoy (	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i) _							
5 (	(ii)							
	(i) L							
6 (	(ii)							
	(i)							
7	(ii)		· ·					
10	(i)							
8	(ii)							
	(i)							L
9	(ii)					•		
10	(i)							
10	(ii)							
	(i)							
11 (	(ii)							
	(i)						L	
12	(ii)							
	(i) L							
13	(ii)			· · · · · · · · · · · · · · · · · · ·				
	(i) L							
14	(ii)							
	(i)						L	
	(ii)							
	(i) [							
	(ii)							
BAA				TEEA4102 01/	24/12		Sche	dule J (Form 990) 2011

Schedule J (Form 990) 2011 OCEAN CONSERVANCY	23-7245152	Page 3
Parisit Supplemental Information		
Complete this part to provide the information, explanation, or descriptions required for Part I, li Part II. Also complete this part for any additional information.	nes 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	l 8, for
	·	
	·	
<u></u>		
		<b>-</b>
· · · · · · · · · · · · · · · · · · ·		
BAA	Schedule <b>J</b>	(Form 990) 2011

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

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047
2011

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

OCEAN CONSERVANC	Y  23-7245152
Pt_VI,_Line_11a_	The Director of Finance prepares the 990, and the
	Chief Financial Officer does a detailed review before
	Presenting the 990 to the Executive Committee of the
	Board. Once all Executive Committee member questions
	have been answered and any adjustments made, the 990
· 	is distributed to all Board members in final form.
	Afterwards, the 990 is filed with the IRS.
Pt_VI,_Line_12c_	Conflict of interest policy disclosure statements are to
	be prepared at least annually. In the case where a possible
	conflict by an employee other than the President of the
	organization is identified, the President shall determine
	whether an actual or potential conflict of interest
	exists or can be reasonably construed to exist and how
	the conflict of interest should be resolved. When a
	conflict of interest is disclosed by a covered person
	other than a covered employee or by the President, the
	Chair shall disclose the confilict of interest to the
	Board of Directors or a designated committee. Then by
	majority vote of the disinterested directors (even if the
	disinterested directors constitute less than a quorum)
	it will be decided whether an actual or potential
	conflict of interest exists or can be reasonably
	construed to exist. Proposals to the full Board of
	Directors as to how the conflict of interest should be
	resolved will then be provided.
	The Peard sets the Presidentia compensation based on its

Schedule O (Form 990 or 99	0-EZ) 2011	Page 2
Name of the organization  OCEAN CONSERVANCY	· · · · · · · · · · · · · · · · · · ·	Employer identification number 23-7245152
		Doord
	evaluation of the President's performance. The	Board
	takes into account market surveys and the organ	ization's
·	performance and its financial position. The Exe	cutive
	Committee of the Board of Directors reviews and	approves
	the compensation of other officers and key empl	oyees
	using externally prepared comparability data.	
Pt_VI,_Line_19	Ocean Conservancy's audited financial statement	<u>s</u>
	governing documents and conflict of interest po	liy are
	available upon reguest.	
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		·
<u></u>		
	·	
	·	
	·	

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

Briefly describe the organization's mission:

to the Gulf of Mexico to the halls of Congress, Ocean Conservancy brings people together to find solutions for our water planet. Through research, education and science-based advocacy, Ocean Conservancy informs, inspires and empowers people to act on behalf of the ocean. We focus on critical ocean conservation issues such as ecosystem protection and restoration, sustainable fisheries, marine debris prevention and education, wildlife protection, ocean acidification, marine conservation policy and ocean stewardship. Ocean Conservancy is shaping the agenda where decisions are made by addressing threats with sound practical approaches that protect the ocean and improve lives.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4b (continued)

restoration that is a blueprint to restore the Gulf to its rightful place as a national treasure, and we are working to ensure that necessary funds for Gulf restoration are committed.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4c (continued)

habitat, many of our nation's fisheries are producing sustainable yields that fuel a strong economy, support well-paying jobs, provide for ample recreational opportunities and supply Americans with healthy seafood. Recently Ocean Conservancy played an important role supporting the passage of the Restore Act which will distribute BP funds throughout the Gulf region; the Trash Free Seas Act which addresses the issue of ocean trash; and the National Endowment for for the Ocean which sets up a fund for long-term research and restoration. In addition, Ocean Conservancy testified on the Hill about the importance of offshore drilling safety and oil spill response.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

	•	
Code:	Description:	Marine debris education and prevention: Over the last 26
Expenses _	3,609,241.	years, Ocean Conservancy has been bringing together
Grants Of	508,979.	passionate ocean lovers and helping them work for trash free
Revenue ]	157,054.	seas. We mobilize the International Coastal Cleanup -
		the world's largest volunteer effort to clean up waterways
		and the ocean. We research and share key details about
		what is trashing our ocean with the public, scientific
Code:	Description:	community and decision-makers. We also are bringing
Expenses _		together leaders from industry, government and academia
Grants Of		through the Trash Free Seas Alliance to lead to innovative
Revenue		solutions that stop trash at the source.
		Marine protected areas: For more than a decade, Ocean
		Conservancy has helped design a visionary network of
		California marine protected areas, or underwater parks,

2

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Continued

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	by collaborating with stakeholders from fishermen and
Expenses	<del></del>	divers to scientists. Our work supports the landmark Marine
Grants Of		Life Protection Act, the first state law in the country
Revenue	-	requiring the establishment of a science-based statewide
		system of marine protected areas. The network was completed
		in 2012.
		Arctic protection: Ocean Conservancy is working to help
Code:	Description:	citizens and decision-makers alike understand what is
Expenses		at stake in the Arctic region of the United States, where
Grants Of		oil drilling and climate change are increasing threats.
Revenue		We are advocating for science-based solutions to prevent
		reckless drilling and ensure that Arctic wildlife thrives
		and its waters remain healthy and clean.

Schedule O (Form 990), Supplemental Information to Form 990

#### Form 990, Page 6, Line 17 (continued)

Alabama
Alaska
Arizona
Arkansas
California
Connecticut
District of Columbia
Florida
Georgia
Hawaii
Illinois
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Utah

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UCLAN		いつヒロ	<i>,</i> – , ,	ハント

23-7245152

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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 6, Line 17 (continued)	Continued
Virginia	
Washington	
West Virginia	
Wisconsin	

Schedule G(Form 990 or Form 990-EZ), Supplemental Information Regarding Fundraising or Gaming Activities Part I, Line 3 List of States Registered or Licensed to Solicit Funds

Illinois
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Wyoming
Utah
Virginia
Washington
West Virginia
Wisconsin

## **Supporting Statement of:**

Form 990 p 12/Part XI, Line 5

Description	Amount
Unrealized loss on investments	-288,185.
Total	-288,185.

### **Supporting Statement of:**

Sch D, page 4/Part XII, Line 2d

Description	Amount
Cost of goods sold	3,335.
Total	3,335.

### **Supporting Statement of:**

Sch D, page 4/Part XIII, Line 2d

Description	Amount
Cost of goods sold	3,335.
Total	3,335.