COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Energy and Mineral Resources Legislative Hearing on H.R. 1229, H.R. 1230 and H.R. 1231

For Individuals:

1. Na	me:
2. Ad	dress:
3. Em	aail Address:
4. Pho	one Number:
	* * * *
For W	itnesses Representing Organizations:
1.	Name: Emily Woglom
2.	Name of Organization(s) You are Representing at the Hearing: Ocean Conservancy
3.	Business Address: 1300 19 th St, NW, 8 th Floor Washington DC 20036
4.	Business Email Address: [Information redacted for privacy]
5.	Business Phone Number: [Information redacted for privacy]

Name/Organization: Emily Woglom, Ocean Conservancy

<u>Title/Date of Hearing: House Natural Resources Subcommittee on Energy and Mineral Resources Legislative</u> Hearing on H.R. 1229, H.R. 1230 and H.R. 1231

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. in Geology and Geophysics from Yale University

Masters in Environmental Management from Duke University – concentrations in Resource Economics and Coastal Environmental Management.

- 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.
- 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.

Director of Government Relations for Ocean Conservancy (2010 – present) Senior Policy Advisor – Marine, The Nature Conservancy (2007 – 2010) NOAA Examiner, U.S. Office of Management and Budget (2003-2007)

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None

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.

None

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

Name/Organization: Emily Woglom, Ocean Conservancy

<u>Title/Date of Hearing: House Natural Resources Subcommittee on Energy and Mineral Resources Legislative</u> Hearing on H.R. 1229, H.R. 1230 and H.R. 1231

<u>In addition, for witnesses representing organizations:</u>

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

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) 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).

None

- i. 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).
 - 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. The petition alleged violations of the National Environmental Policy Act 42 U.S.C. § 4321 and the Outer Continental Shelf Lands Act, 43 U.S.C. 2 sec symbols here 1331-1356. Petition was filed January 19, 2010, and we were denied May 13, 2010.
 - 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.
 - 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 forregulating offshore marine aquaculture in U.S. federal wasters of the Gulf of Mexico. Claims filed under the Magnuson-Stevens Fishery Conservation and Management Act, 16. U.S.C. § 1801, et seq.; the National Environmental Policy Act, 42 U.S.C. § 4321, et seq.; the Administrative Procedure Act, 5 U.S.C. § 706(2)(A). This case was dismissed August 12, 2010.
- j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None

k. 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, 2009 , and		oorang rodan omer	06/30, 20 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)	Doomlouite	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) 4 (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-t-t- in the first term and the second							
Ċ	6	Total number of valuations (action to "				5 115			
4	1	Total gross upreleted hydrogen revenue for a Part VIII				6 750			
	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 provide (Ded.) (III. E			Prior Year 16, 135, 997	Current Year 7. 11,219,447.			
Revenue	9	Contributions and grants (Part VIII, line 1n)	Contributions and grants (Part VIII, line 1h)						
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)			C	0.			
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 fees (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 according	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	▶ `	*			
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

If you areDo not comp	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 nee	(on page 2 previously t	of this form)	▶
		•		
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
print 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		
If the orgaIf this is fofor the whole	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 Forest per particularly 16 and 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 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	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer). See instructions.			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.					
If you are	filing for an Automatic 3-Month Extension, o	complete (only Part I (on page 1).	,						
T.E. T.	Additional (Not Automatic) 3-Month E.	xtension	of Time. Only file the original (ne	o copies needed	1)					
Type or	J. San									
print Ocean Conservancy 23-724										
File by the										
extended due date for	Number, street, and room or suite no. If a P.O. bo 1300 19th Street, NW, 8th Floor									
filing your City town or post office state and ZIP code For a foreign address 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	***						
 If the organ 	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/ +// ///			, /.	, / ; ,					
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)	-	 	
	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	X	
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	4.0		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

Form 990 (2009) 23-7245152 Page **4**

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	 	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	_	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	N 43	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	े Individual trustee Or director	Institutional trustee	Officer	Key employee	a Highest compensated employee		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.	O
CURTIS BOHLEN										
VICE CHAIR	2.00	Χ						0.	0.	0
BARBARA PAUL ROBINSON										
TREASURER	2.00	Χ						0.	0.1	0
PATRICK B. PURCELL								A		
SECRETARY	2.00	Χ						0.	0	0
PHILIPPE COUSTEAU										
BOARD MEMBER	2.00	Х					l	0.	0	0
NICOLE LUSKEY										
BOARD MEMBER	2.00	Х		ĺ		-	İ	0.	0	0
STEVEN MOORE										<u> </u>
BOARD MEMBER	2.00	Х				l		0	0	0
MICHAEL ORBACH				$\neg \uparrow$			\neg			V
BOARD MEMBER	2.00	Х						0.	0	0
STEPHEN PALUMBI			_	_				~ .		U
BOARD MEMBER	2.00	Х						0.	0	0
DAVID ZACHES				\dashv			-		0.	U
BOARD MEMBER	2.00	х		1				0.	0	0
DAVID ALDRICH			_				-	· ·	<u> </u>	0
BOARD MEMBER	2.00	х				1		0.		0
THOMAS ALLEN				-	-			0.	0	0
BOARD MEMBER	2.00	$_{\rm X}$								
DANE NICHOLS	2.00			\dashv				0.	0	0
BOARD MEMBER	2.00	х								-
DENNIS KELSO	2.00							0.	0	0
EVP/COO	40.00			x				200 504		
LAWRENCE AMON	10.00		+	^-				200,504.	0	17,407
CFO	24.00		,	x l				00 504		
SA	24.00			^			L	99,524.	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
4 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	9 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	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	,	<u> </u>	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)	· · · · · · · >	-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 (Δ) but are not required to the column (Δ) but are not required to the column (Δ) but are not required to the column (Δ) but are not required to the column (Δ) but are not required to the column (Δ) but are not required to the column (Δ) but are not required to the column (Δ) but are not required to the column (Δ) but are not required to the column (Δ) but are not required to the column (Δ) but are not required to the column (Δ) but are not required to the column (Δ) but are not required to the column (Δ) but are not required to the column (Δ) but are not required to the column (Δ).

D	o not include amounts reported on lines 6b.	iplete column (A) but are not required to comp		(C)	C), and (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 same and the contract of 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 se	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
·)(1)(A)(vi). (Complete F							
8			ed in section 170(b)(1)							
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	 m any of	the		
J	following p		o mo organization acco	prod drij g	01 0011(11	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.	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) 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) 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.	11/213/147.	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	·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
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 _, 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) 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) 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 INCOME									
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)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not 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 General Rule or a Special Rule. 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 General Rule
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	CAN CONSERVANCY				245152
Pai	t -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 the	ne 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 e	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	· · · · · · · · · · · · · · · · · · ·			Yes No
Par	t I-C Complete if the	organization is exempt under	r section 501(c), e	except section 501(c)(3	5).
1 2 3 4 5	Enter the amount directly activities	expended by the filing organization in the service of the service	n for section 527 extended to other organization	xempt function \$ ions for section \$ corm 1120-POL, \$ on 527 political organizate organization's funds. All eparate political organization's are possible.	Yes No 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	Check ► if the filing organization Check ► if the filing organization	belongs to an affiliated group. n checked box A and "limited control" provis	ions annly	
	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 b c	b Total lobbying expenditures to influence a legislative body (direct lobbying)		6,171. 90,501.	group totalo
d e	Other exempt purpose expenditures	d lines 1c and 1d)	10,851,612. 10,948,284.	
f	Lobbying nontaxable amount. Enter the columns.	amount from the following table in both	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 1f from line 1f from line 1f from 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	Ves 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) 2006	(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 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?	 	<u> </u>	· · · · · · · Yes No
1	The state of the s	ie 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	 rotal acreage restricted by conservation easements. 		9	b
С	is indifiber of conservation easements on a certified his	toric structure included in	(2)	^
d	 Number of conservation easements included in (c) ac 	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((d) 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 (f
	(") resets included in Form 990, Part X			. .
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 990, Part X	· · · · · · · · · · · · · · · · · · ·		> \$

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 organ		s and explain how	they further t	ho organization!o o	vomat augus a a la
	Part XIV.		o and explain now	they faither t	ne organization's ex	xempt purpose in
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. 1 10 10 10 10 10 10 10 10 10 10 10 10 10	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 VIII, line 7b 5 Total expenses, 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 4a and 4b 5 Total expenses, Add lines 4a and 4c. (This must equal Form 990, Part II, lines 11, lines 11, lines 11, lines 10 and 4b, Part IV, lines 1b and 2b; Part IV, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also 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	
d Other (Describe in Part XIV.) e Add lines 2a through 2d 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 4a and 4b 5 10tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) c Total revenue and losses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 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 c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 c Add lines 4a and 4b c Add lines 4a and 4b c Add lines 5a and 4c. (This must equal Form 990, Part I, line 18) c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 2d and 4b. Also complete his 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 XII, line 3; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete his part to provide any additional information.			7,023	+	
e Add lines 2a through 2d 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 4a		Recoveries of prior year grants			
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 9 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, and 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 18) 6 Total expenses. Add lines 4 and 4b 7 Total expenses. Add lines 2. Part XIV, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete his part to provide any additional information.					- 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	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 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 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 2 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b not 2b; Part XIV line 4; Part X, line 2; Part XII, line 8; Part XIII, lines 2d and 4b; Also complete its part to provide any additional information.	b	Other (Describe in Part XIV.)	5,574	_	
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 V, line 4; Part X, line 2; Part XII, line 8; Part XIII, lines 3, 5, and 9; Part IIII, lines 2d and 4b. Also complete his part to provide any additional information.	С	Add lines 4a and 4b		. 4	
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 2 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 c Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) c 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 V, line 4; Part X, line 2; Part XII, line 8; Part XIII, lines 2d and 4b. Also complete his part to provide the descriptions required for Part III, lines 1d and 4b. Also complete his part to provide any additional information.	5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	11,532,603
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 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 c Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) Total expenses and 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 XII, line 8; Part XIII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete his part to provide any additional information.	Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	turn	
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 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 III, lines 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 18.) 6 Supplemental Information 6 Complete this part to provide the descriptions required for Part III, 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 XIII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete list part to provide any additional information.	1	Total expenses and losses per audited financial statements		1	10,932,535
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				
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 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.) 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 ind 2b; Part V, line 4; Part X, line 2; Part XII, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete his part to provide any additional information.	С				
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					
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.). 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 X, 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		Add lines 2a through 2d		2	e 9,825
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 and 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 X, line 2; Part XI, line 8; Part XIII, lines 2d and 4b. Also complete his part to provide any additional information. SEE PAGE 5		Subtract line 2e from line 1			10 000 710
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	+	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.). 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		, , , , , , , , , , , , , , , , , , ,	3,3,1	- 200020	25 574
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		Add into 40			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			 .		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)

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

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OCEAN CONSERVANCY

Eı

mpioyer	identification	number
23-	7245152	

Part I Fundraising Activities. Form 990-EZ filers are	Complete it the organ	nization a Jete this i	inswered	"Yes" to Form 9	90, Part IV, line	17.
1 Indicate whether the organizatio				activities. Check a	ıll that apply.	
a X Mail solicitations	e			non-government g		
b X Internet and email solicitation		1 1		government grants		
c X Phone solicitations	g	1 1		ising events	,	
d X In-person solicitations	3			ioning overhe		
2a Did the organization have a writi	ten or oral agreement w	vith any in	dividual (in	cluding officers, di	iractore tructore	
or key employees listed in Form	990, Part VII) or entity	in connec	ction with p	rofessional fundrai	sing services?	X Yes No
b If "Yes," list the ten highest paid to be compensated at least \$5,0	individuals or entities (100 by the organization.	fundraiser	s) pursuar	nt to agreements u	inder which the fund	draiser is
(i) Name of individual or entity (fundraiser)	(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 WARWICK & ASSOCIATES	DIRECT MAIL		X	3,173,182.	113,813.	3,059,370.
	INTERNET					
VATERSHED	FUNDRAISING		Х	58,200.	41,690.	16,510.
OONOR SERVICES GROUP	TELE-		X	106,093.	78,499.	27,594.
				100/0331	70, 400.	27,094.

	·			,		

		<u> </u>				
Fotal				3,337,475.	224 002	2 102 474
Total			🚩	L	234,002	3,103,474.
3 List all states in which the organ registration or licensing.		r licensed	d to solici	t funds or has be	een notified it is	exempt from
L, AK, AZ, AR, CA, CO, CT, DC, F				···		
S,KY,LA,ME,MD,MA,MI,MN,M K,OR,PA,RI,SC,TN,TX,VT,W		, NC, NL),OH,			
A, OR, FA, RI, SC, IN, IX, VI, WA	A, WV, WI,					
					** MA 100 We his his are an are are you you see	o delle mile men delle delle best best trett delle delle delle delle
						r mine man with the step page your man man with their
	THE WAY WAS SEEN SAID WHA AND DOP THE WAY PAR WAS SEEN SAID SAID SAID.					
	NAME AND ADDRESS ADDRESS AND ADDRESS AND ADDRESS ADDRE					· · · · · · · · · · · · · · · · · · ·
				the sale was the sale and the sale and the sale and the		
	THE REAL PROPERTY AND ADDRESS					
					,	

		(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				
2 2	Less: Charitable			***************************************	
	contributions				
3	Gross income (line 1 minus line 2)				
T					
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	B Entertainment				
9	Other direct expenses				
10	Direct expense summary. Add lines 4	through 9 in column (d)	>	(
11	Net income summary. Combine line	3, column (d), and line	10	<u> </u>	
art	Gaming. Complete if the org than \$15,000 on Form 990-	ganization answered EZ. line 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more
2	,	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (ad
1			bingo/progressive bingo		col. (a) through col. (c
			i i		
1	1 Gross revenue				
	1 Gross revenue				
+					
	2 Cash prizes				
- :	2 Cash prizes				
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	Yes	% Yes%	Yes %	
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs			Yes %	
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	Yes No	% Yes %	No	(
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Yes No 2 through 5 in column (% Yes% No	No ▶	(
	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Comb	Yes No 2 through 5 in column (dine line 1, column dine 1, ar	% Yes % No d)	No ▶	(
{ { { }	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Comb	Yes No 2 through 5 in column (dine line 1, column d, articles gaming a	% Yes % No d)	No	Yes N
8 a l	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Comb	Yes No 2 through 5 in column (dine line 1, column d, articles gaming a	% Yes % No d)	No	Yes N
8 a l	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Comb Enter the state(s) in which the organizates the organization licensed to operate of "No," explain:	Yes No 2 through 5 in column (and the line 1, column d, and the line 1 and the line and	% Yes % No d)	No No	Yes N
8 E a l b l	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Comb Enter the state(s) in which the organizates the organization licensed to operate of "No," explain:	Yes No 2 through 5 in column (ine line 1, column d, artion operates gaming a gaming activities in each	% Yes % No d)	No	Yes N
8 E B b l	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Comb Enter the state(s) in which the organizates the organization licensed to operate of "No," explain:	Yes No 2 through 5 in column (ine line 1, column d, artion operates gaming a gaming activities in each	% Yes % No d)	No	Yes N
8 E B b l	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Comb Enter the state(s) in which the organizat 8 the organization licensed to operate of 9 "No," explain: Were any of the organization's gaming 6 "Yes," explain:	Yes No 2 through 5 in column (and the line 1, column d, and the line 3 and the line activities in each line activities in each line activities revoked, suspenses revoked, suspenses revoked, suspenses revoked, suspenses revoked.	% Yes % No d)	No No	Yes N
a b b	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Comb Enter the state(s) in which the organizat 8 the organization licensed to operate of 9 "No," explain: Were any of the organization's gaming 6 "Yes," explain:	Yes	% Yes % No d)	No No	Yes N

			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:			
	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		100.000.000.000.000.000.000.000.000.000
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:			
	_			
	Name Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	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?	17a		700 e vo ce 14
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 🕨 \$			MAKE:

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.

0
990
orm
5
ш
9
ت
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 the sea of the s		

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			
a	Receive a severance payment or change-of-control payment?	1	A94 38.	Χ
b	Participate in, or receive payment from a supplemental paggialified 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	a 1/5	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	(u) 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)							
(ii)		 					
(1)							
(ii)							
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	uired 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			
Туре	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			
	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.				
	of it changing a tax year, indicate the date the present tax year ends. ▶ September 50th 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				
	Other method (specify)				
	(4 4041)) - ,				
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?	2005000	
	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

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.

A	For th	he 2008 calendar year, or tax year beginning $10/01$, 2008, and ending		9/30, 20 09
B		applicable: Please C Name of organization OCEAN CONSERVANCY	D Employer identif	ication number
L	Addre		23-724515	52
	Name	print or Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone numb	er
	Initia	al return See 1300 19TH STREET NW, 8TH FLOOR	(202) 429-	-5609
	Term	Specific Instruc-		
	Amer	inded tions. WASHINGTON, DC 20036	G Gross receipts \$	18,765,033.
Г		F Name and address of principal officer; APPONTOVED, GRANTET	H(a) Is this a group re	
	F	SAME AS LINE C	affiliates? H(b) Are all affiliates in	
1	Tax-ex	xempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a li	st. (see instructions)
J	Websi	ite: WWW.OCEANCONSERVANCY.ORG	H(c) Group exemption	number > N/A
K			ormation: 1972 M Stat	
	art I	Summary	1912	DC DC
	1	Briefly describe the organization's mission or most significant activities:		
		OCEAN CONSERVANCY PROMOTES HEALTHY AND DIVERSE OCEAN ECO		
Governance		OPPOSES PRACTICES THAT THREATEN OCEAN LIFE AND HUMAN LIF		
La		OLIOODO LIMOLIODO LIMI LIMBALDA OCBAN DILE AND HOMAN DIL	ш	
o ve	2	Check this box if the organization discontinued its operations or disposed of more than	25% of its assets	
୍ଷ	3	Number of voting members of the governing body (Part VI, line 1a)		14
		Number of independent voting members of the governing body (Part VI, line 1b)	4	13
Activities	5	T (98
Ċţ;	6			
⋖		Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	498,000
	l a	Net unrelated business taxable income from Form 990-T, line 34		NONE
<u>`</u>	D	Thet difference business taxable medification 1990-1, line 34	Prior Year	NONE Current Year
ane	8	Contribution and grants (Part VIII, line 1h)		
	9	Contribution and grants (Part VIII, line 1h)	18,467,534.	16,135,997.
Revenue	10	Program service revenue (Part VIII, line 2g)	16,994.	40,000.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	430,155.	-1,016,690.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,675.	199,654.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,991,358.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	709,007.	945,650.
	4	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,702,434.	
Sen	тоа	Professional fundraising fees (Part IX, column (A), line 11e)	142,106.	154,123.
X	170	Total fundraising expenses, Part IX, column (D), line 25) 2,207,076.	2 24 2 25	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,313,397.	1
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,866,944.	15,965,191.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12	2,124,414.	-606,230.
Net Assets or Fund Balances		T. I. I. and J. (D. (M. F., 40)	Beginning of Year	End of Year
Sse	20	Total assets (Part X, line 16)	20,192,376.	20,454,045.
a t	21	Total liabilities (Part X, line 26)	6,136,386.	5,156,419.
		Net assets or fund balances. Subtract line 21 from line 20	14,055,990.	15,297,626.
	rt II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedule and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all	s and statements, and to information of which pre	the best of my knowledge
		Shan Masse	5-16	
	ign	Signature of officer	Doto	9-70
п	ere		Date	
		Type or print name and title	, if	o identificing purely as
Paid		Preparer's Date Check self-	(see instr	s identifying number uctions)
	arer's	signature 5-13-20/0 self-empl	 	
	Only	if self-employed), ARGY, WILTSE & ROBINSON, P.C.	EIN >	
		address, and ZIP + 4 8405 GREENSBORO DRIVE, 7TH FLOOR MCLEAN, VA 22102	Phone no. > 7	03-893-0600
Мау	the If	RS discuss this return with the preparer shown above? (See instructions)		X Yes No

Department of the Treasury

Internal Revenue Service

OGDEN UT 84201-0074

IRS USE ONLY

29404-037-53855-0 237245152

A0184930

TE

2111

3

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

Notice Number: CP211A Date: March 15, 2010

Taxpayer Identification Number:

23-7245152 Tax Form: 990

Tax Period: September 30, 2009

053002.701986.0158.004 1 AT 0.357 375



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

53002

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 May 15, 2010.

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.

Form 990 (2008) Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 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) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any 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 X 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 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 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 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Х Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11 X 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the U.S.? 14a X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 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, Part III 16 Х 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 Х 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete 23 X 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 questions 24b-24d and complete Schedule K. If "No," go to question 25 24a Х 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 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

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L. Part III.

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

person from a prior year? If "Yes," complete Schedule L, Part I

X

X

25b

26

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		х
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	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		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	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			
	V/	27		37

Form **990** (2008)

Statements Regarding Other IRS Filings and Tax Compliance Part V

			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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return <u>2a</u> 98	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١
L	account)?	4a		X
D	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.			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			<u> </u>
_	Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7 a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	5	_		
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	v	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	x	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		Λ	
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		100000000000000000000000000000000000000
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	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		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Form 990 (2008)
Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
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		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		_X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	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	11	l	X
Secti	on B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
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	X	
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			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
D	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b		<u> X</u>
460	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ı oa	with a tayable entity during the year?	40-		
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		X
D	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?	4 C L		
Secti	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE 0			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):	e only)		
10	available for public inspection. Indicate how you make these available. Check all that apply.	o Orny)		
	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 interest of the conflict of interest of the conflict of the confl	reet		
1 3	policy, and financial statements available to the public.	COL		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	20		
20				
	organization: NEN DONALDSON 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	2		
	202-429-5609			

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. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 com	ipensate ar	ny offi	cer,	dire	ecto	r, trus	stee	, or key employee.		
(A) Name and Title	(B) Average hours per week	ज्ज्ञ Individual trustee Por director	Institutional trustee		C) all Key employee	a Highest compensated the employee	ply) Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2										
									:	
			[1			

Page 7

Part VII Section A. Officers, Directors, Tru (A)	(B)		. 10.1		C)	unu	1119	(D)	(E)				
Name and title	Average hours per week	ndividual trustee	*******	Officer		a Highest compensated employee	 	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compens from rela organiza (W-2/1099	ation ated tions	amo comp fro orga and	imated ount of ther ensati m the nizatio relate nizatio	ion on ed

1b Total		l						1,263,712.				91,6	563
2 Total number of individuals (including those organization ► 12									ortable co	mpensa	ation fro	om ti	he
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	r or	tru Vidi	stee	e, k	ey e	mpl	loyee, or highest	compensa	ated		Yes	No
4 For any individual listed on line 1a, is the the organization and related organizations	sum of r	eport	able 150	e c	omp 0?	ensa If "Y	ition es,"	and other comp	ensation f	rom	3		X
individual	or accru	ie co	mp	ens	atio	n fro	m	any unrelated or	ganization	· · for	4	Х	
services rendered to the organization? <i>If "Yes,"</i> Section B. Independent Contractors	complete S	cneau	ne J	101	suc	n per	son	· · · · · · · · · · · · · · · · · · ·		 	5		<u>X</u>
Complete this table for your five highest compensation from the organization.	compensate	ed in	dep	end	ent	cont	ract	ors that received	more tha	n \$10	0,000	of	
(A) Name and business addr	ess							(B) Description of serv	rices	C	(C) ompensa	tion	
SEE STATEMENT 2											Ompondo		
							-						
Total number of independent contractors (ir	ncludina th	ose i	n 1) \	ho.	rece	ived	more than \$100) 000 in				
compensation from the organization	3								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

Pai	rt VI	Statement of Revenue					rage J	
	·				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ints nts	1a	Federated campaigns	3 3	111,262.				
Contributions, gifts, grants and other similar amounts	b	Membership dues	I I	3,247,159.				
ifs,	C	Fundraising events						
s, g	d	Related organizations		041 440				
ion:	e	Government grants (contribu	1 1	<u>241,149</u> .				
ther	f	All other contributions, gifts, gran	1 1	12,536,427.	100	100		
d o	_	and similar amounts not included Noncash contributions included						552.0
	g	Total. Add lines 1a-1f	·		16,135,997.			
Program Service Revenue				Business Code	10/155/55/1			
ver	2a	PURCHASE ORDER FOR ICC		900099	25,000.	25,000.		
8	b	STIPEND FOR EMPLOYEE SERV	ICES	900099	15,000.			
vic.	С							
Ser	d							
ᇤ	е	***************************************						
igo	f	All other program service rev	enue					
<u>a</u>	g	Total. Add lines 2a-2f	· · · · · · · · · · · ·	<u></u> ▶	40,000.			
	3	Investment income (includin	_					
		other similar amounts)						407,949.
	4	Income from investment of t						
	5	Royalties · · · · · · · · ·	(i) Real	(ii) Personal	NONE			
			(7)1001	(ii) i ciocitai				
	6a	Gross Rents						
	b	Less: rental expenses Rental income or (loss)						
	c d	Net rental income or (loss).			NONE			
			(i) Securities	(ii) Other	HONE			
1	7 a	Gross amount from sales of assets other than inventory	1,981,433.					
	b	Less: cost or other basis						
		and sales expenses	3,406,072.					
	c	Gain or (loss)	-1,424,639.					
1	d	Net gain or (loss)		<u></u>	-1,424,639.			-1,424,639.
ĺ	8 a	Gross income from for	undraising					
an l		events (not including \$						
, ver		of contributions reported on						
يّ		See Part IV, line 18						
Other Revenue	b	Less: direct expenses						
0	C	Net income or (loss) from fur	- 1	· · · · · · · • •	NONE			
İ	9 a	Gross income from gaming a See Part IV, line 19						
	b	Less: direct expenses						
	C	Net income or (loss) from ga			NONE			
	10a	Gross sales of inventor						
		returns and allowances		4,296.				
	b	Less: cost of goods sold			200			
	С	Net income or (loss) from sale	es of inventory		4,296.	4,296.		
-		Miscellaneous Revenu	ue	Business Code				
		LIST RENTAL		900004	80,613.			80,613.
1		MISCELLANEOUS INCOME		900099	36,235.			36,235.
	С	LEGAL SETTLEMENT		900099	78,510.			78,510.
	d	All other revenue	_					
1	е	Total. Add lines 11a-11d		- 1	195,358.			
	12	Total Revenue. Add lines 1h,	-		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	~ ~~~	9c, 10c, and 11e		· · · · · · •	15,358,961.	44,296.		-821,332.

Part IX Statement of Functional Expenses

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

	All other organizations must comp	lete column (A) but a), and (D).
	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	895,650.	895,650.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,	NONE			
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	50,000.			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	595,332.	404,395.	148,306.	42,631.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	5,275,072.	3,902,870.	455,941.	916,261.
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)	250,976.	250,976.		
9	Other employee benefits	914,883.	493,399.	150,474.	271,010.
10	Payroll taxes	445,558.	445,558.		
11	Fees for services (non-employees):				
а	Management	NONE			
b	Legal	105,763.	96,784.	8,979.	
C	Accounting	97,666.	7,047.	90,552.	67.
d	Lobbying	NONE			······································
	Professional fundraising services. See Part IV, line 17	154,123.			154,123.
	Investment management fees	33,284.	12,833.	20,744.	-293.
g	Other	1,748,995.	1,576,276.	172,719.	NONE
12	Advertising and promotion	137,618.	137,228.	173.	217.
13	Office expenses	2,025,003.	1,778,381.	188,497.	58,125.
14	Information technology	178,882.	145,496.	14,015.	19,371.
15	Royalties	NONE			*****
16	Occupancy	965,768.	658,680.	160,431.	146,657.
17	Travel	646,554.	604,966.	21,245.	20,343.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	186,599.	167,675.	10,881.	8,043.
20	Interest	170,258.	903.	169,332.	23.
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	211,457.	144,074.	35,203.	32,180.
23	Insurance	65,162.	44,394.	10,850.	9,918.
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	FUNDRAISING_EXPENSES	495,385.	NONE	NONE	495,385.
	BAD_DEBT_EXPENSES	136,211.	136,211.	NONE	NONE
	DUES_AND_SUBSCRIPTIONS	55,109.	49,002.	1,954.	4,153.
	OTHER MATERIALS/INCENTIVES_	51,965.	23,028.	19,811.	9,126.
	LIST_RENTALS	39,563.	24,157.	NONE	15,406.
	All other expenses	32,355.	26,609.	1,416.	4,330.
25	Total functional expenses. Add lines 1 through 24f	15,965,191.	12,076,592.	1,681,523.	2,207,076.
	Joint Costs. Check here ► X If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation	2,105,496.	1,328,217.	NONE	777,279.
JSA	52.1.000				Form 990 (2008)

Pa	art X	Balance Sheet				
			(A) Beginning of year		(B) End of year	***************************************
	1	Cash - non-interest-bearing	7,690	. 1	7,7	53
	2	Savings and temporary cash investments	49,802.	. 2	264,9	
	3	Pledges and grants receivable, net	6,109,068.	3	7,052,9	
	4	Accounts receivable, net	20,994.		87,4	
	5	Receivables from current and former officers, directors, trustees, key				
		employees, or other related parties. 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 Part II				
		of Schedule L		6		
sts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sales or use		8		
⋖	9	Prepaid expenses and deferred charges	113,401.	9	145,1	93
		Land, buildings, and equipment: cost basis 10a 1,620,754.				
	b	Less: accumulated depreciation. Complete				
		Part VI of Schedule D	406,353.	10c	306,2	19
	11	Investments - publicly traded securities	10,956,603.	11	11,117,9	48
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	1,944,913.	12	635,3	41
	13	Investments - program-related. See Part IV, line 11	****	13		
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·	52,963.		34,4	54
	15	Other assets. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	530,589.		801,8	04
	16	Total assets . Add lines 1 through 15 (must equal line 34)	20,192,376.		20,454,0	45
	17	Accounts payable and accrued expenses	1,312,641.	17	1,043,3	28
	18	Grants payable		18		
	19	Deferred revenue	117,196.	T	115,3	<u>27</u>
	20	Tax-exempt bond liabilities	· · · · · · · · · · · · · · · · · · ·	20		
ies	21	Escrow account liability. Complete Part IV of Schedule D		21		E53500
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,				
ia;		highest compensated employees, and disqualified persons. Complete Part II				29/2009 21/2009 21/2009
_		of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	3,895,829.		3,196,0	41
	24	Unsecured notes and loans payable		24		
	25	Other liabilities. Complete Part X of Schedule D	810,720.	1	801,7	
	26	Total liabilities. Add lines 17 through 25	6,136,386.	26	5,156,4	<u> 19</u>
Ø		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.				
S	27	Unrestricted net assets	2 756 467		2 000	
a	28	Temporarily restricted net assets	3,756,467.		3,289,9	
B	29	Permanently restricted net assets	8,750,128.		10,415,5	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and	1,549,395.	29	1,592,1	70
ř		complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30		
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
As	32	Retained earnings, endowment, accumulated income, or other funds		32		
Vet	33	Total net assets or fund balances	14,055,990.		15,297,6	26
-	34	Total liabilities and net assets/fund balances	20,192,376.		20,454,0	
Pa	rt XI	Financial Statements and Reporting	20,10,000		20, 333, 0	<u>1 J</u>
					Yes N	No
1	Acco	unting method used to prepare the Form 990: Cash X Accrual Othe	er			
2a	Were	the organization's financial statements compiled or reviewed by an independent account	tant?		· · · 2a	X
b		the organization's financial statements audited by an independent accountant?			2b X	
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility				
		review, or compilation of its financial statements and selection of an independent accou			· · · 2c X	
3a	As a	result of a federal award, was the organization required to undergo an audit or audits as s	et forth in			
		ingle Audit Act and OMB Circular A-133?				<u>X</u>
b	If "Ye	s," did the organization undergo the required audit or audits?			3b	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047
2008
Open to Public Inspection

23-7245152

Department of the Treasury Internal Revenue Service Name of the organization

OCEAN CONSERVANCY

Employer identification number

Part I			ity Status (All organ			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		e instruc	ctions)			
The org	janization is no	ot a private found	dation because it is: (P	lease check	conly one o	organizati	on.)					
1	A church, co	onvention of chu	rches, or association of	of churches	s described	in sectio	n 170(b)(1)(A)(i).				
2	A school de	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sched	ule E.)							
3	A hospital o	r a cooperative	hospital service organ	ization desc	cribed in se	ction 170	(b)(1)(A)	(iii). (Atta	ch Schedu	ıle H.)		
4	A medical	research organi:	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)(A)(iii). E	inter t	he
		ame, city, and sta										
5	An organiza	ation operated for	or the benefit of a col	lege or un	iversity ow	ned or o	perated I	by a gove	ernmental	unit des	cribed	in
	section 170	(b)(1)(A)(iv). (C	omplete Part II.)									
6		,	vernment or governme									
7 >	An organiza	ation that norma	Illy receives a substan	tial part of	its support	t from a	governme	ental unit	or from the	ne gener	al pub	lic
		• •	(1)(A)(vi). (Complete F	•								
8			d in section 170(b)(1) (
9			Ily receives: (1) more									
			ited to its exempt fun									
	• •	•	ment income and un				-		511 tax)	from bu	siness	es
	· · · ·	-	n after June 30, 1975.									
0			and operated exclusive									
11			and operated exclus									
		-	ublicly supported orga								secu	on
	· · ·	Г	at describes the type of							r m. pe III - Ot	hor	
	a Typ		Type II certify that the organiz		e III - Fund	-	_			•		ad
e			ion managers and oth									
		r section 509(a)(ici tilali on	c or more	publicly.	oupporto.	a organize	ations doc	JOI IDOG II		٠
f	` ' ' '	` ''	d a written determina	tion from	the IRS tha	atitis a	Type L	Type II o	r Type III	supporti	na	
•	_	n, check this box	•				. , , ,	. , , ,		· · · ·		٦
g	•	•	the organization acce				om any of	the			• -	
J	following pe		Ū		'		•					
			or indirectly controls	, either ale	one or tog	ether wit	h persor	s describ	ped in (ii)	ſ	Yes N	lo
	and (iii)	below, the gove	erning body of the sup	ported orga	anization?					11g(i)	Х	
	(ii) A famil	y member of a p	person described in (i) a	above?						11g(ii)	Х	
	(iii) A 35%	controlled entity	of a person described	d in (i) or (ii)						11g(iii)	Х	·
h	Provide the	following inform	ation about the organi	izations the	organizati	on suppo	rts.					
	ne of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi) l	s the	(vii) Am		
Or	ganization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col. zed in the	supp	ort	
			(see instructions))				port?	ļ	S.?			
				Yes	No	Yes	No	Yes	No			
Total												

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

Schedule A (Form 990 or 990-EZ) 2008 Page 2 23-7245152 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 12,174,146. 13,892,229. 16,041,532 18,467,534 16,135,997 76,711,438. include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 18,467,534 76,711,438. Total. Add lines 1-3 12,174,146 13,892,229 16,041,532 16,135,997 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) 17,710,742. Public support. Subtract line 5 from line 4. 59,000,696. Section B. Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) 12,174,146 13,892,229 16,041,532 18,467,534 16,135,997 76,711,438. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 310,988 666,615 650,639 407,949 2,760,725. 724,534. Net income from unrelated business activities, whether or not the business is 10 Other income. Do not include gain or loss from the sale of capital assets 163,603 582,320. 80,054,483. Total support. Add lines 7 through 10 . . 11 12 431,020. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) Section C. Computation of Public Support Percentage 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)	14	73.70 %
	Public support percentage from 2007 Schedule A, Part IV-A, line 26f		

17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14

is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

	supported organization
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see
	instructions

Schedule A (Form 990 or 990-EZ) 2008

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				1		
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000 · · · · · · · · · · ·					<u> </u>	
c	Add lines 7a and 7b					<u> </u>	
8	Public support (Subtract line 7c from						
	line 6.)					1	
	tion B. Total Support			1		T	
С	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	. (d) 2007	(e) 2008	(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						
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					ļ	
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	-					
	organization, check this box and stop here				<u></u>		,
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2008 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	<u>%</u>
16	Public support percentage from 2007 Sche					16	<u> </u>
Sec	tion D. Computation of Investmen					TT	
17							<u></u> %
18	Investment income percentage from 2007						<u> %</u>
19a	33 1/3% support tests - 2008. If the org						
	17 is not more than 33 1/3 %, check this bo						
b	33 1/3% support tests - 2007. If the orga	nization did not o	check a box on li	ne 14 or line 19a	and line 16 is m	ore than 33 1/3 %	6, and
	line 18 is not more than 33 1/3 %, check this Private foundation. If the organization did to	s box and stop h e	ere. The organiza	tion qualifies as a	publicly supporte	d organization	▶

1 3.1 1, 11.10 17 4	or 17b; or Part III, I		2 2/19 20/10/ 40		(000 1110	
SCHEDULE A, PART II - OTHER	INCOME					
DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER INCOME	163,603.	92,399.	98,085.	32,875.	195,358.	582,320.
TOTALS	163,603.	92,399.	98,085.	32,875.	195,358.	582,320.
	any any ana ana any may any any any any any any any any any					
	and the state state who have been state about the state about their state about the state abou			reside total about order total floor about sector sector about Asia		to also sees when the sees were some over the total some over some
		·				
	and the same and and are with the time the time and time the					
	,	r maker three halos three than have more when have have t			- came and approved and approved the part of the and ap	an ada, agan gan yan kum gan man dan kum kum ada kum kum kum
						
			··· ··· ··· ··· ··· ··· ··· ··· ··· ··			
ALL LES AND THE THE THE SEC AND THE SEC AN	aring strip, signer spice spice spice data strip, spice spice spice spice state state strip.		alan mada kanan kalan salah salah salah salah salah salah salah			
	and any other state and the state and the state and the state and					

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

Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number Name of the organization OCEAN CONSERVANCY 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 organizations 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 Form 990-EZ, that met the 331/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

of	of Part I
	of

Name of organization

OCEAN CONSERVANCY

Employer identification number

23-7245152

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$1,578,071.	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		\$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
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 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_		\$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
6		\$ 645,000.	Person X 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

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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(cy)(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), then

•	Section 501(c)(4), (5), or (6)	organizations: Complete Part III.	,,					
Na	me of organization			Employer identi	fication number			
	AN CONSERVANCY			23-72	245152			
Par		ed by all organizations exemptons for Schedule C for details.	t under section 50	11(c) and section 527 or	ganizations.			
1		he organization's direct and indirec						
2								
3	Volunteer hours	,						
Par		d by all organizations exempt ons for Schedule C for details.	under section 501	1(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	excise tax incurred by organization	managers under se	ction 4955 🕨 \$				
3		d a section 4955 tax, did it file Forr						
4a					· · Yes No			
b Par	If "Yes," describe in Part IV	ed by all organizations exemp	t under section 50	01(c) except section 50)1(c)(3).			
1 (4)		ons for Schedule C for details.		· · (o), oxoopt oodiioii oo	, , (0)(0).			
1	Enter the amount directly	expended by the filing organizatio	n for section 527 ex	xempt function				
	activities							
2 Enter the amount of the filing organization's funds contributed to other organizations for section								
527 exempt function activities								
527 exempt function activities								
4 5		file Form 1120-POL for this year? . es and employer identification numl						
3		nount paid and indicate if the amo						
	contributions received and	d promptly and directly delivered to	a separate political	organization, such as a se				
	or a political action comm	ittee (PAC). If additional space is ne	eded, provide inforn	nation in Part IV.	_			
	(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			

2:	3-	.72	45	15	2	

P		zations exempt under section 501(c)(3) t (h)). See the instructions for Schedule C fo		
Α	Check ▶ if the filing organization	belongs to an affiliated group.		
В	Check ▶ if the filing organization	checked box A and "limited control" provisi	ons apply.	
		ying 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)	434.	
b	Total lobbying expenditures to influence	a legislative body (direct lobbying) [61,513.	
C	Total lobbying expenditures (add lines 1a	61,947.		
d	Other exempt purpose expenditures	15,903,244.		
е	Total exempt purpose expenditures (add	lines 1c and 1d)	15,965,191.	
f	Lobbying nontaxable amount. Enter the			
	columns.		948,260.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	1971	
	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	% of line 1f)	237,065.	
h		line g is more than line a		
i	Subtract line 1f from line 1c. Enter -0- if	line f is more than line c		
j	If there is an amount other than zero on	either line 1h or line 1i, did the organization file	Form 4720 reporting	h
	section 4911 tax for this year?			Yes X 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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total				
2 a Lobbying non-taxable amount	811,434.	936,289.	3,594.	12,839.	1,764,156.				
b Lobbying ceiling amount (150% line 2a, column(e))					2,646,234.				
c Total lobbying expenditures	196,299.	173,622.	12,303.	61,513.	443,737.				
d Grassroots non-taxable amount	202,859.	234,072.	899.	3,097.	440,927.				
e Grassroots ceiling amount (150% of line 2d, column (e))					661,391.				
f Grassroots lobbying expenditures	31,135.	139,994.	5,665.	434.	177,228.				

Schedule C (Form 990 or 990-EZ) 2008

						. =		Page
Fe	III II-B	5768 (election under section 501(h)). See the instructions for Sch	(3) that have nedule C for	e NOT detail	filec S.	l Form		
				(a)		(b)	
				Yes	No		Amor	unt
1	During	the year, did the filing organization attempt to influence foreign, national, s	tate or local					
		, ,						
а	Volunte	eers?						
b				ļ				
C	Media	advertisements?						
	waning	is to members, legislators, or the public?						····
							·	
	Direct	contact with logiclators, their staffs, government afficials, or a logiclative had						·····
-	Pallies	demonstrations seminare conventions encoches lectures or any other man	oppo?					·····
i	Other :	activities? If "Yes " describe in Part IV	salls?				***************************************	
j	Total li	nes 1c through 1i						
, 2 a	Did the	e activities in line 1 cause the organization to be not described in section 50	1(c)(3)?	000000000	200000000			
b							3939000	
C			ion 4912					······································
d				14940430441				
Pa				ection	501	(c)(5).	or .	
		section 501(c)(6). See the instructions for Schedule C for details.	. ,, ,,			· · / · / ·		
								Yes No
1							1	
2							2	
3							3	
Pa	rt III-B							
				10" C	Rif	Part II	I-A,	
	D							
1						1 1		V
~			include amo	unts	O1			
а	-	4				20		
b								
C								
3	Aggreg	ate amount reported in section 6033(e)(1)(A) notices of nondeductible sect	ion 162(e) du	es		3		
4				•				
	excess	does the organization agree to carryover to the reasonable estimate of no	ndeductible le	obbyir	ng			
	and pol	litical expenditure next year?				4		
5						5		
Pa	rt IV	Supplemental Information	·········	·				
Con	nplete th	is part to provide the descriptions required for Part I-A, line 1; Part I-B, li	ne 4; Part I-C	, line	5 and	d Part I	I-B, Iir	ne 1i.
Alsc	, comple	ete this part for any additional information.						
	During the year, did the filling 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? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? b Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities of If Yes, "describe in Part IV j Total lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If Yes," enter the amount of any tax incurred under section 4912 c If Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Were substantially all (90% or more) dues received nondeductible by members? Were substantially all (90% or more) dues received nondeductible by members? 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? 2 TILLED To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 51 (2) (6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 1 (3/e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 503(e)(1)(A) notices of nondeductible section 162(e) dues Current year b Carryover from last year C Total Aggregate amount reported in sec							

Schedule C (F	Form 990 or 990-EZ) 2008 Supplemental Information (continued)	23-7245152	Page 4
Part IV	Supplemental Information (continued)		
	TO THE SEC SEC SEC SEC SEC SEC SEC SEC SEC SE		
	· THE TOTAL CONTROL CO		
	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		
	The street of the set		
			· · · · · · · · · · · · · · · · · · ·
		the fact and the total color fact and the sect on and the section and the section a	
	THE PART OF THE PER PART OF TH		
	to the safe and th		
	** ***		
		THE THE THE THE THE THE THE THE THE THE	
			Alask office which arter some spage dame. Joseph water great shock assert

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047
2008
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	<u> </u>							
t	Open to Public							
12.	Inspection							
Employer identification number								

<u>OCE</u>	AN CONSERVANCY			23-7245152
Par	Organizations Maintaining Donor Adv the organization answered "Yes" to Fo	rised Funds or Other rm 990, Part IV, line 6	Similar Funds or A	Accounts. Complete if
		(a) Donor advis	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4				
5	Did the organization inform all donors and donor a			or advised
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a			
	used only for charitable purposes and not for the b			
	impermissible private benefit?			
Par	Conservation Easements. Complete i	f the organization ans	wered "Yes" to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	organization (check all	that apply).	
	Preservation of land for public use (e.g., recre	eation or pleasure)	Preservation of	an historically importantly land area
	Protection of natural habitat	•		certified historic structure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qu	alified conservation cor	tribution in the form	of a conservation easement
	on the last day of the tax year.		F	
				Held at the End of the Year
а	Total number of conservation easements			2 a
b	Total acreage restricted by conservation easement			
C	Number of conservation easements on a certified			
d	Number of conservation easements included in (c			
3	Number of conservation easements modified, tran	isferred, released, extir	guished, or terminate	ed by the organization during
	the taxable year			
4	Number of states where property subject to conse			
5	Does the organization have a written policy regard			
c	enforcement of the conservation easements it hold			
6	Staff or volunteer hours devoted to monitoring, ins		-	· •
7 8	Amount of expenses incurred in monitoring, inspec	-		
U	Does each conservation easement reported on lin 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	• •	•	1 1 1 1
9	In Part XIV, describe how the organization reports			
•	balance sheet, and include, if applicable, the text of			
	the organization's accounting for conservation easi		ganization 3 illianolai	statements that describes
Par	III Organizations Maintaining Collections	s of Art, Historical Tr	easures, or Other S	Similar Assets.
	Complete if the organization answered	l "Yes" to Form 990, F	Part IV, line 8.	
1 a	If the organization elected, as permitted under SF	AS 116, not to report in	its revenue statemer	nt and balance sheet works of
	If the organization elected, as permitted under SF, art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	d for public exhibition, of	education, or research	th in furtherance of public service,
	If the organization elected, as permitted under SF			
N.	historical treasures, or other similar assets held fo			
	provide the following amounts relating to these iter			, and a second of the second o
	(i) Revenues included in Form 990, Part VIII, line 1	l		▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hi			
	following amounts required to be reported under S	FAS 116 relating to the	se items:	
а	Revenues included in Form 990, Part VIII, line 1 .			
b	Assets included in Form 990, Part X			· · · · · · · • \$

Pai	t III Organizations Maintaini	ing Collections	of Art, Histo	rical Tr	easures	, or Otl	ner Similar <i>A</i>	Assets (d	continued)
3	Using the organization's accession	and other records	s, check any	of the fo	llowing th	at are a	significant u	se of its o	collection	
	items (check all that apply):									
а	Public exhibition		d	Lo	an or exc	hange p	orograms			
b	Scholarly research		е	Ot	her					
C	Preservation for future ge	enerations	<u> </u>							
4	Provide a description of the organi	zation's collections	and explain	how the	y further	the orga	anization's exe	empt pur	pose in	
	Part XIV.					•		• •	•	
5	During the year, did the organization	on solicit or receive	e donations o	of art, his	storical tr	easures	. or other simil	lar		
	assets to be sold to raise funds rat								Yes	No
Pai	t IV Trust, Escrow and Custo								1	
	Part IV, line 9, or reporte					011 0110	WO.CO 100	10 / 0///	000,	
1a	Is the organization an agent, truste	e custodian or oth	ner intermedi	ary for c	ontributio	ns or o	ther assets no	\t		
	included on Form 990, Part X?							_	Yes	No
h	If "Yes," explain the arrangement in							L		
N	ii 103, explain the arrangement ii	ii ait XIV and con	ipicte the ion	iowing to	ibic.		Λ	mount		
_	Beginning balance				ŀ	4.		mount		
	•				1	1c				
u	Additions during the year				⊩	1d				
e	Distributions during the year				L .			*******************************		
f	Ending balance				1			т	T.,	
2a	Did the organization include an am), Part X, line	217		• • • •	• • • • • • •	· · · · L	Yes	No
	If "Yes," explain the arrangement in			. 115.7					·····	
Par	t V Endowment Funds. Con					~~~~~~~~~~~				
		(a) Current Year	(b) Prior ye	ear	(c) Two yea	rs back	(d) Three year	ars back	(e) Four ye	ars back
1a	Beginning of year balance	1,592,170.								
b	Contributions	NONE								
С	Investment earnings or losses	NONE								
d	Grants or scholarships	NONE								
е	Other expenditures for facilities .									
	and programs	NONE								
f	Administrative expenses	NONE								
g	End of year balance	1,592,170.								
2	Provide the estimated percentage	of the year end ba	lance held as:	:						
а	Board designated or quasi-endown	nent > NON	ve %							
b	Permanent endowment ▶ 100.0	000 %								
C	Term endowment ► NONE	%								
	Are there endowment funds not in		the organiza	ation that	t are held	and ad	ministered for	the		
	organization by:		_						Ye	s No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related org								3 b	
4	Describe in Part XIV the intended u	·	•						L	
Par						t X. line	10.			·····
	Description of investment		or other basis	I	ost or other				i) Book value	
	bescription of investment		restment)		is (other)	(C)	Depreciation	,,) BOOK Value	
1a	Land									
b	Buildings									
	Leasehold improvements				47 07	_	12 000			000
c C	Equipment				47,07		13,986.			,090.
d	• •				373,16		,124,171.			<u>,989.</u>
e Tata	Other		Dort V1		200,51		176,379.			,140.
iota	I. Add lines 1a-1e. (Column (d) shou	ilu equal Fortii 990	, ran A, colu	ини (Ф), I	nne r∪(c).	/ • • • •	🗩		306,	,219.

Part VII	Investments - Other Securities. See	Form 990, Part X, Iir	ne 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 de	rivatives and other financial products		
Closely-held	equity interests		
	the two two that and that you was the thin the two two two two two two two two two two		
Total. (Column	n (b) should equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. See	Form 990, Part X, li	ne 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

Total. (Column	n (b) should equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Part X,	line 15.	
	(a) Description	(b) Book value

Total, (Column	n (b) should equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities. See Form 990, Part	X, line 25.	
	(a) Description of liability	(b) Amount	
Federal inco	me taxes		
CHARITA	BLE GIFT ANNUITIES	801,723.	
			The state of the s

Total. (Column	n (b) should equal Form 990, Part X, col. (B) line 25.)	801,723.	

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.

C Add lifes 4a and 4b	4 C	
5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	15,965,191
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 and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. SEE PAGE 5		
SEE PAGE 5		
		*** *** *** *** *** *** *** *** *** *** *** *** ***
		and the time the same and the time the same and

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

Inspection Employer identification number

OC!	EAN CONSERVANCY				23-	7245152
		ation on Activ 90, Part IV, lin	vities Outsid	e the United States. Co	emplete if the organiza	ation answered
1	For grantmakers. Does to assistance, the grants or assistance? For grantmakers. Describ	the organization	n maintain re ne grants or a	assistance, and the select	tion criteria used to aw	ard X Yes No
3	United States. Activities per Region. (Use	a Schadula F-1	(Form 990) if	additional enace is needed	\	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 in region
SOUT	TH AMERICA	NONE	NONE	GRANTMAKING	OCEAN GOVERNANCE	50,000.
· · · · · · · · · · · · · · · · · · ·						
	· · · · · · · · · · · · · · · · · · ·					
Fota	ıls	NONE	NONE			50,000.

Page 2

Schedule F	Schedule F (Form 990) 2008
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 90
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶
	Hse Schedule F-1 (Form 990) if additional space is peeded

	-						
				-			

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has

Schedule F (Form 990) 2008

Schedule F (Form 990) 2008
Part III Grants an

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement EFI 50,000. (d) Amount of cash grant (c) Number of recipients (b) Region SOUTH AMERICA (a) Type of grant or assistance RESEARCH

Schedule F (Form 990) 2008

Part IV.	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.
MONITO	RING PROCESS OF GRANTS
FORM 9	90, SCHEDULE F, PART I
OCEAN	CONSERVANCY MONITORS GRANTEES BY REQUIRING FULL FINANCIAL REPORTS
ALONG	WITH SPECIFIC PROJECT DELIVERABLES.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open To Public
Inspection

Name of the organization Employer identification number OCEAN CONSERVANCY 23-7245152 Part I. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any_of the following activities. Check all that apply. а Mail solicitations X Solicitation of non-government grants Х b Email solicitations Solicitation of government grants Х Phone solicitations C Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? 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. Form 990-EZ filers are not required to complete this table. (i) Name of individual (ii) Activity (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (v) Amount paid to or entity (fundraiser) custody or control of from activity (or retained by) (or retained by) contributions? fundraiser listed in organization col. (i) Yes No DIRECT MAIL MAL WARWICK & ASSOCIATES Х 3,453,048 154,123 2,803,540. 3,453,048. 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, VT, WA, WV, WI,

	more than \$15,000 on Form	ite if the organization i 990-EZ, line 6a. Lis	answered "Yes" to Fo st events with gross re	orm 990, Part IV, III eceipts greater than	ne 18, or reported 18, 000.					
		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col					
മ		(event type)	(event type)	(total number)						
Revenue	1 Gross receipts 2 Less: Charitable contributions 3 Gross revenue (line 1 minus line 2)									
	4 Cash prizes									
Direct Expenses	5 Non-cash prizes									
ect Exp	6 Rent/facility costs									
چ	7 Other direct expenses									
Pa	8 Direct expense summary. Add lines 4 9 Net income summary. Combine lines art III Gaming. Complete if the org	3 and 8 in column (d).		<u> </u>						
	than \$15,000 on Form 990-	EZ, line 6a.	100 101 01111 000,1 0							
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))					
	1 Gross revenue									
ses	2 Cash prizes									
Direct Expenses	3 Non-cash prizes									
Direct	4 Rent/facility costs									
	5 Other direct expenses									
	6 Volunteer labor	Yes%	Yes%	Yes%						
	7 Direct expense summary. Add lines 2	through 5 in column (d))							
	8 Net gaming income summary. Combin	ne lines 1 and 7 in colur	mn (d)	.						
9	Enter the state(s) in which the organizati	on operates gaming ac	tivities:		Yes No					
а	a Is the organization licensed to operate gab If "No," Explain:				9a					
	a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?									
t	o If "Yes," Explain:									
11 12	Does the organization operate gaming arts the organization a grantor, beneficiary formed to administer charitable gaming?	or trustee of a trust or	a member of a partners	hip or other entity						

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			
b	An outside facility]		code.
14	Provide the name and address of the person who prepares the organization's gaming/special event 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 ▶ \$			
C	If "Yes," enter name and address:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name •			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

2008 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

°N (h) Purpose of grant or assistance SEE PART IV SEE PART IV SEE PART IV X Yes 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. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 23-7245152 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 1 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 Use Part IV and Schedule I-1 (Form 990) if additional space is needed 10,000. 500,000 350,000 Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable 501(C)(3) 501(C)(3) 501 (C) (3) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 53-0206027 53-0242652 94-3370994 (b) EIN THE NATIONAL MARINE SANCTUARY FOUNDATION 1 (a) Name and address of organization or government WASHINGTON, DC 20560-0705 CONSERVANCY ARLINGTON, VA 22203-1606 SILVER SPRING, MD 20910 THE NATURE CONSERVANCY SMITHSONIAN INSTITUTE PartII

JSA 8E1288 2.000

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

Enter total number of other organizations

Schedule I (Form 990) 2008

Schedule I (Form 990) 2008

				73-1742127			Page Z
Partill Grants and Other Assistance to Individuals i Use Schedule I-1 (Form 990) if additional spac	stance to In 990) if addit		in the United States e is needed.	. Complete if the	e organization answered	in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. e 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	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2,	ion. Comple	te this part to	provide the info	ormation required		and any other additional information.	
MONITORING PROCESS OF GRANTS	ZIN		*** ***				[]]
FORM 990, SCHEDULE I, PART	T						; ; ;
OCEAN CONSERVANCY MONITORS GRANTEES BY REQUIRING FULL FINANCIAL REPORTS	S_GRANTEE	S BY REQUIE	ING EULL EI	NANCIAL REPO	RIS		1
ALONG WITH SPECIFIC PROJECT DELIVERABLES.	CT_DELIVE	ABLES.		10 to 10 to			! ! !
	 			20 St. 80 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			
PURPOSE OF GRANT OR ASSISTANCE (SEE NEXT	PANCE_(SE	NEXT PAGE)					
FORM 990, SCHEDULE I, PART	T. II.	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	- 44	# T				

Schedule I (Schedule I (Form 990) 2008	ď
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	
	Use Schedule I-1 (Form 990) if additional space is needed.	i

(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
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	ete this part to	provide the info	rmation required	I in Part I, line 2, and any	y other additional information.
THE PURPOSE OF THE NATIONAL MARINE SANCTUARY FOUNDATION GRANT WAS TO	SANCTUARY	FOUNDATION	GRANT WAS TO		
SPONSOR THE CAPITAL HILL OCEAN WEEK.	ĪK.				
		, and the tax tax and and tax	; 		
THE PURPOSE OF THE SMITHSONIAN INSTITUTE		GRANT WAS TO CONTRIBUTE TOWARDS	NTRIBUTE TOW	ARDS	
THE NEW OCEAN HALL.	 				
	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_	NCY GRANT	GRANT WAS TO DEVELOP A PARTNERSHIP	OP A PARTNER	SHIP	
TO IMPROVE ENGAGEMENT WITH SPECIFIC	C STAKEHOL	SPECIFIC STAKEHOLDER NETWORKS (BOTH WITHIN THE	(BOTH WITHI	N THE	
ADMINISTRATION AND WITH A VARIETY (<u>OF_STAKEHO</u>	OF STAKEHOLDERS ON THE	GROUND)_AND		
DEVELOP SUPPORTIVE TOOLS TO PROMOTE THE NEED FOR A FEDERAL MARINE SPATIAL	E_THE_NEED	FOR A FEDER	AL MARINE SP	ATIAL	

Part III	Grants and Other Assistance to Individuals in Use Schedule I-1 (Form 990) if additional space		the United States is needed.	. Complete if the	e organization answered "Y	the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 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	
Part IV	Supplemental Information. Complete this part		provide the info	ormation required	to provide the information required in Part I, line 2, and any other additional information.	her additional information.	
LANNI	PLANNING FRAMEWORK AND SUPPORTIVE FUNDING		<u>MECHANISMS.</u>				

! ! !							
 		. The same two two two two two two two two two two	*** *** *** ** ** ** ** ** ** ** ** **	، مجمع سمية محمد بعدة بعدة بعدة بعدة مجمع مجمع مجمع مجمع محمد بعدة ،			
		· eas eas eas eas eas eas eas eas eas eas					
 		. *** *** *** *** *** *** *** *** *** *	 				

SCHEDULE J (Form 990)

Compensation Information

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

➤ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

OCEAN CONSERVANCY

Department of the Treasury Internal Revenue Service

Employer identification number

23-7245152

Part	Questions Regarding Compensation			
			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			
	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	If 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 explain	1b		
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		
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:			
а	Receive a severance payment or change of control payment?	4a		<u>X</u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b		<u>X</u>
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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
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:		200	
а	The organization?	5a		<u>X</u>
b	Any related organization?	5 b		_X
	If "Yes" to line 5a or 5b, describe in Part III.			
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:			
a	The organization?	6a		<u>X</u>
b	Any related organization?	6b		_X
-	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	_	l	•-
_	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 Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		<u>X</u>

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

Schedule J (Form 990) 2008

73-124

Schedule J (Form 990) 2008

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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.	of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
VERONTOITE SPRITTI.	0232,094.	23,400.	NONE	13,878.	10,543.	279,915.	
CS	178,237.	207276.	NONE	NONE	15,204.	213,717.	
OCT EWOM	153,717.	1,500.	NONE	7.116.	4.029.	166,362.	
APPS SAPPS	142,661.	1,500.	NONE	NONE	64.558.	150,719.	
R CHABOT	151,573.	NONE	NONE	6,738.	3,399.	161,710.	
(1)							
(i)							

(E) (E)							T F T T T T T T T T T T T T T T T T T T
(ii)			1 1 1				
(1)							The same and the s
(9)							
(1)							
(ii)			1				
(ii)							
(1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						and the state of t
(ii)							
(1)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(ii)						Over 19 mily and Addition of the Control of the Con	The state of the s
						- 4	2000 1000

Schedule J (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

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

Department of the Treasury Internal Revenue Service

Part I

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization OCEAN CONSERVANCY Employer Identification number

23-7245152

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees**

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	P or director	Institutional trustee	Officer	Key employee	## Highest compensated at 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
		e	stee			nsated				organizations
VERONIQUE SPRUILL										
PRESIDENT & CEO	40.	X	_	X			ļ	255,494.		24,421.
CECILY MAJERUS										
CHAIR	2.	X						NONE		NONE
CURTIS BOHLEN										
VICE CHAIR	2.	X						NONE		NONE
BARBARA_PAUL_ROBINSON					İ					
TREASURER	2.	X						NONE		NONE
PATRICK B. PURCELL										
SECRETARY	2.	X						NONE		NONE
PHILIPPE COUSTEAU										
BOARD MEMBER	2.	X						NONE		NONE
NICOLE LUSKEY										
BOARD MEMBER	2.	Х						NONE		NONE
STEVEN MOORE										
BOARD MEMBER	2.	X						NONE		NONE
MICHAEL ORBACH										
BOARD MEMBER	2.	X						NONE		NONE
STEPHEN PALUMBI										
BOARD MEMBER	2.	Х						NONE		NONE
DAVID_ZACHES										
BOARD MEMBER	2.	Х						NONE		NONE
DAVID ALDRICH										
BOARD MEMBER	2.	х						NONE		NONE
THOMAS ALLEN										
BOARD MEMBER	2.	X						NONE		NONE
DANE NICHOLS										
BOARD MEMBER	2.	x						NONE		NONE
DENNIS KELSO								21,021,22		
EVP/COO	40.			х				198,513.		15,204.
LAWRENCE AMON				-23				130,313.		10,201.
CFO	24.			х				101,700.		NONE
AMELIA MONTJOY				-23				101,700.		NOME
VP RESOURCE DEVELOPMENT	40.					х		155,217.	ļ	11,145.
LAURA CAPPS						- 21		100,217.		11/130.
VP COMMUNICATIONS	40.					х		144,161.		6,558.
WARNER CHABOT	301					-,		T33, TOT.		0,000.
VP CAMPAIGNS	40.			İ		x		151,573.		10,137.
JANIS JONES	30.					^	\vdash	101,070.		10,137.
VP LEGAL AFFAIRS	40.					х		134 014	***************************************	0 105
	40.		-	\dashv	-	^		134,814.		8,105.
MARK POWELL VP SUSTAINABILITY	40.					х		122,240.		16 000
Top Delivery Act and Benerius Reduction		<u></u>					ــــــــــــــــــــــــــــــــــــــ	122,240.	l	16,093.

SCHEDULE M (Form 990)

Non-Cash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OCEAN CONSERVANCY

Employer identification number

23-7245152

Part	Types of Property	I			
		(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				
	-Historical treasures				
	-Fractional interests				
	oks and publications				
	thing and household				
	ods	х		150.	FAIR MARKET VALUE
	rs and other vehicles				
	ats and planes				
	ellectual property				
	curities-Publicly traded		8	125,099.	FAIR MARKET VALUE
	curities-Closely held stock				TITLE TRANSPORT
	curities-Partnership, LLC,				
	rust interests				
	curities-Miscellaneous				
	alified conservation				
	ntribution (historic				
	ictures)				
	alified conservation				
	ntribution (other)				
	al estate-Residential				
	al estate-Commercial				
	al estate-Other				
	lectibles				
	od inventory				
	gs and medical supplies				
	ddermy				
	torical artifacts				
	entific specimens				
24 Arc	heological artifacts				
	er ▶(MISC. SUPPLIES)		300	11,759.	FAIR MARKET VALUE
	er ▶()				
	er ►()				
	er ▶()				
	nber of Forms 8283 received by	the organiz	zation during the tax year fo	r contributions for	
	ch the organization completed F				29
					Yes No
<mark>30a</mark> Dur	ing the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, lin	e 1-28 that
it m	oust hold for at least three year	s from the	date of the initial contribut	tion, and which is not rec	juired to be
use	d for exempt purposes for the er	ntire holding	period?		30a X
	es," describe the arrangement ir				
	es the organization have a		ance policy that requires	the review of any n	on-standard
	tributions?			•	
	es the organization hire or use				
	tributions?				
	es," describe in Part II.				
33 If th	e organization did not report re	venues in co	olumn (c) for a type of prop	erty for which column (a)	is checked
00 11 111			5. m (5) . 5. a type 5. p. 5p	orty for willon column (a)	19 OHOOKOO, ISSUESIA SANSANIA

Schedule M (I	Form 990) 2008		23-7245	152 Page 2
Part II		mation. Complete this pa omplete this part for any a	art to provide the information dditional information.	required by Part I, lines 30b,
~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~				
		v dar far dan dan dan san dan san dan san san san dan dan dan dan dan dan dan dan dan d		
		n new new new con con con new new con con new con con con con con con con con con con		*
		 		
		· • • • • • • • • • • • • • • • • • • •	or with this time was the time two two toos was too the time to the time the time the time time time time time.	
		· · · · · · · · · · · · · · · · · · ·		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
~ ~ ~ ~ ~ ~ ~ ~ ~				
			· · · · · · · · · · · · · · · · · · ·	
		~ 		
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		. To the first this side with the side with the side that the side with the first the side with the

SCHEDULE O (Form 990)

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the

OMB No. 1545-0047
2008
<u> </u>
Open to Public
Inspection

Internal Revenue Service

Department of the Treasury Form 990 or to provide any additional information. Name of the organization Employer identification number OCEAN CONSERVANCY 23-7245152 FORM 990 REVIEW PROCESS FORM 990, PART VI, LINE 10 THE DRAFT 990 IS FORWARDED TO MEMBERS OF THE FINANCE COMMITTEE FOR THEIR REVIEW BEFORE FILING THE RETURN.

Name of the organization OCEAN CONSERVANCY	Employer identification number 23-7245152
CONFLICTS OF INTEREST	ter dan dan dan dan dan dan dan dan dan dan
FORM 990, PART VI, LINE 12	
_CONFLICT_OF_INTEREST_POLICY_DISCLOSURE_STATEMENTS_ARE_TO_BE_PREPA	RED_AT
LEAST ANNUALLY. IN THE CASE WHERE A POSSIBLE CONFLICT BY AN EMPL	OYEE
OTHER THAN THE PRESIDENT OF THE ORGANIZATION IS IDENTIFIED, THE P	RESIDENT
AND CEO SHALL DETERMINE WHETHER AN ACTUAL OR POTENTIAL CONFLICT O	<u>F</u>
INTEREST EXISTS OR CAN BE REASONABLY CONSTRUED TO EXIST AND HOW T	HE
CONFLICT OF INTEREST SHOULD BE RESOLVED. WHEN A CONFLICT OF INTE	REST_IS
DISCLOSED BY A COVERED PERSON OTHER THAN A COVERED EMPLOYEE OR BY	THE
PRESIDENT AND CEO, THE CHAIR SHALL DISCLOSE THE CONFLICT OF INTER	EST_TO
THE BOARD OF DIRECTORS, OR A DESIGNATED COMMITTEE. THEN, BY MAJO	RITY
VOTE OF THE DISINTERESTED DIRECTORS (EVEN IF THE DISINTERESTED DI	RECTORS
CONSTITUTE LESS THAN A QUORUM), IT WILL BE DECIDED WHETHER AN ACT	UAL OR
POTENTIAL CONFLICT OF INTEREST EXISTS OR CAN BE REASONABLY CONSTR	UED TO
EXIST. PROPOSALS TO THE FULL BOARD OF DIRECTORS AS TO HOW THE CO	NFLICT
OF INTEREST SHOULD BE RESOLVED WILL THEN BE PROVIDED.	
	und mark mark was fine fine fine and fine and fine and fine the fine fine fine fine and fine fine fine fine fine
	and the time and the time the time and the time the time the time the time the time the time the time the time

Name of the organization OCEAN_CONSERVANCY	Employer identification number 23–7245152
STATES IN WHICH FORM 990 IS REQUIRED TO BE FILED	
FORM 990, PART VI, LINE 17	
ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, CONNECT	
DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, ILLINOIS, KANSAS, KENTUCK	Y
LOUISIANA, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA,	
MISSISSIPPI, MISSOURI, NEW HAMPHSIRE, NEW JERSEY, NEW MEXICO, NEW	YORK,
NORTH CAROLINA, NORTH DAKOTA, OHIO, OKLAHOMA, OREGON, PENNSYLVANI	A, RHODE
ISLAND, SOUTH CAROLINA, TENNESSEE, TEXAS, VIRGINIA, WASHINGTON, W	EST
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

OCEAN CONSERVANCY Name of the organization

Related Organizations and Unrelated Partnerships

2008 Open to Public Inspection

Employer identification number

23-7245152

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

OMB No. 1545-0047

▼ See separate instructions.

	(D) (E) (F)  Ite Total income End-of-year assets Direct controlling entity	NONE 7,153. I				te Exempt Code section Public charity status Direct controlling (f) (f) (f) (c)(3))			
	(C) Legal domicile (state or foreign country)	DC			, market 1971	(C) Legal domicile (state or foreign country)			
	(B) Primary activity	BLDG HLDG ENT				(B) Primary activity			
Identification of Disregarded Entities	(A) Name, address, and EIN of disregarded entity	WASHINGTON, DC 20006			Identification of Related Tax-Exempt Organizations	(A) Name, address, and EIN of related organization			
Part I Identification of	Name	2029 K STREET, LLC 2029 K STREET, NW			Part II Identification of	Name,			

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

Schedule R (Form 990) 2008

23-7245152

Page 2

Identification of Related Organizations Taxable as a Partnership

Schedule R (Form 990) 2008

Part III

(J) General or managing partner?	Yes				
(I) (Gen amount in box 20 of man Schedule K-1 part (Form 1065)					
(H) Disproportionate allocations?	Yes No				
	Yes	-	-		
(G) Share of end-of-year assets					
(F) Share of total income					
(E) Predominant income (related, investment, unrelated)					
(D) Direct controlling entity					
Legal domicile (state or foreign country)					
(B) Primary activity		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
(A) Name, address, and EIN of related organization					

r Trust
ř
n C
atic
por
a Cor
a
as
ble
axa
ST
ion
izat
Jan
Q,
ted
elai
ž R
o u
atic
ific
ent
Ō
5
ξ

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp., or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Page 3 23-7245152 Schedule R (Form 990) 2009

## Part V Transactions With Related Organizations

Not	Note. Complete line 1 if any entity is listed in Parts II III or IV			I des
-	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	ts II–IV?		
æ	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	•	14	×
Q	Giff, grant, or capital contribution to other organization(s)		1b	
ပ	Gift, grant, or capital contribution from other organization(s)	•	10	
7	Loans or loan guarantees to or for other organization(s)	•	114	×
O	Loans or loan guarantees by other organization(s)		- 1e	×
4-	Sale of assets to other organization(s)	•	1	×
5	Purchase of assets from other organization(s)		19	×
ᆮ	Exchange of assets	•	<u>+</u>	×
****	Lease of facilities, equipment, or other assets to other organization(s)		:	×
	Lease of facilities equipment or other assets from other organization(s)		] =	*
<b>,</b> ~	Performance of services or membership or fundraising solicitations for other organization(s)		<del>*</del>	
	Performance of services or membership or fundraising solicitations by other organization(s)		=	
Ε	Sharing of facilities, equipment, mailing lists, or other assets		1m	
_	Sharing of paid employees	•		×
0	Reimbursement paid to other organization for expenses			×
۵	Reimbursement paid by other organization for expenses		<del>1</del>	×
1	(1) - 11 - 11 - 11 - 11 - 11 - 11 - 11 -		4	>
J ►	Other transfer of cash or property from other organization(s)			
7	for information on who must complete this line, including covered	Sc	and transaction thresholds	
	(A) Name of other organization(s)	(B) Transaction type (a-r)	( <b>C)</b> Amount involved	olved
5				
(2)				
(3)				
(4)				PROPERTY AND AND AND AND AND AND AND AND AND AND
(2)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
(9)				
			Schedule R (Form 990) 2008	orm 990) 2008

23-7245152 Schedule R (Form 990) 2008

Page 4

# Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

		5	cicipo.				
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Are all partners section	(E) Share of end-of-year	(F) Disproportionate		(H) General or managing
			501(c)(3) organizations?			of Schedule K-1 (Form 1065)	partner?
			Yes No		Yes No		Yes No
				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			

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 PAID IND. CONTRACTORS 

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MAL WARWICK & ASSOCIATES 2550 NINTH STREET, SUITE 103 BERKELEY, CA 94710	FUNDRAISING	154,123.
BEACONFIRE CONSULTING 2300 CLARENDON BLVD #1100 ARLINGTON, VA 22201	IT CONSULTING	113,913.
HCI NETWORK SOLUTIONS 27 APPLESEED LANE GAITHERSBURG, MD 20878	IT CONSULTING	103,449.
TOTAL	COMPENSATION	371,485.

### 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

2007

Open to Public Inspection

Department of the Treasury

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

A F	or the	2007 calendar year, or tax year beginning 10/01, 2007, and end	ding	0.9	9/30/2008
	eck if appl	Please C Name of organization			Employer identification number
	Addres: change				3-7245152
	Name o	print or Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		Telephone number
	Initial re	type. See 1300 19TH STREET NW, 8TH FLOOR		ŀ	202) 429-5609
	Termina	Specific	L.,,	FA	accounting Cash X Accrual
	Amend			Ï	Other (specify)
	Applica pending	tion Continue 504/5/(2) and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	H and I are not app	licable	e to section 527 organizations.
·	, han-m	trusta must attach a completed Schodule A /Form 000 or 000 F7)	H(a) Is this a group	retur	n for affiliates? Yes X No
G V	Vebsite		H(b) If "Yes," enter		
JC	)rganiz		H(c) Are all affiliate		
	heck h	ere if the organization is not a 509(a)(3) supporting organization and its gross	(If "No," attach	a list	I. See instructions.)
		are normally not more than \$25,000. A return is not required, but if the organization chooses	H(d) Is this a separate organization cov		n filed by an oy a group ruling? Yes X No
		return, be sure to file a complete return.	Group Exemp		
			M Check	T	if the organization is <b>not</b> required
L	Gross re	eceipts: Add lines 6b, 8b, 9b, and 10b to line 12 20,564,628.	to attach Sch.		orm 990, 990-EZ, or 990-PF).
Par		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the inst			
	1	Contributions, gifts, grants, and similar amounts received:		T	
	a				
	k		8,160,696.	1	
			3/100/050:		
	_ c		306,838.		
	i e			1e	18,467,534.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	16,994.
	3	Membership dues and assessments		3	10,554.
	4	Interest on savings and temporary cash investments		4	18,244.
	5	Dividends and interest from securities		5	609,680.
	6 a				000,000.
	b				
				6с	
e	7	Other investment income (describe		7	
Revenue	1 -	Gross amount from sales of assets other (A) Securities (B) O	ther		
æ		than inventory	***************************************		
	b	Less: cost or other basis and sales expenses 1,559,843.8b			
	c				
	d			8 d	-197,769.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here	[——]		
	a	Gross revenue (not including \$ of			
		contributions reported on line 1b)	34,512.		
	b		13,427.		
	i i	Net income or (loss) from special events. Subtract line 9b from line 9a · · · · · · · ·		ł I	21,085.
	1				
	1	Less: cost of goods sold 10b			
		Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line	10a	10c	
	11	Other revenue (from Part VII, line 103)		11	55,590.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	18,991,358.
	13	Program services (from line 44, column (B))			11,624,249.
Ses	14	Management and general (from line 44, column (C)).			1,800,176.
Expenses	15	Fundraising (from line 44, column (D))		15	3,442,519.
Ä	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses. Add lines 16 and 44, column (A)		17	16,866,944.
ts	18	Excess or (deficit) for the year. Subtract line 17 from line 12			2,124,414.
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))			14,610,429.
ť À	20	Other changes in net assets or fund balances (attach explanation) STMT .4			-2,678,853.
Š	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			14,055,990.
For P	rivacy	Act and Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2007)

# $\mathsf{Form}\,8868$

(Rev. April 2008)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

intenial izevellae	service	7 . II a a apparate application for each return	•	'
<ul><li>If you are:</li></ul>	filing for an Automatic 3-	Month Extension, complete only Part I and check	k this box	
Do not comple	ete Part II unless you have	lot Automatic) 3-Month Extension, complete only e already been granted an automatic 3-month exte	ension on a pre	ge 2 of this form).
Part I Auto	matic 3-Month Exten	sion of Time. Only submit original (no copies	needed).	
A corporation Part I only • •	required to file Form 99	0-T and requesting an automatic 6-month extension	on - check this I	box and complete
All other corpo	orations (including 1120- ome tax returns.	-C filers), partnerships, REMICs, and trusts must use	e Form 7004 to	request an extension of
one of the re electronically returns, or a c	turns noted below (6 r if (1) you want the add composite or consolidate	u can electronically file Form 8868 if you want months for a corporation required to file Form itional (not automatic) 3-month extension or (2) d From 990-T. Instead, you must submit the fully ic filing of this form, visit www.irs.gov/efile and clic	990-T). Howeveryou file Forms completed and	er, you cannot file Form 8868 990-BL, 6069, or 8870, group d signed page 2 (Part II) of Form
Type or	Name of Exempt Organiz	ation		Employer identification number
print	OCEAN CONSER	VANCY		23-7245152
File by the	Number, street, and roon	n or suite no. If a P.O. box, see instructions.		
due date for filing your		REET NW, 8TH FLOOR		
return. See		state, and ZIP code. For a foreign address, see instruction	s.	
instructions.	WASHINGTON,			
1 1		a separate application for each return):		
X Form 990		Form 990-T (corporation)	For	rm 4720
Form 990		Form 990-T (sec. 401(a) or 408(a) trust)	For	m 5227
Form 990		Form 990-T (trust other than above)		m 6069
	-rr	Form 1041-A	For	m 8870
<ul> <li>If the organ</li> <li>If this is for the whole one</li> <li>for the and Elf</li> </ul>	a Group Return, enter the group, check this box ► Ns of all members the ex	n office or place of business in the United States, come organization's four digit Group Exemption Number.  If it is for part of the group, check this bootension will cover.	heck this box er (GEN) N	
until		months for a corporation required to file Form 990 going, to file the exempt organization return for the		
► X	calendar year o tax year beginning	r		09/30,2008
2 If this tax	year is for less than 12 i	months, check reason: Initial return F	inal return	Change in accounting period
3a If this ap	plication is for Form 99	0-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax,	less any
	dable credits. See instruc			3a \$ NONE
		-PF or 990-T, enter any refundable credits and e	estimated tax p	ayments
		payment allowed as a credit.		3b \$ NONE
		om line 3a. Include your payment with this form,		
instruction		ed, by using EFTPS (Electronic Federal Tax P	'ayment Systei	
· · · · · · · · · · · · · · · · · · ·				3c \$ NONE
<b>Caution</b> . If you for payment ins		ectronic fund withdrawal with this Form 8868, see	Form 8453-EC	and Form 8879-EO
		ction Act Notice, see Instructions.		Form <b>8868</b> (Rev. 4-2008)
,				rom 0000 (Nev. 4-2008)

Pa	art II Statement of All Functional Expenses organization	organi anizatio	zations must complete colur ns and section 4947(a)(1)	nn (A). Columns (B), (C),	and (D) are required for	section 501(c)(3) and (4)
	Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
228	6b, 8b, 9b, 10b, or 16 of Part I.  a Grants paid from donor advised funds (attach schedule)		(A) Total	services	and general	(b) Fundraising
	(cash \$noncash \$					
	If this amount includes foreign grants, check here	T [']  22	a			
22k	b Other grants and allocations (attach schedule)					
	(cash \$ 709,007, noncash \$	)				
	If this amount includes foreign grants, check here	22	b 709,007.	709,007.	STMT 6	
23	Specific assistance to individuals	3			0	
	(attach schedule)	1	;			
24	Benefits paid to or for members					
	(attach schedule)	. 24	l l			
25a	a Compensation of current officers,	,				
	directors, key employees, etc. listed in	١				
	Part V-A	25	a 530,426.	274,032.	226,643.	29,751.
b	b Compensation of former officers,					
	directors, key employees, etc. listed in					
	Part V-B	25	<b>b</b>	·		
С	C Compensation and other distributions, not includ-					
	ed above, to disqualified persons (as defined under section 4958(f)(1)) and persons described					
	in section 4958(c)(3)(B)	25				
26	Salaries and wages of employees not					
	included on lines 25a, b, and c	}	5,042,503.	3,443,577.	405,934.	1,192,992.
27	Pension plan contributions not	- 1				
	included on lines 25a, b, and c		153,843.	153,843.	NONE	NONE
28	, , , , , , , , , , , , , , , , , , , ,					:
	lines 25a - 27	28	578,895.	217,752.	110,961.	250,182.
29	Payroll taxes	29	396,767.	396,767.	NONE	NONE
	Professional fundraising fees		142,106.	NONE	NONE	142,106.
31	Accounting fees	31		NONE	67,055.	NONE
32	Legal fees	32	56,753.	18,825.	37,928.	NONE
33	Supplies	33		81,476.	7,245.	7,749.
34	Telephone	34		224,770.	38,582.	46,865.
	Postage and shipping			1,079,056.	19,553.	448,008.
36	Occupancy	36		553,748.	149,922.	180,595.
	Equipment rental and maintenance	37		75,981.	20,199.	24,346.
	Printing and publications	38	2,208,321.	1,548,682.	8.	659 <b>,</b> 631.
		39	739,539.	660,987.	36,087.	42,465.
	Conferences, conventions, and meetings .	40	227,323.	223,925.	989.	2,409.
	Interest	41	160,349.	132.	160,217.	NONE
	Depreciation, depletion, etc. (attach schedule)		STMT 1 262,320.	163,751.	44,711.	53,858.
	Other expenses not covered above (itemize)	1				
	STMT_9	_ 43a		1,797,938.	474,142.	361,562.
b		43b				
c d		430				
u						
•						
		43f				
, g	Total functional expenses. Add lines 22a	43g				
1	through 43g. (Organizations completing	1				
	columns (B)-(D), carry these totals to lines		10000			
loin	13-15)	.   44	16,866,944.	11,624,249.	1,800,176.	3,442,519.
	nt Costs. Check ► X if you are follow				, .	
	any joint costs from a combined educational					X Yes No
	es," enter (i) the aggregate amount of these j he amount allocated to Management and ge					
	The amount anocated to Management and ge	nerai	P NONE	; and (iv) the amount allo	ocated to Fundraising \$	1,542,910.
SA	20.1.000					Form <b>990</b> (2007)

23-7245152		Page 3
Part III Statement of Program Service Accomplishments (See the instructions.)		
Form 990 is available for public inspection and, for some people, serves as the primary or sole superficular organization. How the public perceives an organization in such cases may be determined on its return. Therefore, please make sure the return is complete and accurate and fully describes, programs and accomplishments.	by the in Par	of information about a information presented t III, the organization's
What is the organization's primary exempt purpose? ►SEE STATEMENT 10		Program Service
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the not clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) are organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations to organize the amount of grants and allocations the amount of grants and allocations the amount of grants and allocations the amount of grants are allocations to organize the amount of grants are allocations and allocations and allocations are allocations and allocations and allocations are allocations and allocations are allocations and allocations are allocations and allocations are allocations and allocations are allocations and allocations are allocations and allocations are allocations and allocations are allocations and allocations are allocations and allocations are allocations and allocations are allocations are allocations and allocations are allocations are allocations are allocations.	ad (4)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
A RESTORE SUSTAINABLE AMERICAN FISHERIES: TO REFORM FISHERY  MANAGEMENT IN THE U.S. TO EMPLOY ECOSYSTEM-BASED MANAGEMENT AS THE FRAMEWORK FOR FISHERIES POLICY AND TO MAKE LONG-TERM SUSTAINABILITY THE PRIORITY FOR FISHING.		
(Grants and allocations \$ ) If this amount includes foreign grants, check here	<u>-</u>	2,246,596.
b PROTECT MARINE WILDLIFE: THE GOAL OF THE OCEAN CONSERVANCY IS TO REDUCE AND ELIMINATE BYCATCH TO PREVENT THE EXTINCTION AND ENSURE THE RECOVERY OF MANY SPECIES OF MARINE ANIMALS.		2,240,330.
(Grants and allocations \$ 6,738. ) If this amount includes foreign grants, check here	- 	2 164 605
CITIZEN OUTREACH, POLLUTION PREVENTION AND MONITORING: THROUGH THIS PROGRAM, THE OCEAN CONSERVANCY CONDUCTS OUTREACH AND POLLUTION PREVENTION AND MONITORING PROJECTS FOR CITIZENS.	-	2,164,605.
(Grants and allocations \$ 3,641. ) If this amount includes foreign grants, check here ▶	-	2,437,445.
d REFORM GOVERNMENT FOR BETTER OCEAN STEWARDSHIP: THIS PROGRAM CODIFIES NATIONAL AND STATE POLICIES THAT EMPHASIZE CONSERVATION AND RESTORATION OF OCEAN ECOSYSTEMS, AS WELL AS GREATER PUBLIC PARTICIPATION IN MANAGING THESE PUBLIC TRUST RESOURCES.	-	
(Grants and allocations \$ 84,500. ) If this amount includes foreign grants, check here ▶  e Other program services (attach schedule) SEE STATEMENT 11		1,277,605.
014.170. / It this amount includes folelon drants check here	$\perp \perp \downarrow \downarrow$	3,497,998.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	▶	11,624,249

Form **990** (2007)

	art IV	Balance Sheets (See the instructions.)	.5 7245152		
_	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		<b>(B)</b> End of year
	45	Cash - non-interest-bearing	7,567	. 45	7,690
	46	Savings and temporary cash investments	895,327	1 1	49,802
	47a	Accounts receivable			
	1	Less: allowance for doubtful accounts	32,939	. 47c	20,994
		Pledges receivable	752,476	100	E 051 000
		Grants receivable	84,781		5,951,922 157,146
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule).	04,701	50a	137,140
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			
	51a	Other notes and loans receivable (attach		50b	
ets		schedule)		53557452	
Assets	b	Less: allowance for doubtful accounts		51c	
Q.	52			52	
	53	Prepaid expenses and deferred charges	142,950.	<del> </del>	113,401
	54a	Investments - publicly-traded securities ▶ Cost X FMV	14,789,334.	54a	10,956,603
	b	Investments - other securities (attach schedule) ▶ Cost X FMV	1,154,684.	54b	1,944,913
	55a	Investments - land, buildings, and	STMT 12		
		equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
		Investments - other (attach schedule)		56	-
		Land, buildings, and equipment: basis . STMT 1 . 57a 1,706,350			
	b	Less: accumulated depreciation (attach			
		schedule)	434,267.	57c	459,316
	58	Other assets, including program-related investments			
	59	(describe ► STMT 13)  Total assets (must equal line 74). Add lines 45 through 58	696,091.	58	530,589
			18,990,416.	59	20,192,376
		Accounts payable and accrued expenses	796,252.	60	1,312,641
		Grants payable		61	
10		Deferred revenue	NONE	62	117,196
ţ;		schedule)			
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)		63 64a	
Ë	b	Mortgages and other notes payable (attach schedule) STMT. 14.	2,786,917.		3 005 030
		Other liabilities (describe ► STMT 15)	796,818.	65	3,895,829 810,720
		0.111 10/	7 70 7 010.		010,720
	66	Total liabilities. Add lines 60 through 65	4,379,987.	66	6,136,386
	Orga	nizations that follow SFAS 117, check here ▶ X and complete lines			
		67 through 69 and lines 73 and 74.			
Ses		Unrestricted	8,688,251.	67	3,756,467
and	68	Temporarily restricted	4,372,783.	68	8,750,128
Bal		Permanently restricted	1,549,395.	69	1,549,395
Net Assets or Fund Balances		nizations that do not follow SFAS 117, check here ▶  and complete lines 70 through 74.			
ō	70	Capital stock, trust principal, or current funds		70	
şţs	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
SSE		Retained earnings, endowment, accumulated income, or other funds		72	
¥ A		Total net assets or fund balances. Add lines 67 through 69 or lines			
ž		70 through 72. (Column (A) must equal line 19 and column (B) must			
	•	equal line 21)	14,610,429.	73	14,055,990.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	18,990,416.		20.192.376

li.	art V-A Reconciliation of Revenue per Audited instructions.)	Financial Stateme	nts With Reveni	ue per Return (S	ee the
а	Total revenue, gains, and other support per audited fina	ncial statements		a	16,242,131.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments		<b>b1</b> -2	,775,867.	
2	Donated services and use of facilities			13,213.	
3	Recoveries of prior year grants		1 (		
4	Other (specify):				
			b4		
	Add lines <b>b1</b> through <b>b4</b>			b	-2,762,654.
С	Subtract line <b>b</b> from line <b>a</b>			c	19,004,785.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b		d1		
2	Other (specify): SEE STATEMENT 16				
	All		[d2]	-13,427.	
е	Add lines d1 and d2	• • • • • • • • • • •		d	
-	Total revenue (Part I, line 12). Add lines c and dart IV-B Reconciliation of Expenses per Audited	Financial Stateme	nte With Evnen	·····▶ e	18,991,358.
					16 000 504
a	Total expenses and losses per audited financial statemer	nts	· · · · · · · · · · · · · · · · · · ·	a	16,893,584.
b	Amounts included on line a but not on Part I, line 17:		15.4	12 212	
.1	Donated services and use of facilities		D1	13,213.	
. 2	Prior year adjustments reported on Part I, line 20	• • • • • • • • • • •	b3		
3 4	Losses reported on Part I, line 20 Other (specify): _ SEE STATEMENT 17				
4	Other (specily).		1 1	13,427.	
	Add lines <b>b1</b> through <b>b4</b>				26,640.
С	Subtract line <b>b</b> from line <b>a</b>				16,866,944.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b		d1		
2	Other (specify):		1 1		
			1 !		
	Add lines d1 and d2		<i></i> .	d	
e	Total expenses (Part I, line 17). Add lines c and d			<b>▶</b>   e	16,866,944.
lit	art V-A Current Officers, Directors, Trustees, and				r, director, trustee,
	or key employee at any time during the year eve		(C) Compensation		
	(A) Name and address	(B) Title and average hours pe	(If not paid, enter	(D) Contributions to employee benefit plans & deferred	(E) Expense account and other allowances
		week devoted to position	-0)	compensation plans	
CE.	E STATEMENT 18		EAO 477	01 050	
<u>JĽ.</u>	E STATEMENT TO		508,473.	21,953.	NONE
	* ** ** ** ** ** ** ** ** ** ** ** ** *				
			· · · · · · · · · · · · · · · · · · ·		
	* *** *** *** *** *** *** *** *** ***				
•					

Pa	rt V-A Current Officers, Directors, Trustees, and K	ey Employees (coi	ntinued)	······································	Yes No
75a	Enter the total number of officers, directors, and trustee	s permitted to vote	on organization	business at board	
	meetings				
ł	Are any officers, directors, trustees, or key employees I employees listed in Schedule A, Part I, or highest contractors listed in Schedule A, Part II-A or II-B, relationships? If "Yes," attach a statement that identifies the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of th	compensated pro- related to each o	fessional and o	other independent	75b X
	Do any officers, directors, trustees, or key emplo compensated employees listed in Schedule A, Part independent contractors listed in Schedule A, Part organizations, whether tax exempt or taxable, that are the definition of "related organization."	I, or highest com II-A or II-B, receive related to the orga 	pensated profe compensation sanization? See the contraction of the contractions.	ssional and other from any other he instructions for	75c X
- C	Does the organization have a written conflict of interest po	olicy? · · · · · ·			75d X
e e c	rt V-B Former Officers, Directors, Trustees, and K (If any former officer, director, trustee, or key empthe year, list that person below and enter the amount instructions.)	lovee received com-	nancation or oth	or hanafite (docarib	ad halaw) durin
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
		-0-	-0-	-0-	-0-
				78.77	
	tVI Other Information (See the instructions.)				Yes No
76	Did the organization make a change in its activities or detailed statement of each change	· · · · · · · · · · · · · · ·			76 X
77	Were any changes made in the organizing or governing do	ocuments but not rep	orted to the IRS?	·	77 X
78a	If "Yes," attach a conformed copy of the changes.  Did the organization have unrelated business gross inco	mo of \$1,000 and			
	this return?				78a X 78b N/A
79	Was there a liquidation, dissolution, termination, or subsastatement	stantial contraction	during the year	? If "Yes," attach	79 X
80a	Is the organization related (other than by association with common membership, governing bodies, trustees, of organization?	ficers, etc., to any	v other exemp	t or nonevernit	80a X
b	organization?				A A
	Enter direct and indirect political expenditures. (See line 81 Did the organization file Form 1120-POL for this year?	instructions.)	81a	NONE	81b X

Part VI Other Information (continued)		Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
or at substantially less than fair rental value?	82a	X	
b if "Yes," you may indicate the value of these items here. Do not include this amount			
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	Х	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/	A
or res, did the organization include with every solicitation an express statement that such contributions or			
gifts were not tax deductible?	84b	N/	A
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/	A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	Α
in res was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members 85c N/A			
d Section 162(e) lobbying and political expenditures			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	Δ
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders  87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other			
sources against amounts due or received from them.)  88a At any time during the grant of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of t			
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX			
	88a	Х	
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		Χ
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:  section 4911 ► NONE: section 4912 ► NONE: section 4915 ► NONE:			
section 4911 ► NONE; section 4912 ► NONE; section 4955 ► NONE  b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
m = f = f = m = m = 1			
a statement explaining each transaction  c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	89b		X
anations 4049, 4055,			
d Enter: Amount of tay on line 20a observe mint and the state of tay on line 20a observe mint and the state of tay on line 20a observe mint and the state of tay on line 20a observe mint and the state of tay on line 20a observe mint and the state of tay on line 20a observe mint and the state of tay on line 20a observe mint and the state of tay on line 20a observe mint and the state of tay on line 20a observe mint and tay on line 20a observe mint and tay of tay on line 20a observe mint and tay of tay on line 20a observe mint and tay of tay on line 20a observe mint and tay of tay on line 20a observe mint and tay of tay of tay on line 20a observe mint and tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of tay of			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
transaction?			
f All organizations. Did the organization occurre a direct or indirect in the control of the organization occurred to the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the orga	89e		<u>X</u>
6 For supporting organizations and annuaring annuaring annuaring	89f		X
supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
at any time during the year?	00-		
One Liet the states with which a same of this state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	89g		<u>X</u>
h Number of analysis and it is	90b   7	10	
11 a The books are in care of ► KEN DONALDSON Telephone no. ► 202-429			
Located at ▶ 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC ZIP+4 ▶ 20036	-360	9	
ZIF 74 Z0036			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over	[\scalenge]	'es	No
a financial account in a foreign country (queb og a hard person)	91b		
If "Yes," enter the name of the foreign country	710		<u>X</u>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
and Financial Accounts.			
	2000 Barrier 1995	960000 <b>1</b> 000	.000000000

Part IX Information Regarding Taxable Sub	sidiaries and D	Disregarded Entities	(See the instructions	.)
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 24	%		NONE	7,090
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes X No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes X No Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

E CIRCA		ng Transfers To and Fro on as defined in section 5	om Controlled Entities. Comple 512(b)(13).	ete only if the orgar	nization	ı is a
106		ion <b>make</b> any transfers <b>to</b> a e the schedule below for eac	controlled entity as defined in sec	tion 512(b)(13) of	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tra	nsfer	1 ^
a						
b _					www.wa.	
с			:			
L	Totals	201 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 100 - Control 10	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		·	
107			n a controlled entity as defined in so e below for each controlled entity.	ection	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of trai	nsfer	
a						
b						
С						
	Totals		And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			
108	Did the organization have a rents, royalties, and annuitie		ffect on August 17, 2006, covering above?	the interest,	Yes	No X
Please Sign Here	and belief, it is true correct,	and complete. Declaration of preparation rn, including accompanying schedules and arer (other than officer) is based on all inform   57- Date	statements, and to the best on ation of which preparer has	f my know	wledge	
Paid Prepare Jse On	Tittiis name (or yours	ARGY, WILTSE & ROBI	Date  S-15-20-9  NSON P. C.  Check if self-employed P. C.	Preparer's SSN or PTIN (Se	e Gen. In	nst. X)
	address, and ZIP + 4	8405 GREENSBORO DRI MCLEAN, VA	NOON, I.C.	one no. ► 703-893-	-0600 n <b>990</b> (	2007)

#### **SCHEDULE A**

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Name of the organization

Employer identification number

OCEAN CONSERVANCY					23-7:	245152
Compensation of the Five Higher (See page 1 of the instructions. List	est Paid Employ each one. If there	<mark>/ees O</mark> are no	ther Than Off ne, enter "None	ficers, Direc	tors, ar	nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average per week devoted to		(c) Compensation	(d) Contribution employee benefit deferred compe	t plans &	(e) Expense account and other allowances
EE STATEMENT 25						
	-					
tal number of other employees paid over \$50,000 >	39					
art II-A Compensation of the Five Highe (See page 2 of the instructions. List	est Paid Indeper each one (whethe	ndent ( er indivi	Contractors f	or Profession	onal Se	rvices
(a) Name and address of each independent contractor paid	d more than \$50,000		(b) Type of ser			Compensation
E STATEMENT 26						
			-, /, // // // // // // // // // // // //			
			***		***************************************	
		-				
		1				
tal number of others receiving over \$50,000 for						
ofessional services	at Daid Indones	-14	3	00.0		
(List each contractor who performed firms. If there are none, enter "None.	l services other th	an prof	essional service	es, whether ir	r <b>vices</b> idividual	s or
(a) Name and address of each independent contractor paid			(b) Type of serv	ice	(c) (	Compensation
E STATEMENT 27		1				
					***************************************	
		ļ				
		-				
					***************************************	
al number of other contractors receiving over						

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

Schedule A (Form 990 or 990-EZ) 2007

\$50,000 for other services

Li	art III Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 17,968. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.).	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		Х
С	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?FORM .990, .PART. IV . 2d	х	
e	Transfer of any part of its income or assets?		Х
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		Х
b	Did the organization have a section 403(b) annuity plan for its employees?	х	
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete		
b	lines 4f and 4g		X X
С	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number or donor advised funds owned at the end of the tax year		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		

Part IV Reason for Non-Private F				he instructions	3.)
I certify that the organization is not a private found	lation because it is: (P	lease check only ONE ap	plicable box.)		
5 A church, convention of churches, or a	ssociation of churches	s. Section 170(b)(1)(A)(i).			
6 A school. Section 170(b)(1)(A)(ii). (Also	complete Part V.)				
7 A hospital or a cooperative hospital ser	vice organization. Sec	ction 170(b)(1)(A)(iii).			
8 A federal, state, or local government or	governmental unit. S	ection 170(b)(1)(A)(v).			
9 A medical research organization ope and state ▶	rated in conjunctior	with a hospital. Sect	ion 170(b)(1)(	A)(iii). Enter the	hospital's name, ci
10 An organization operated for the bendance (Also complete the Support Schedule in	efit of a college or Part IV-A.)	university owned or ope	erated by a go	overnmental unit.	Section 170(b)(1)(A)
11a X An organization that normally received 170(b)(1)(A)(vi). (Also complete the Sup	s a substantial part p <b>ort Schedule</b> in Part	of its support from a (	governmental	unit or from the	general public. Secti
11b A community trust. Section 170(b)(1)(A	a)(vi). (Also complete ti	ne Support Schedule in	Part IV-A.)		
An organization that normally receives: activities related to its charitable, etc., investment income and unrelated busine 1975. See section 509(a)(2). (Also comp	functions - subject to ess taxable income (k	certain exceptions, and ess section 511 tax) fron	(2) no more	than 33 1/3% c	of its support from aro
An organization that is not controlle requirements of section 509(a)(3). Check	ed by any disquali the box that describe	fied persons (other the es the type of supporting	an foundation organization:	managers) and	l otherwise meets ti
Type I Type II	Type III - Fu	nctionally Integrated	Type III	- Other	
Provide the following information	n about the supported	d organizations. (See pag	ge 8 of the instr	ructions.)	
(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the s organiza the su organ	(d) supported tion listed in apporting ization's documents?	(e) Amount of support
			Yes	No	
otal · · · · · · · · · · · · · · · · · · ·					
4 An organization organized and operated to	test for public safet	y. Section 509(a)(4). (See	page 8 of the i	nstructions.)	

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2005 (c) 2004 (d) 2003 (e) Total 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . . 16,041,532. 13,892,229. 12,174,146. 4,903,493. 47,011,400. Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . . 46,316. 165,361. 123,541. 22,308. 357,526. Gross income from interest. dividends. amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975............. 666,615. 724,534. 310,988. 85,422. 1,787,559. Net income from unrelated business activities not included in line 18 . . . . . . . . . . . . . . . . 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 22 Other income. Attach a schedule. Do not STMT 28 include gain or (loss) from sale of capital assets 92,399. 98,085. 163,603. 69,254. 423,341. 5,080,477. 49,579,826. 5,058,169. 49,222,300. Enter 1% of line 23.... 168,525. 148,745. 127,723. 50,805 984,446. b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 26b 7,735,840. c Total support for section 509(a)(1) test: Enter line 24, column (e) 49,222,300. d Add: Amounts from column (e) for lines: 18 ____1,787,559. 19 22 <u>423,341</u>. 26b <u>7,735,840</u>. . . . . . . . ▶ **26d** 9,946,740. 39,275,560. Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE (2006) _____ (2005) ____ (2004) ____ (2004) ____ (2003) ____ For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) ____ (2004) ____ (2004) ____ c Add: Amounts from column (e) for lines: 15 ______ 16 _____ d Add: Line 27a total... __ and line 27b total . . _____ . . . . . . . . . . ≥ 27d 27e h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . . . . . ▶ 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

L	art V	Private School Questionnaire (See page 9 of the instructions.)  NOT APPLI	[CAB]	LE	Page
29	Dogs t	110 be completed ONL1 by schools that checked the box on line 6 in Part IV/			
	Other (	the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws governing instrument, or in a resolution of its governing body?			s N
30	Does	the organization include a statement of its racially nondiscriminatory policy toward students is all it	:	'	-
	DIOONE	mes, eatalogues, and other written communications with the public dealing with student admissions			
	progra	ms, and scholarsnips?	1	888 888	
31	Has the	e organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	•		
	the pe	nod of solicitation for students, or during the registration period if it has no solicitation program in a con-	<i>3</i>		
	that me	ares the policy known to all parts of the general community it serves?	31	0.000	
	If "Yes	," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Doon #				
	Does II	he organization maintain the following:			
	a Necord	Is indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	basis?	s documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			T
	DUOIO:		l.		
•	with str	of all catalogues, brochures, announcements, and other written communications to the public dealing udent admissions, programs, and scholarships?			
,	d Conies	of all material used by the organization and scholarships?	32c		
		of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you a	inswered "No" to any of the above places explain (15			
	,	nswered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		·			
33	Does th	e organization discriminate by race in any way with respect to:			
		way with respect to.			
a	Student	s' rights or privileges?			
		s rights or privileges?	33a		
b	Admissi	ons policies?	33b		
c	Employ	mont of foculty on administrative or organizations			
Ŭ	Linployi	ment of faculty of administrative staff?	33c		l
d	Scholars	ships or other financial assistance?			
_	20014.6	subo of other illiandal assistance;	33d		
е	Education	onal policies?			
			33e		
f	Use of fa	acilities?		ĺ	
		acilities?	33f		
g	Athletic p	programs?			
		orograms?	33g		
h	Other ex	tracurricular activities?	1		
		tracumcular activities?	33h		
	If you an:	swered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		y state of plants (if you need more space, attach a separate statement.)			
1 a	Does the	organization receive any financial aid or assistance from a governmental agency?	.		
			34a		
b	Has the c	organization's right to such aid ever been revoked or suspended?			
	If you ans	swered "Yes" to either 34a or b, please explain using an attached statement.	34b		
•	Does the	organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Pr	UC. 10-00, 1970-2 U.B. 587. COVERING racial pondiscriminations of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	2 -		
_		To, addon an explanation	35	- 1	

Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) Part VI-A (To be completed **ONLY** by an eligible organization that filed Form 5768)

	(10 be completed <b>Cite</b> ) by an engine organization that i	med Form 57	00)	
Ch	eck ▶ a if the organization belongs to an affiliated group. Check ▶ b	if you checl	ked "a" and "limited co	ntrol" provisions apply
	Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbyi	ing) 36		5,665
37	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	g) <b>37</b>		12,303
38		38		17,968
39	Other exempt purpose expenditures	39		
40		40		17,968
41	Lobbying nontaxable amount. Enter the amount from the following table -			
	If the amount on line 40 is - The lobbying nontaxable amount is	s -		
	Not over \$500,000 20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000	00,000 41		3,594
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500	0,000		,
	Over \$17,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42		899
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		4,766.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		14,374.
				•
	Caution: If there is an amount on either line 43 or line 44, you must file Fo	orm 4720.	<u></u>	
	4 V A	0	44. \	

#### 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 45 through 50 on page 13 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period								
****	Calendar year (or fiscal	(a)	(b)	(c)	(d)	(e)				
	year beginning in) 🕨	2007	2006	2005	2004	Total				
	Lobbying nontaxable									
45	amount	3,594.	936,289.	811,434.	826,501.	2,577,818.				
	Lobbying ceiling amount				,					
46	(150% of line 45(e))					3,866,727.				
47	Total lobbying expenditures	12,303.	173,622.	196,299.	23,337.	405,561.				
	Grassroots nontaxable									
48	amount	899.	234,072.	202,859.	206,625.	644,455.				
	Grassroots ceiling amount									
49	(150% of line 48(e))					966,683.				
	Grassroots lobbying									
50	expenditures	5,665.	139,994.	31,135.	1,337.	178,131.				

Lobbying Activity by Nonelecting Public Charities NOT APPLICABLE (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

	ring the year, did the organization attempt to influence national, state or local legislation, including any empt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)			
С	Media advertisements			
d	Mailings to members, legislators, or the public		~	
е	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h.)			
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying ac	tivities		

THE RESERVE OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF T	orm 990 or 990-EZ) 2007		23-7245152		F	Page 7
Part VII	Information Regarding Exempt Organizations	Transfers To and Transactions are (See page 14 of the instructions.)	nd Relationships With Noncharitab	le		
			lowing with any other organization des		n sect	ion
			on 527, relating to political organizations	s?		
a Transfers	s from the reporting organiz	ration to a noncharitable exempt organ	zation of:		Yes	No
(i) Cas	· · · · · · · · · · · · · · · ·			51a(i)		X
(ii) Oth	er assets			a(ii)		_X
<b>b</b> Other tra	nsactions:					
(i) Sal	es or exchanges of assets	with a noncharitable exempt organizatio	n	b(i)		X
(ii) Pur	chases of assets from a no	ncharitable exempt organization		b(ii)		X
(iii) Rer	ntal of facilities, equipment,	or other assets		b(iii)		_X
(iv) Rei	mbursement arrangements			b(iv)		_X
(v) Loa	ins or loan guarantees			b(v)		X
(VI) Per	formance of services or me	embership or fundraising solicitations	• • • • • • • • • • • • • • • • • • • •	b(vi)		_X
c Snaring o	or racilities, equipment, mail	ling lists, other assets, or paid employee	es	C		X
goods, ot	her assets, or services give	"Yes," complete the following schedule. ( n by the reporting organization. If the  v in column (d) the value of the goods, other	Column (b) should always show the fair organization received less than fair massets, or services received:	market v arket va	alue i	of the n any
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d)  Description of transfers, transactions, and sh	aring arrai	ngemer	nts
N/A						
				·		
·						·····
-						
					······································	
describe	d in section 501(c) of the C complete the following sche	I		Yes	[x	No
Na	(a) me of organization	(b) Type of organization	<b>(c)</b> Description of relationshi	ip		
						*************
N/A	**************************************					
					<del></del>	<del></del>

### Schedule B

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

Department of the Treasury Internal Revenue Service Name of organization

# **Schedule of Contributors**

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

20**07** 

Employer identification number

OCEAN CONSERVANCY		22 7245152						
Organization type (check or	ne):	23-7245152						
Filers of:	Section:							
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not to	reated as a private foundation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treate	ed as a private foundation						
	501(c)(3) taxable private foundation							
General Rule -  For organizations fi	covered by the General Rule or a Special Rule. (Note: for both the General Rule and a Special Rule - see instru- ling Form 990, 990-EZ, or 990-PF that received, during one contributor. (Complete Parts I and II.)	uctions.)						
Special Rules -	one sommeter (complete) and raina in.)							
under sections 509 greater of \$5,000 o	)(3) organization filing Form 990, or Form 990-EZ, that (a)(1)/170(b)(1)(A)(vi), and received from any one cont r 2% of the amount on line 1 of these forms. (Complete	ributor, during the year, a contribution of the Parts I and II.)						
during the year, ago	)(7), (8), or (10) organization filing Form 990, or Form gregate contributions or bequests of more than \$1,000 reducational purposes, or the prevention of cruelty to o	for use exclusively for religious, charitable,						
during the year, sor not aggregate to me the year for an exclu applies to this organ	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 Form 990-EZ, that received from any one contributor, during the year, some 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 during the year.)							
990-EZ, or 990-PF), but they	are not covered by the General Rule and/or the Special R must check the box in the heading of their Form 990, F to not meet the filing requirements of Schedule B (Form 9	orm 990-EZ, or on line 2 of their Form						

Page

of Part I

Name of organization

OCEAN CONSERVANCY

Employer identification number 23-7245152

Part I Contributors (See Specific Instructions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1_		\$434,202.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2		\$ 500,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3		\$6,549,847.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
4		\$1,000,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$850,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
-		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

# FORM 990 - GENERAL EXPLANATION ATTACHMENT

GENERAL EXPLANATION ATTACHMENT #1
FORM 990 - DEPRECIATION (LINE 42) AND FIXED ASSETS (LINE 57)

COMPUTER EQUIPMENT \$ 1,284,909
FURNITURE AND FIXTURES 196,519
LEASEHOLD IMPROVEMENTS 47,075
INTELLECTUAL PROPERTY 177,846
EQUALS: TOTAL FIXED ASSETS 1,706,349
LESS: ACCUMULATED DEPRECIATION (1,247,034)

LESS: ACCUMULATED DEPRECIATION (1,247,034)

EQUALS: NET PROPERTY AND EQUIPMENT 459,315

CURRENT YEAR DEPRECIATION AND AMORTIZATION EXPENSE: 262,320

SECURITIES:

# FORM 990 - GENERAL EXPLANATION ATTACHMENT

GENERAL EXPLANATION ATTACHMENT #2
PART I, LINE 8 - GAIN OR (LOSS) ON SALE OF ASSETS OTHER THAN INVENTORY

PROCEEDS FROM SALE OF PUBLIC SECURITIES \$ 1,362,074
LESS: BASIS (1,559,843)
NET GAIN OR (LOSS) ON SALE OF PUBLIC SECURITIES (\$197,769)

STATEMENT

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ICC AWARENESS EVENT	34,512.	13,427.	21,085.
TOTALS	34,512.	13,427.	21,085.

FORM	990,	PART	Ι		OTHER	INCREASES	IN	FUND	BALANCES

DESCRIPTION		AMOUNT 
PRIOR YEAR AUDIT ADJUSTMENT		291,000.
	TOTAL	291,000.

FORM	990,	PART	Ι	 OTHER	DECREASES	IN	FUND	BALANCES

DESCRIPTION		AMOUNT
UNREALIZED LOSSES ON MARKETABLE SECURITIES LOSS ON UNCOLLECTIBLE PROMISES		2,775,867. 193,986.
	TOTAL	2,969,853.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

23-7245152

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

TIONSHIP TO SUBSTANTIAL CONTRIBUTOR  AND FOUNDATION STATUS OF RECIPIENT  AMOUNT	MARINE WILDLIFE GRANT	MARINE WILDLIFE GRANT	MARINE WILDLIFE GRANT 5,220.	MARINE WILDLIFE GRANT	CONSERVING SPECIAL OCEAN PLACES GRANT	OCEAN GOVERNANCE GRANT 5,000.	CORAL REEF PRESERVATION 29,465.
RELATIONSHIP FOUNDATIO	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RECIPIENT NAME AND ADDRESS	WIDECAST 135 DUKE MARINE LAB ROAD BEUFORT, NC 28516-9721	ASSOCIACION SALVEMOS LAS TORTUGAS P.O. BOX 738 OCCIDENTAL, CA 95465	THE OCEAN FOUNDATION 1990 M STREET NW SUITE 250 WASHINGTON, DC 20036	UCF MARINE TURTLE RESEARCH GROUP 3865 S A1A MELBOURNE BEACH, FL 32951	PRO PENINSULA P.O. BOX 3953 SAN DIEGO, CA 92163	NO98/YES99 591 REDWOOD HIGHWAY NO 4000 MILL VALLEY, CA 94941	WOODS HOLE OCEANOGRAPHIC INSTITUTION

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SMITHSONIAN INSTITUTE 1100 JEFFERSON DR SW #3123 WASHINGTON, DC 20560-0705	NONE	COMMUNICATIONS, MARKETING & PUBLICATIONS	. 200, 000
STANFORD UNIVERSITY 120 OCEAN VIEW BLVD PACIFIC GROVE, CA 93950	NONE	CORAL REEF PRESERVATION	14,901.
UNIVERSITY OF HAWALI TECH 2525 CORREA RD HIG237 HONOLULU, HI 96822	NONE	CORAL REEF PRESERVATION	14,150.
UNIVERSITY OF FLORIDA 219 GRINTER HALL PO BOX #115500 GAINESVILLE, FL 32611-5500	NONE	CORAL REEF PRESERVATION	14,730.
UNIVERSITY OF MAINE - UPEAST FOUNDATION 193 CLARK'S COVE ROAD WALPOLE, ME 04573	NONE	CORAL REEF PRESERVATION	15,000.

709,007.

TOTAL CONTRIBUTIONS PAID

23-7245152

FORM 990, PART II - OTHER EXPENSES

o)

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE 

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.

23-7245152

<u>E</u>	11
(LINE	
SERVICES	
PROGRAM	
OTHER	# ## ## ## ## ### ###
1	ii
III	
PART	
,066	
FORM	

DESCRIPTION  CONSERVE SPECIAL OCEAN PLACES COMMUNICATIONS, MARKETING AND PUBLICATIONS

TOTALS

EXPENSES	1,557,928.	3,497,998
GRANTS AND ALLOCATIONS	104,128.	

# FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
STATE & LOCAL GOV'T OBLIGATION ALTERNATIVE INVESTMENTS	256,142. 1,688,771.	FMV FMV
TOTALS	1,944,913.	
	makes from the property of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	

## FORM 990, PART IV - OTHER ASSETS The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

DESCRIPTION	ENDING BOOK VALUE
DEPOSITS CHARITABLE REMAINDER TRUST	205,307.
RECEIVABLE BUILDING RESERVES	281,041.
& ESCROWS DEBT ISSUANCE COSTS, NET OTHER ASSETS	6,014. 3,227. 35,000.
TOTALS	530,589.

		MORTGAGES		
 	 ~=====	 	 	

LENDER: BANK OF AMERICA TERM LOAN

ORIGINAL AMOUNT: 3,000,000.

INTEREST RATE:

5.590000

DATE OF NOTE:

02/01/2006

MATURITY DATE: 02/10/2021 REPAYMENT TERMS: 180 MG

180 MONTHLY INSTALLMENTS OF \$24,656

SECURITY PROVIDED:

INVESTMENT PORTFOLIO

BEGINNING BALANCE DUE .....

2,786,917.

ENDING BALANCE DUE .....

2,645,829.

LENDER:

BANK OF AMERICA LINE OF CREDIT

ORIGINAL AMOUNT: 1,250,000.

INTEREST RATE:

2.880000

DATE OF NOTE:

12/29/2004

MATURITY DATE: 03/31/2009

REPAYMENT TERMS:

ON DEMAND

SECURITY PROVIDED:

BANK OF AMERICA INVESTMENT PORTFOLIO

BEGINNING BALANCE DUE .....

NONE

ENDING BALANCE DUE .....

1,250,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

2,786,917.

Personal Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Statement Stateme

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

3,895,829. 

FORM	990,	PART	IV	_	OTHER	LIABILITIE	S

DESCRIPTION ______

ENDING BOOK VALUE _____

ANNUITY PAYMENT LIABILITY

810,720.

TOTALS

810,720.

# FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT 
SPECIAL EVENT DIRECT EXPENSES	-13,427.
TOTAL	-13,427. ====================================

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN . ________

DESCRIPTION

TRUOMA

______

ATTENDED TO THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY A

SPECIAL EVENT DIRECT EXPENSES

13,427.

TOTAL

13,427.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
VERONIQUE SPRUILL 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	PRESIDENT & CEO 40.00	249,746.	14,223.	
DENNIS KELSO 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	EVP/COO 40.00	183,577.	NONE	NONE
LAWRENCE AMON 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	CFO 24.00	75,150.	7,730.	NONE
CECILY MAJERUS 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	CHAIR 1.15	NON	NONE	NONE
CURTIS BOHLEN 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	VICE CHAIR 1.15	NONE	NONE	NONE
CHRIS KUEBLER 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	TREASURER 1.15	NONE	NONE	NONE
BARBARA PAUL ROBINSON	SECRETARY 1.15	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS 	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NGTON, DC 20036				
ROBERT N. ALLEN, JR. 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.15	NONE	N N N	NONE
PATRICK B. PURCELL 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER	NONE	NONE	NONE
PHILIPPE COUSTEAU 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.15	NONE	NONE	NONE
DAVID DOSSETTER 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.15	NONE	NONE	NONE
SYLVIA A. EARLE 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.15	NONE	NONE	NONE
NICOLE LUSKEY 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.15	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE	NONE	NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	BOARD MEMBER 1.15	BOARD MEMBER 1.15	BOARD MEMBER 1.15	BOARD MEMBER 1.15	BOARD MEMBER 1.15	BOARD MEMBER 1.15
NAME AND ADDRESS	STEVEN MOORE 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	H. EDWARD MUENDEL 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	MICHAEL ORBACH 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	STEPHEN PALUMBI 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	BARBARA SWEET 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	DAVID ZACHES 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036

ro
TRUSTEE
AND
DIRECTORS,
OFFICERS,
CURRENT O
ı
V-A
PART V-
,066 1
FORM

23-7245152

CONTRIBUTIONS EXPENSE ACCT	E AND OTHER	NS ALLOWANCES			3. NONE
CONTRIBUTIO	TO EMPLOYEE	BENEFIT PLANS		*	21,953.
		COMPENSATION			508,473.
	TITLE AND AVERAGE HOURS PER	WEEK DEVOTED TO POSITION			GRAND TOTALS
		NAME AND ADDRESS			

# FORM 990, PART VI, LINE 90(A) - STATES

### STATES WITH WHICH A COPY OF THIS RETURN IS FILED

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

VIRGIINIA

WASHINGTON

WEST VIRGINIA

WISCONSIN

ISSUES.

93B

FORM	990,	PART	VIII	-	ACCOMP	LISHMENT	OF	EXEMPT	PURPOS	SES	
=====	=====		<u></u>	===		article access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access access a					
		EXPLA	ANATIO	N	OF HOW	EACH AC	TIV	ITY FOR	WHICH	INCOME	
LINE		TS RE	CPORTE	CI:	IN COL	UMN (E)	OF 1	PART VT	CONTE	TRUTED	

LINE	IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED
NO.	IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	UNITED NATIONS ENVIRONMENTAL PROTECTION PROGRAMME EDUCATES THE PUBLIC BY PUBLISHING INFORMATION ABOUT OCEAN CONSERVATION.

SALES OF EDUCATIONAL PUBLICATIONS ON MARINE CONSERVATION

SUBSIDIARIES	
TAXABLE	
REGARDING	*** **** **** **** **** **** ****
INFORMATION	
1	
X	    
PART	
066	
FORM	

ENDING ASSETS	7,090.
TOTAL INCOME	NONE
NATURE OF BUSINESS ACTIVITIES	BUILDING HOLDING ENTITY
PERCENTAGE OWNERSHIP INTEREST	1.000000
NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	2029 K STREET, LLC 2029 K STREET, NW WASHINGTON, DC 20006 54-2164045

NONE

7,090.

OCEAN CONSERVANCY

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

23-7245152

MASKHINGTON, DC 20036  MARK POWELL  1300 19TH STREET, NW  WASHINGTON, DC 20036  LAURA CAPPS  1300 19TH STREET, NW  WASHINGTON, DC 20036  VICTORIA CORNISH  VICTORIA CORNISH  VICTORIA STREET, NW	ON COMPENSATION BENEFIT PLA 

# SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
HCI NETWORK SOLUTIONS 27 APPLESEED LANE GAITHERSBURG, MD 20878	IT SUPPORT	111,324.
LAWRENCE J. AMON 470 BIRDSONG PLACE SANIBEL, FL 33957	CONSULTANT	67,600.
SEBA SHEAVLY 3500 VIRGINIA BEACH BLVD SUITE 2 VIRGINIA BEACH, VA 23452	CONSULTANT 212	65,500.
LYNCH ASSOCIATES, LLC 10 LIBERTY SQUARE 5TH FLOOR BOSTON, MA 02109	CONSULTANT	59,000.
ARGY WILTSE & ROBINSON P.C. 8405 GREENSBORO DR SUITE 700 MCLEAN, VA 22102	PUBLIC ACCOUNTING	90,336.
TOTAL C	COMPENSATION	393,760.

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV. 

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
BEACONFIRE CONSULTING 2300 CLARENDON BLVD SUITE 1100 ARLINGTON, VA 22201	SOFTWARE DEVELOPMNT	87,084.
MAL WARWICK & ASSOCIATES 2550 9TH STREET #103 BERKLEY, CA 94710	DIRECT MAIL	142,106.
TOTAL COMPENSAT	TION	229,190.

23-7245152

SCHEDULE A, PART IV-A - OTHER INCOME

TOTAL	423,341.
2003	69,254.
2001	92,399. 163,603. 92,399. 163,603.
2005	92,399.
2006	98,085.
DESCRIPTION	OTHER INCOME TOTALS