Form	9	9	0	
------	---	---	---	--

Depa		90 the Treasury ue Service	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue benefit trust or private foundation) The organization may have to use a copy of this return to satisfy	e Code (except black lung	g 201 Open to Pular
A F	or the	2010 cale	ndar year, or tax year beginning 07/01, 2010, and end			/30, 20 11
n		C Nan	ne of organization		D Employer identific	
Bc	heck if app	licable: OC	EAN CONSERVANCY		23-724515	
	Address	Doir	g Business As		10 111010	2
	Name o	hange Nur	ber and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number	
	Initial re		00 19TH STREET NW, 8TH FLOOR		(202) 429-5	
	Termina		or town, state or country, and ZIP + 4		(202) 125 5	009
	Amende	wa WA	SHINGTON, DC 20036	1.	G Gross receipts \$	16,527,
	Applica	tion E N	ame and address of principal officer: VERONIQUE SPRUILL		H(a) Is this a group retur	The second se
	- Persona		ME AS LINE C		affiliates? +(b) Are all affiliates inclu	
I	Tax-exer	npt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 5	27	If "No," attach a list.	
J	Website	WWW .	OCEANCONSERVANCY.ORG		H(c) Group exemption nu	
K	Form of	organization:	X Corporation Trust Association Other L Year		n: 1972 M State	
Pa		Summar		orionnatio		or legal domicile:
Activities & Governance	3 N 4 N 5 T 6 T	otal number otal number	of individuals employed in calendar year 2010 (Part VI, line 2a)	· · · · · ·		615,
	ra l	otal gross u	nrelated business revenue from Part VIII, column (C), line 12		7a	
	D IN	et unrelated	I business taxable income from Form 990-T, line 34			
	8 C	ontributions	and grants (Part) (III, Part 41)		Prior Year	Current Yea
Revenue	9 P		and grants (Part VIII, line 1h)		1,219,447.	14,138,
Nel	10 Ir	vostmont ir	ice revenue (Part VIII, line 2g)		79,272.	57,
۳.	11 0	ther revenue	come (Part VIII, column (A), lines 3, 4, and 7d)	·	178,810.	1,447,
	12 T	otal revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		55,074. 1,532,603.	384,0
	13 G	rants and s	milar amounts paid (Part IV, column (A), lines (A), line 12)	·		16,027,8
	14 в	enefits naid	milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	-	175,058.	310,4
					0.4,954,610.	7 600
Expenses	16a P	rofessional	er compensation, employee benefits (Part IX, column (A), lines 5-10) fundraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 2,332,916.		234,002.	7,699,9
bei	h Te	otal fundrais	indexpenses (Part IX, column (D), line 25) \ge 2,332,916	A State of the	234,002.	380,2
ω	17 0	ther expens		1000000	5,584,614.	9,010,
	18 To	otal expense	es (Part IX, column (A), lines 11a-11d, 11f-24f) es. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	0,948,284.	17,401,2
	19 R	evenue less	expenses. Subtract line 18 from line 12		584,319.	-1,373,3
Net Assets or Fund Balances					ng of Current Year	End of Year
lan	20 To	otal assets (Part X, line 16)	-	9,934,246.	19,849,1
d Ba			(Part X, line 26)		4,105,541.	4,243,9
E La			fund balances. Subtract line 21 from line 20.		5,828,705.	15,605,1
Par		Signature				
Unde	er penalt	ies of perjury,	I declare that I have examined this return, including accompanying schedules and statemen	ts, and to th	ne best of my knowled	ge and belief it is t
COTTE	ect, and t	complete, Dec	laration of preparer (other than officer) is based on all information of which preparer has an	y knowledg	e	
Si		E	sinda		Z-10	~/Z
He	ere 🔤	Signatur	of officer	1	Date	
			WRENCE J. AMON-TEFO			
			print name and title			
ام: د	P	rint/Type pre			Check if	PTIN
Paid Prepa	arer 1	AU,		-2012	self- employed	
lse (irm's name	ARGY, WILTSE & ROBINSON, P.C.		rm's EIN	1
	F	irm's address	▶ 8405 GREENSBORO DRIVE, 7TH FLOOR MCLEAN, VA 22102	PI	none no. 703-	893-0600
			s return with the preparer shown above? (see instructions)			X Yes

201145

FI 67 201106 044213

Department of the Treasury

Internal Revenue Service

Ogden UT 84201

7842 20036

K IRS USE ONLY 29404-295-53171-1 237245152 For assistance, call: 1-877-829-5500 A0155180 211A TE 3

Notice Number: CP211A Date: November 21, 2011

Taxpayer Identification Number: 23-7245152 Tax Form: 990 Tax Period: June 30, 2011

036382.913146.0131.003 1 AT 0.365 375



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

670

036382

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

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

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at <u>www.irs.gov/eo</u>. 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 8868 (Rev. 1-2012)

0 1

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box . Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. . If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part IL Additional (Not Automatic) 3-Month Exte

T GIVE IF	Additional (Not Automatic) 3-Wohth Extension of Time. Only	Enter filer's identifying number, see instructions
Type or print	Name of exempt organization or other filer, see instructions. OCEAN CONSERVANCY	Employer identification number (EIN) or 23-7245152
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions. 1300 19th STREET, NW, 8th FLOOR	Social security number (SSN)
filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instru WASHINGTON, DC 20036	ictions.

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		CHARGE AND
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	10
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

 The books are in the car 	e of KENNETH DONALDSO	N, DIRECTOR OF FINANCE		
Telephone No. >	202-429-5609	FAX No. ►	202-872-0619	*****
 If the organization does 	not have an office or place o	f business in the United St	ates, check this box	
 If this is for a Group Ret 	urn, enter the organization's	four digit Group Exemption	Number (GEN)	If this is
for the whole group, chec.	k this box 🧠 🕨 🔲 .	If it is for part of the group	, check this box	► □ and attach a
list with the names and El	Vs of all members the extension	sion is for.		
				ant stole.

4	I request an additional 3-month extension of time until	MAY 15	. 20	12	
-			,		

- For calendar year , or other tax year beginning JULY 1 , 20 10 , and ending 5 JUNE 30 ,20 11 . 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension THE 990 IS COMPLETED, BUT DURING BOARD REVIEW, BOARD MEMBERS QUESTIONED THE WORDING FOR OUR PROGRAM DESCRIPTIONS AND IF WE SHOULD CONDENSE THE WORDING SO THAT THE PROGRAM DESCRIPTIONS CAN SHOW ON THE FORM ITSELF INSTEAD OF A SUPPORTING SCHEDULE. WE ARE CURRENTLY DEBATING THE WORDING AND DECIDING ON THAT ISSUE, AND NEED A LITTLE MORE TIME TO FILE

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
С	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	0.0	¢

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

THE DIRECTOR OF FINANCE

Signature >

Date 2,

8c \$

Form 8868 (Rev. 1-2012)

Contraction of the	m 990 (2010) 23-7245152	Page
P	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission: ATTACHMENT 1	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O. 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.	
4a	(Code:) (Expenses \$3,650,865. including grants of \$16,000.) (Revenue \$7 ATTACHMENT 2)
1		
4b	(Code:) (Expenses \$3,604,659. including grants of \$250,500.) (Revenue \$) ATTACHMENT 3	
13 13		
2 3		
3		
	(Code:) (Expenses \$3,008,704.including grants of \$) (Revenue \$) ATTACHMENT 4	
-		
-		
-		
	Other program services. (Describe in Schedule O.) Expenses \$ 2,949,667. including grants of \$ 43,970.) (Revenue \$ 57,213.)	

Form 990 (2010) **Checklist of Required Schedules**

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
.,	complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			17
	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,"			v
9	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
10	complete Schedule D, Part IV	9		X
10	quasi-endowments? If "Yes," complete Schedule D, Part V	40	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	- Ω - Ω	A
	VII, VIII, IX, or X as applicable.		1.4	1. A. M.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	AND THE OWNER	CONTRACT.	
	Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	IIa		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV .	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
47	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		v	
10	on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	<u>X</u>
13	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	10		Х
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form	20a		
~		20b		
_	and the second			

Form 990 (2010)

23-7245152	2
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Par	t IV Checklist of Required Schedules (continued)			age -
		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			-
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		1	
	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		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	Lou		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		_	
	If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1	350 · · ·	M. Cal
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		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			
	sections 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)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
36	section sol(c)(s) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Form 990 (2010)

-	<u>990 (2010)</u> 23-7245152			Page 5
Par				
	Check if Schedule O contains a response to any question in this Part V.	• • • •	1	ill
4.5		-	Yes	No
la b		9		
	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	(Assession)	N. N.	Alexander and
22	reportable gaming (gambling) winnings to prize winners?	. 1c	X	allensee)
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 10	a subl	一次的	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Cault station	X	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	2b	A	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	NUMBER OF	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?			X
b	If "Yes," enter the name of the foreign country: ►		A State	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<i>a</i>	12 - 24 - 7 - 12 - 12 - 12 - 7 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	HERV SOMEOU	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	. 5c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	. 6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	. 7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			v
d	required to file Form 8282?	. 7c	and the second	X
u A	If "Yes," indicate the number of Forms 8282 filed during the year	100000	AD STREET	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	Dialester.		New York
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	a Harde		
	organization, have excess business holdings at any time during the year?	8	-o-a Calok gala	disemploye.
9	Sponsoring organizations maintaining donor advised funds.			TRE ON
а	Did the organization make any taxable distributions under section 4966?	9a		SALAN BURN
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders		1.200 日子の1. 1.500 月 2.000 月 日 1.500 月 2.000 月 日	記書が
	Gross income from other sources (Do not net amounts due or paid to other sources		A.	14
	against amounts due or received from them.)	S 30		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	CONTRACT?	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	42		Steel Carl
a	Note. See the instructions for additional information the organization must report on Schedule O.	13a		1000
	Enter the amount of reserves the organization is required to maintain by the states in which	A. C.		
	the organization is licensed to issue qualified health plans			States and
с	Enter the amount of reserves on hand		AL.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

JSA 0E1040 1.000

and the second s	990 (2010) 23-7245152			Page 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, o Schedule O. See instructions.	or cha	ange	and s in
	Check if Schedule O contains a response to any question in this Part VI		• •	X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	7	SCORPERS.	
b		a second	e l'ar	
	Enter the number of voting members mended in the Ta, above, who are independent	- Contractor	1 and	1.00
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	10 1020		X
	any other officer, director, trustee, or key employee?	2		A
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?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Does the organization have members or stockholders?			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			100
	of the governing body?	7a	-	X
h				X
。 。	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	10	200 2	-EA
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	Sec.		國心
	the year by the following:	o DEN	102	TSE AVI
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b		TUa	-	
v	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	X	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	S ALL SUP	2012	
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	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		
13	Does the organization have a written whistleblower policy?	13	Х	
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	m - 21 - 3		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15a	X	
		150	10000	a with
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	Sak		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	and the second		TT I
_	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	N. A.		1.1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1000		
_		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)			
	<u>ava</u> ilable 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			
4.0				
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 2003	36		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII.....

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average	Posi	tion (C) skall	that app	alv)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) VERONIQUE SPRUILL										
PRESIDENT & CEO	40.00	X	-	X		_		266,634.	0	22,776.
(2) CECILY MAJERUS										
BOARD MEMBER	2.00	X						0.	0	0.
(3)CURTIS BOHLEN										
CHAIR	2.00	Х		X				0.	0	0.
(4) BARBARA PAUL ROBINSON										
VICE CHAIR	2.00	Х		Х				0.	0	0.
(5) PATRICK B. PURCELL										
TREASURER	2.00	X		Х				0.	о.	0.
(6) PHILIPPE COUSTEAU										
BOARD MEMBER	2.00	Х		1				0.	0.	0.
(7) NICOLE LUSKEY										
BOARD MEMBER	2.00	Х						0.	0.	0.
(8) STEVEN MOORE										
SECRETARY	2.00	Х		Х				0.	о.	0.
(9)MICHAEL ORBACH					-					
BOARD MEMBER	2.00	x						0.	0	0.
(10)STEPHEN PALUMBI					-				0	
BOARD MEMBER	2.00	x						0.	0	0.
(11)DAVID ZACHES								0.		
BOARD MEMBER	2.00	x						0.	о.	0
(12)DAVID ALDRICH			-	-	-			0.	0.	0.
BOARD MEMBER	2.00	x				(= 1		0.	ο.	
(13)THOMAS ALLEN	2.00	Λ	- 1		-		-	0.		0.
BOARD MEMBER	2.00	x						0.		
(14)DANE NICHOLS	2.00	Δ			-		-	0.	0	0.
BOARD MEMBER	2.00	x						0.		
(15)LAURA CAPPS	2.00	Δ	-	-	-		-	0.	0.	0.
BOARD MEMBER	2.00	X						0.		
(16)WILL MARTIN	2.00	A	-	-		_		0.	0.	0.
BOARD MEMBER	2 00	v								
DOUND HENDER	2.00	Х	1					0.	0	0.

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	ey En	nple	oye	es,	and	Hig	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average		ition	(chec	C)	that ap		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(17) ENRIC SALA BOARD MEMBER	2.00	X						0.	0	0.
(18) DENNIS KELSO EVP	40.00			x				197,347.	0	
(19) LAWRENCE AMON CFO										18,565.
(20) JANIS JONES	24.00		-	X				101,450.	0.	6,678.
VP LEGAL AFFAIRS (21) AMELIA MONTJOY	40.00		-		X		-	169,096.	0.	16,911.
VP RESOURCE DEVELOPMENT (22) CHRIS DORSETT	40.00			-		X		164,872.	0.	13,653.
DIRECTOR FISH CONSV & GULF RES (23) MATTHEW TINNING	40.00					X		123,949.	0.	12,885.
VP COMMUNICATIONS	40.00					x		126,522.	0.	10,066.
(24) STANLEY SENNER DIRECTOR CONSERVATION SCIENCE	40.00					х		127,200.	0.	10,639.
(25) DENNIS HEINEMANN SENIOR SCIENTIST	40.00					X		112,274.	0.	10,053.
(26)	-									
(27)										
(28)										
c Total from continuation sheets to Part VII, S				•••		· · ·		1,389,344.	0.	122,226.
 d Total (add lines 1b and 1c)	limited to th		liste				o re	1,389,344. ceived more than	0 \$100,000 in	122,226.
3 Did the organization list any former offic	er directo	or or	tri		- I		mn	lovee or highest	t compensated	Yes No
employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	livid	lual		• • •	•			3 X
4 For any individual listed on line 1a, is the the organization and related organizations individual.	greater th	an \$	150	0,00	0?	If "Y	es,"	complete Sched	ule J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	mpen	sati	ion f	rom	anv	unr	related organizatio	on or individual	5 X
Section B. Independent Contractors										
 Complete this table for your five highest compensation from the organization. 	compensat	ed in	idep	bend	lent	cont	raci	tors that received	d more than \$10	0,000 of
(A) Name and business add	ress							(B) Description of ser	vices C	(C) compensation
ATTACHMENT 5										
								······································	guine (Sarayanana	4//-MX 5
2 Total number of independent contractors (ir more than \$100,000 in compensation from the	e organizat	it not	t lin ►	niteo		thos 6	ie li	sted above) who	received	
JSA										Form 990 (2010)

0	n 990 i				and the second	23-7245152		Page 9
Pa	irt VI	II Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e	Membership dues	1b 1c 1d	28,228. 1,929,205. 				
ontribution nd other	f	All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a	-1f: \$	11,862,724. 117,664.				
-	h	Total. Add lines 1a-1f			14,138,846.	1 - Carlo and a state		
anc				Business Code		Martin Station Street		s a su sus antesta
Program Service Revenue	2a b c	ENVIRONMENTAL CONSULTING		900099	57,213.	57,213.		
Ser	d							
Program	e f g	All other program service revenue			57.012			
-		Total. Add lines 2a-2f			57,213.		3)	
	3	Investment income (including divider other similar amounts) Income from investment of tax-exem	a • • •	•				445,413.
	5	Royalties				THE ARE IN ACCOUNTS		045 100
	l °	(i) F		(ii) Personal	240,125.	AND THE PARTY AND AND		245,123.
	6.	Cross Danta						
	6a	Gross Rents	P	Tales of a company			Sand and the second	1999年1993年1
	b	Less: rental expenses						
	c d	Rental income or (loss)		(ii) Other	0.			
	7a b	Gross amount from sales of assets other than inventory 1,5	02,150.	(1) 01101				
	c		99,744. 02,406.					
	d	Net gain or (loss)			1,002,406.	Concertification of the second s	The second s	1,002,406.
Other Revenue	8a	Gross income from fundraisin events (not including \$ of contributions reported on line 1c).						1,002,400.
ther Re	b	See Part IV, line 18	• • b					
õ	C	Net income or (loss) from fundraising	events .		0.	A charles a charles to		
ł	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses						
	c	Net income or (loss) from gaming activ	vities .	<u></u>	0.			
1	10a	Gross sales of inventory, less returns and allowances	a	*				
	b	Less: cost of goods sold	bl		·····································			
	C	Net income or (loss) from sales of inve Miscellaneous Revenue	ntory.	Business Code	0.		An and a state of the state of the	AND THE STREET
	11a	LAWSUIT SETTLEMENT		900099	100,000.			100,000.
	b	LIST RENTAL		900099	38,578.			38,578.
	С	MISCELLANEOUS INCOME		900099	306.			306.
	d	All other revenue	sentention - 24			99 12 - T 100 100 0450		
	е	Total. Add lines 11a-11d • • • • • •			138,884.			
	12	Total revenue. See instructions			16,027,885.	57,213.		1,831,826.

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Form 990 (2010)

Form 990 (2010) Part IX Statement of Functional Expenses

8

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	304,470.	304,470.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	6,000.	6,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	799,456.	594,699.	166,630.	38,127
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,258,614.	3,881,657.	570,011.	806,946
8 Pension plan contributions (include section 401(k)				
and section 403(b) employer contributions)	200,109.	148,433.	19,731.	31,945
9 Other employee benefits	1,020,217.	757,345.	121,007.	141,865
0 Payroll taxes	421,566.	313,690.	49,881.	57,995
1 Fees for services (non-employees):	0			
a Management	0.	50 444	2 000	
b Legal	99,589.	59,444.	3,222. 99,589.	(
c Accounting	99,389.	0.	99,009.	(
d Lobbying	380,262.			380,262
e Professional fundraising services. See Part IV, line 17 f Investment management fees	79,874.	71.	79,790.	13
	2,179,010.	1,921,617.	142,899.	114,494
g Other	164,537.	163,575.	602.	360
3 Office expenses	2,993,027.	2,474,897.	169,454.	348,676
4 Information technology.	160,213.	138,436.	10,305.	11,472
5 Royalties	0.			
6 Occupancy	1,180,425.	836,300.	196,736.	147,389
7 Travel	839,423.	797,928.	20,632.	20,863
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	227,747.	211,006.	10,526.	6,215
0 Interest	131,081.	194.	130,844.	43
1 Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	201,255.	139,350.	35,391.	26,514
3 Insurance	59,904.	41,914.	10,285.	7,705
4 Other expenses. Itemize expenses not covered				and the second second second
above (List miscellaneous expenses in line 24f. If			115년 115년 - 116년 116년 116년 116년 116년 116년 116년 1	
line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a LIST RENTALS	173,051.	122,001.	346.	50,704
b DUES AND SUBSCRIPTIONS	113,288.	102,530.	6,224.	4,534
c FUNDRAISING EXPENSES	80,000.	0.	0.	80,000
d TELEMARKETING EXPENSES	137,566.	96,984.	275.	40,307
e FURNITURE & EQUIPMENT	78,726.	62,056.	10,444.	6,226
f All other expenses	49,208.	39,298.	-351.	10,261
5 Total functional expenses. Add lines 1 through 24f	17,401,284.	13,213,895.	1,854,473.	2,332,916
5 Joint Costs. Check here X if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		,,		
campaign and fundraising solicitation	3,660,405.	2,609,278.	6,717.	1,044,410

Form 990 (2010)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	600.	1	600
2	Savings and temporary cash investments	682,754.	2	2,665,713
3	Pledges and grants receivable, net	5,954,744.	3	1,770,628
4	Accounts receivable, net	46,994.	4	178,784
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of	Star Para		
	Schedule L	tettaada. juud	5	en aller beter beter beter beter
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons	and the second s		an a state of the state
	described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
	section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets 8 2	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	10 11 11 11 11 11 11 11 11 11 11 11 11 1
₹ 9	Prepaid expenses and deferred charges	205,305.	-	343,961
	a Land, buildings, and equipment: cost or		1000	
100	other basis. Complete Part VI of Schedule D 10a 1,616,383.			
	b Less accumulated depreciation	343,021.	10c	330,295
11	Investments - publicly traded securities	10,772,674.		13,107,988
12		1,104,003.		656,914
13	Investments - other securities. See Part IV, line 11	1,104,003.		030,919
14	Investments - program-related. See Part IV, line 11	21,930.	13 14	5,614
1	Intangible assets	802,221.		788,610
15	Other assets. See Part IV, line 11	19,934,246.	15	19,849,107
16	Total assets. Add lines 1 through 15 (must equal line 34)	976,410.	16	
17	Accounts payable and accrued expenses	970,410.	17	1,040,561
18	Grants payable		18	
19			19	
20	Tax-exempt bond liabilities		20	
21 1	Escrow or custodial account liability. Complete Part IV of Schedule D	CONTRACT AND	21	
21 22 Clap	Payables to current and former officers, directors, trustees, key	and the second second		
	employees, highest compensated employees, and disqualified persons.		1946	
	Complete Part II of Schedule L	0 277 724	22	0 000 010
23	Secured mortgages and notes payable to unrelated third parties	2,377,734.	23	2,222,210
24	Unsecured notes and loans payable to unrelated third parties.	751 207	24	001 010
25	Other liabilities. Complete Part X of Schedule D	751,397.	25	981,216
26	Total liabilities. Add lines 17 through 25	4,105,541.	26	4,243,987
0	Organizations that follow SFAS 117, check here X and complete		N.M.	
	lines 27 through 29, and lines 33 and 34.	F 100 F46	er hinnen	0 405 050
27	Unrestricted net assets	5,109,546.	27	8,495,050
28	Temporarily restricted net assets	9,126,989.	28	5,517,900
29	Permanently restricted net assets	1,592,170.	29	1,592,170
27 27 28 29 29 29 29 29 29 29 29 29 29 29 29 29	Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
30 31 4 32	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
		15,828,705.	33	15,605,120
33	Total net assets or fund balances	TO 1020110.1		

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For	m 990 (2010) 23-7245152			Pag	je 12
P	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI.			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,0	27,8	85.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,4	01,2	84.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,3	73,3	99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,8	28,7	05.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,1	49,8	14.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	15,60	05.1	20.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		-	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?	• • • •	. 2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	nt of	•		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	10100-10	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain	in			đ
	Schedule O.				23
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer	е			
	issued on a separate basis, consolidated 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				3. 4
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo th				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				000 //	

Form 990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

20

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

	nt of the Treasury evenue Service	► Atta	ch to Form 990 or Form 990				instruc	tions.		Open to Public Inspection
	the organization							Emplo	yer ident	ification number
Concession of the local division of the	CONSERVAN									7245152
Part I			us (All organizations mu						uctions.	
			ecause it is: (For lines 1 th							
1			or association of churches		bed in s	section	170(b)	(1)(A)(i).	
2)(1)(A)(ii). (Attach Schedu							
3			service organization desc							
4			perated in conjunction w	ith a l	hospita	al desci	ibed in	sectio	n 170(b)(1)(A)(iii). Enter the
		e, city, and state:			_					
5			enefit of a college or univ	versity	owned	d or op	erated	by a go	vernmer	ntal unit described in
	1)(1)(A)(iv). (Complete	-							
6			nt or governmental unit des							
7 X			ives a substantial part of i	ts sup	port fro	om a go	overnm	ental ur	hit or fro	m the general public
,		ection 170(b)(1)(A)(vi								
8			tion 170(b)(1)(A)(vi). (Con							
9			ves: (1) more than 331/39							
			ts exempt functions - sub							
			come and unrelated bus						n 511 I	ax) from businesses
			une 30, 1975. See section							
10			ated exclusively to test for							
11			erated exclusively for the							
			supported organizations d							
			ibes the type of supporting							1
	a Type I					nally inte			d	Type III - Other
e			at the organization is not							
			agers and other than one	or mo	ore pul	blicly su	ipporte	d orgar	lizations	described in section
		ection 509(a)(2).	an data minatan faran ()							
f			en determination from th	ie iks	that in	tisal	ype I,	iype II,	or Type	III supporting
a	organization, c								• • • • •	· · · · · · · · ·
g			anization accepted any gif	τ or co	ntribut	ion fron	n any o	r the		
	following perso		ractly controls sither sta		11.				ж 	
			rectly controls, either alo			er with	persor	ns desc	ribed in	
		nember of a person de	ody of the supported organ	nzauor		• • • •	• • • •			• • 11g(i)
			rson described in (i) or (ii) a					• • • • •		· . 11g(ii)
h			out the supported organiz			• • • •	• • • •			[11g(iii)]
	ame of supported	(ii) EIN	(iii) Type of organization	1.0		40.04		()	1 - 45 -	6.13
(1) 11	organization		(described on lines 1-9	organi	Is the zation in		you notify anization		Is the zation in	(vii) Amount of support
			above or IRC section (see instructions))	your g	listed in overning		I. (i) of upport?		U.S.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
				100	1	100	110	103		
(A)										
				-						
(B)										
					1					
(C)										
(0)										
(D)										
(E)										
(E)										
						子文明	268	1 12 14		
Total			and the second second second second second			AND AND A	Stad.		No.	
	work Reduction or 990-EZ.	Act Notice, see the Instr	uctions for					Sc	hedule A	(Form 990 or 990-EZ) 2010

edule A (Form 990 or 990-EZ) 2010			23	-7245152		Page
(Complete only if you chec	ked the box of	n line 5. 7. or 8	ections 170(I of Part I or if	b)(1)(A)(iv) a	ion failed to gu	\\(vi)
ction A. Public Support			notou bolon,	picase comp		
	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,041,532.	18,467,534.	16,135,997.	11,219,447.	14,138,846.	76,003,356
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						12
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3	16,041,532.	18,467,534.	16,135,997.	11,219,447.	14,138,846.	76,003,356.
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) Public support. Subtract line 5 from line 4.						18,276,243. 57,727,113.
ction B. Total Support			and the second second			
endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Amounts from line 4	16,041,532.	18,467,534.	16,135,997.	11,219,447.	14,138,846.	76,003,356.
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	718,829.	650,639.	407,949.	289,032.	690,536.	2,756,985.
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH 1	45,871.	32,875.	195,358.	54,274.	138,884.	467,262.
Total support. Add lines 7 through 10		物和制作的学校	下来是是在我们的。		Kar Ascender	79,227,603.
Gross receipts from related activities, etc. (s	ee instructions) .				12	278,603.
First five years. If the Form 990 is for	or the organizati	ion's first, second	third fourth	or fifth tax ve	ar as a section t	501(c)(3)
organization, check this box and stop here			<u></u>			
Public support percentage for 2010 (lir	ie 6, column (f)	divided by line 1	1, column (f))		14	72.86%
334/2% support test 2040 lf the	Schedule A, Pa	rt II, line 14		• • • • • • • • •	15	72.11%
this how and stop here. The organization	ganization did	not check the b	ox on line 13,	and line 14 is	331/3% or more	, check
331/3% support test - 2009 If the o	ragnization did	publicly support	ed organization	160 ond 500	45 - 22 - 24	· · · ▶ 🔺
check this box and stop here. The orga	nization qualifie	not check a bu	innorted organ	ization	15 15 3 31/3 % 0	r more,
10%-facts-and-circumstances test - 20	10. If the orga	nization did not o	heck a box on	line 13 162 or	16b and line 14	· · · ·
or more, and if the organization me	ets the "facts-	and-circumstance	es" test, check	this box and	stop here Ex	lain in
Part IV how the organization meets the	ne "facts-and-ci	rcumstances" tes	t. The organization	ation qualifies	as a publicly su	oported
10%-facts-and-circumstances test - 2	009. If the org	anization did no	check a box o	on line 13, 16a	a. 16b. or 17a a	ind line
15 is 10% or more, and if the orga	nization meets	the "facts-and-	circumstances"	test, check th	is box and stor	here.
Explain in Part IV how the organzatio	n meets the "fa	acts-and-circums	tances" test. T	he organizatio	n qualifies as a	oublicly
supported organization	n did not check	a box on line	13, 16a, 16b,	17a, or 17b,	check this box a	►
Instructions						►
	Complete Only If you check Part III. If the organization f ction A. Public Support endar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3. 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). Public support. Subtract line 5 from line 4. Ction B. Total Support Publics and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH 1. Total support. Add lines 7 through 10. Gross neceipts from related activities, etc. (s First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Support 2010 (lin Public support percentage for 2010 (lin Public support percentage for 2010 (lin Public support percentage from 2009 S 331/3% support test - 2009. If the or check this box and stop here. The organization met and if the organization met and if the organization met and if the organizat	art II Support Schedule for Organizations D (Complete only if you checked the box of Part III. If the organization fails to qualify ction A. Public Support (a) 2006 endar year (or fiscal year beginning in) (a) 2006 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 16,041,532. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 16,041,532. The value of services or facilities furnished by a governmental unit to the organization without charge. 16,041,532. The portion of total contributions by each person (other than a governmental unit or publicly supports dorganization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 16,041,532. Public support. Subtract line 5 from line 4. 16,041,532. Ction B. Total Support 16,041,532. Amounts from line 4 16,041,532. Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 116,041,532. Net income from unrelated business activities, whether or not the business is regularly carried on . 45,871. Gross income from unrelated activities, etc. (see instructions) . 118,829. Net income from unrelated activities, etc. (see instructions) . 15,871. Gross receipts from related activities, etc. (s	art III Support Schedule for Organizations Described in S (Complete only if you checked the box on line 5, 7, or 8 Part III. If the organization fails to qualify under the tests ction A. Public Support endar year (or fiscal year beginning in) (a) 2006 (b) 2007 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	art II Support Schedule for Organizations Described in Sections 170(I (Complete only if you checked the box on line 5, 7, or 8 of Part I or if Part III. If the organization fails to qualify under the tests listed below, ction A. Public Support endar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 16,041,532 18,467,534 16,135,997 Tar revenues levied for the organization's benefit and either paid to a expended on its behalf 16,041,532 18,467,534 16,135,997 Tar revenues levied for the organization's benefit and either paid to a expended on its behalf 16,041,532 18,467,534 16,135,997 The ortino of total contributions by each person (other than a governmental unit of publicly supported organization) included on ine 1 th exceeds 2% of the amount shown on line 11, cloumn (0,	art III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) a Construction of the organization fails to qualify under the tests listed below, please complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization fails to qualify under the tests listed below, please complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization fails to qualify under the tests listed below, please complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization fails to qualify under the tests listed below, please complete only if you checked the box on line 5, or 8, or	art II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 11(1)(A)(iv) and

Schedule A (Form 990 or 990-EZ) 2010

	dule A (Form 990 or 990-EZ) 2010				8-7245152		Page
Pa	t III Support Schedule for Orga (Complete only if you check If the organization fails to qu	ked the box or	n line 9 of Part	I or if the orga	nization failed	to qualify unde	er Part II.
Sec	tion A. Public Support					,	
С	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
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		St. U.S.				
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3	-					
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			-			
c	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from	and the global and	1. St. 1. 191	A STATE OF STATE	3		
-	line 6.)		Alter and				
Sec	tion B. Total Support	and the second second	1.25 ¥	7 ¹⁶ 0 • P	and the subsection of the particular set	10. 10 (A)	
	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						.,
-	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		1				
11	Net income from unrelated business						
•••	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on			1			
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,						
15							
14	and 12.)	the ergenizatio	n'a first second	third founth or	6:64h Anu		
14							
Sec	organization, check this box and stop here. tion C. Computation of Public Sup					<u></u>	
15	Public support percentage for 2010 (line 8,			mp (f)		45	0/
16	Public support percentage from 2009 Sche					15	%
	tion D. Computation of Investmen			• • • • • • • • • • •	• • • • • • • •	16	%
				12. eelume (f))		47	
17	Investment income percentage for 2010 (lin					17	%
18	Investment income percentage from 2009 S					18	%
19a	331/3% support tests - 2010. If the org						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2009. If the orga						
	line 18 is not more than 331/3%, check			•			
20	Private foundation. If the organization of	aid not check	a box on line	14, 19a, or 19t	o, check this bo	ox and see instru	uctions 🕨

Schedule A (Form 990 or 990-EZ) 2010

23-7245152

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

SCHEDULE A, PART II	- OTHER INCO	ME	1919		ATTACHMENT 1	
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
LIST RENTAL	45,871.	28,939.	80,613.	54,175.	38,578.	248,176.
MISCELLANEOUS INCOME	0.	3,936.	36,235.	99.	306.	40,576.
LAWSUIT SETTLEMENT	0.	0.	78,510.	0.	100,000.	178,510.
TOTALS	45,871.	32,875.	195,358.	54,274.	138,884.	467,262.

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

23-7245152

Organization type (check	one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization Note. Only a section 501(instructions.	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
For an organizat property) from a	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or ny one contributor. Complete Parts I and II.
Special Rules	

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year _____ ▶ \$ __

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

OCEAN CONSERVANCY

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization OCEAN CONSERVANCY

Page____ of ____ of Part I Employer identification number

23-7245152

Part I Contributors (see instructions)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2010) N

	Page of of Part I				
ame of organization OCEAN CONSERVANCY	Employer identification number				
	23-7245152				

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$\$	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
8		\$290,000.	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.)
(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.)
(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.)
(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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

SCHEDULE C	1	Political Campaign a	and Lobbying	a Activities	OMB No. 1545-0047
(Form 990 or 990-EZ) For Org	ganizations Exempt From Incon		-	
		Complete if the organ			
Department of the Treasu Internal Revenue Service	ary 🕨 🕨	Attach to Form 990 or Form 990	-EZ. ►See sepa	rate instructions.	Open to Public
Internal Revenue Service If the organization ar • Section 501(c)(3 • Section 501(c) (4 • Section 527 organization ar • Section 501(c)(3 If the organization ar • Section 501(c)(3 If the organization ar • Section 501(c)(4 Name of organization OCEAN CONSERV Part I-A Composition 1 Provide a descent	nswered "Yes," to) organizations: C other than section anizations: Comple nswered "Yes," to) organizations th) organizations th swered "Yes," to), (5), or (6) organ ZANCY Nete if the org	b Form 990, Part IV, line 3, or Form omplete Parts I-A and B. Do not comp 501(c)(3)) organizations: Complete I at Part I-A only. b Form 990, Part IV, line 4, or Form at have filed Form 5768 (election ur at have NOT filed Form 5768 (election b Form 990, Part IV, line 5 (Proxy T izations: Complete Part III. ganization is exempt under s rganization's direct and indirect p	990-EZ, Part VI, line 4 lete Part I-C. Parts I-A and C below. 990-EZ, Part VI, line 4 nder section 501(h)): Co ion under section 501(h) ax) or Form 990-EZ, Pa section 501(c) or	6 (Political Campaign Activities) Do not complete Part I-B. 7 (Lobbying Activities), ther pomplete Part II-A. Do not com)): Complete Part II-B. Do not art V, line 35a (Proxy Tax), the Employer identii 23-72 is a section 527 organ	Inspection ities), then plete Part II-B. of complete Part II-A. hen fication number 45152 ization.
		· • • • • • • • • • • • • • • • • • • •		▶ \$	
Part I-B Comp	lete if the ora	anization is exempt under s	ection 501(c)(3).		
Contraction of the second s		e tax incurred by the organizatio	1111	5	
2 Enter the amo	unt of any excise	e tax incurred by organization m	anagers under sect	ion 4955 🕨 \$	
 3 If the organiza 4a Was a correction b If "Yes," described 	on made?	section 4955 tax, did it file Form	4720 for this year?		Yes No Yes No
		anization is exempt under).
activities		ended by the filing organization		▶ \$	
2 Enter the amou	unt of the filing c	organization's funds contributed	to other organizatio	ns for section	
3 Total exempt 1	function expend	litures. Add lines 1 and 2. Ente	er here and on For	n 1120-POL,	
		orm 1120-POL for this year?			· · Yes No
5 Enter the name organization m the amount of	es, addresses a ade payments. I political contrib	nd employer identification num For each organization listed, ent utions received that were prom or a political action committee (F	ber (EIN) of all sec er the amount paid ptly and directly del	tion 527 political organ from the filing organiza ivered to a separate poli	izations to which filing ition's funds. Also enter itical organization, such
(a) Nam	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)	-				
(4)					
(5)					
(6)					
For Privacy Act and Pape	erwork Reduction A	ct Notice, see the Instructions for Form	990 or 990-EZ.	Schedulo	e C (Form 990 or 990-EZ) 2010

JSA 0E1264 0.040

	hedule C (Form 990 or 990-EZ) 2010		245152	Page 2
P	art II-A Complete if the organizat section 501(h)).	ion is exempt under section 501(c)(3) and	filed Form 5768 (elec	ction under
A B	Check ► if the filing organization Check ► if the filing organization	n belongs to an affiliated group. In checked box A and "limited control" provis	ions apply.	
	Limits on Lob (The term "expenditures" n	bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	4,863.	
k	 Total lobbying expenditures to influence 	a legislative body (direct lobbying)	464,388.	
C	 Total lobbying expenditures (add lines 1 	a and 1b)	469,251.	
Ó	Other exempt purpose expenditures .	16,822,797.		
е	Total exempt purpose expenditures (ad	d lines 1c and 1d)	17,292,048.	
f	Lobbying nontaxable amount. Enter the columns.	amount from the following table in both	1,000,000.	
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:	State of the second	
	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.		변경 같아요? 유민,
g	Grassroots nontaxable amount (enter 2	5% of line 1f)	250,000.	1.4.9%
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le			
j	If there is an amount other than zero on	either line 1h or line 1i, did the organization file	Form 4720 reporting	
_	section 4911 tax for this year?	·····	ronn n zo roporting	Yes No
	(Some organizations tha columns belo	4-Year Averaging Period Under Section 501(h) t made a section 501(h) election do not have to ow. See the instructions for lines 2a through 2	o complete all of the five f on page 4.)	
-	Lob	oying Expenditures During 4-Year Averaging Pe	riod	

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010

in the second second	
Part II-B	

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)	
	Yes	No	А	mount	_
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:				2 2 2	
 a Volunteers? b Paid staff or management (include compensation in evolution reported on lines determine distance) 			St. y	4 - B	
(include compensation in expenses reported of lines To through 1)?				ine R	5
Media advertisements?Mailings to members, legislators, or the public?		_		all search and the	
 Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? 					
Direct contact with legislators, their staffs, government officials, or a legislative body?					
Ralles, demonstrations, seminars, conventions, speeches, lectures, or any similar moons?					
		SPACE.			-
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	an San mu	ht.	No. Post in a line	1.57	
	1.000.000				in the second
If Yes," enter the amount of any tax incurred under section 4912					
and an our of any tax incurred by organization managers under section 4917	2134 -	_ :#8			
g organization mounded a section 4312 tax, utu it nie Form 4720 for this year?					1977,11月
art III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection		
				Yes	Na
Were substantially all (90% or more) dues received nondeductible by members?			1		No
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		1
Did the organization agree to carryover lobbying and political expenditures from the prior year?		2 T 42 18			
art III-5 Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	ors	ection		-
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."	line	3 is a	nswered		
Dues, assessments and similar amounts from members			1		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p	olitic	al	活用的		
expenses for which the section 527(f) tax was paid).			alexe a		
a Current year			2a		
			2b		
			2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	s .		3		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	e [391		
excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyin	g	-Table		
and political expenditure next year?			4		
Taxable amount of lobbying and political expenditures (see instructions)			5		
art IV Supplemental Information					
mplete 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	
so, complete this part for any additional information.			r uit i-u,	inte ti	•
				990-E7	

Schedule C (Form 990 or 990-EZ) 2010

Part IV Supplemental Information (continued)

Page 4

SCHEDULE D	SUpplemental Financial Statemente				
(Form 990)			organization answered "Yes," to Form 99	00	୭ ଲ 10
Department of the Trea		Permised a lite	t IV, line 6, 7, 8, 9, 10, 11, or 12.	90,	
Internal Revenue Service	ce		Form 990. ► See separate instructions.		Open to Public Inspection
Name of the organizat		_		Employer identific:	
OCEAN CONSER	_			23-72451	.52
Part I Orga orga	nizati nizati	tions Maintaining Donor Adv	ised Funds or Other Similar Funds or 990, Part IV, line 6.	Accounts. Com	plete if the
			(a) Donor advised funds	(b) Funds and	other accounts
1 Total number	r at er	nd of year			
2 Aggregate co 3 Aggregate g	ontribu	utions to (during year)			
		from (during year)			
		t end of year			
funds are the		nization's property subject to th	dvisors in writing that the assets held in do e organization's exclusive legal control?	nor advised	
6 Did the organ	nizatio	inform all grantees donors a	nd donor advisors in writing that grant funds	••••••••••	Yes No
used only for	chari	table purposes and not for the b	enefit of the donor or donor advisor, or for	any other	
purpose conf	ferring	impermissible private benefit?			Yes No
Farth Cons	ervat	ion Easements. Complete if	the organization answered "Yes" to Fo	rm 990, Part IV	line 7.
1 Purpose(s) o	of cons	servation easements held by the	organization (check all that apply).		
Preserv	ation	of land for public use (e.g., recre		an historically im	portant land area
		natural habitat	Preservation of	a certified histor	ic structure
		of open space			
 Complete line easement on 	es za	through 2d if the organization he	eld a qualified conservation contribution in	the form of a con	servation
		as day of the tax year.		Held at the	End of the Tax Year
a Total number	of co	nservation easements	F	2a	Lind of the Tax rear
b Total acreage	e restr	ricted by conservation easements		2b	-
c Number of co	onserv	vation easements on a certified l		20	
d Number of co	onserv	vation easements included in (c)	acquired after 8/17/06, and not on a		
historic struct	ture lis	sted in the National Register .		2 d	
3 Number of co	onserv	ation easements modified, trans	sferred, released, extinguished, or termina		ation during the
tax year 🕨 _		*			allott during the
4 Number of st	ates v	where property subject to conser	vation easement is located \blacktriangleright		
5 Does the orga	anizat	ion have a written policy regardi	ng the periodic monitoring, inspection, han	dlina of	
violations, and	d enfo	preement of the conservation eas	sements it holds?		Yes No
			specting, and enforcing conservation ease	ments during the	year
7 Amount of ex					
	pense	is incurred in monitoring, inspec	ting, and enforcing conservation easement	ts during the year	
►\$ 8 Does each co			2(d) above satisfy the requirements of sec	No. 470(1)(4)(D)	
(i) and 170(h)((4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)	
9 In Part XIV. d	escrib	e how the organization reports	conservation easements in its revenue and	· · · · · · · · · · ·	
balance sheet	t, and	include, if applicable, the text of	f the footnote to the organization's financia	I statements that	it, and describes the
organization's	acco	unting for conservation easemer	nts.		
Part III Organ	nizati	ons Maintaining Collections	of Art, Historical Treasures, or Other	Similar Assets.	
Comp	piete	if the organization answered	'Yes" to Form 990, Part IV, line 8.		
1a If the organiz	ation	elected, as permitted under SF.	AS 116 (ASC 958), not to report in its re r assets held for public exhibition, educa	evenue statement	and balance sheet
public service.	provi	de. in Part XIV. the text of the fo	r assets held for public exhibition, educa otnote to its financial statements that desc	ation, or researc	h in furtherance of
b If the organiz	ation	elected, as permitted under S	FAS 116 (ASC 958) to report in its rev	ionijo statomont	and holonon sheet
works of art,	nisto	rical treasures, or other similar	assets held for public exhibition education	ation, or researc	h in furtherance of
public service,	, provi	de the following amounts relatir	ig to these items:		
(I) Revenues	Incluc	ied in Form 990, Part VIII, line 1		• • • • • • •	
(II) Assets inc	luded	In Form 990, Part X		••••• \$	
2 If the organiz	ation	received or held works of art	, historical treasures, or other similar as	sets for financia	I gain, provide the
a Revenues incl	unts r	equired to be reported under SF	AS 116 (ASC 958) relating to these items:		
b Assets include	ed in F	orm 990. Part X	·····	••••• • \$.	
For Paperwork Reduc	ction A	Act Notice, see the Instructions for	Form 990.		le D (Form 990) 2010
JSA 0E1268 1.000				Schedu	

 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition B Choose a description of future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Sche	dule D (Form 990) 2010				3-724		Page 2
collection items (check all that app)): d Loan or exchange programs b Scholarly research e Other c Preservation for future generations Other Other xvv Scholarly research e Other xvv Suring the year, did the organization's collections and explain how they further the organization's collection'	Pa	rt III Organizations Maintain	ing Collections	of Art, Histor	ical Treasures	, or Ot	her Similar Ass	ets (continued)
b Scholarly research c Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XV. During the year, did the organization's collections and explain how they further the organization's collection? Yes No Part V Encore and Custofial Arrangements. Complete if the organization's collection? Yes No Part V Encore and Custofial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X2. Yes No If the organization include an amount on Form 990. Part X, line 21? Yes No No Didditions during the year. 1d Id Id Id Id 20 bit the organization include an amount on Form 990. Part X, line 21? Yes No If Yes No Did the organization include an amount on Form 990. Part X, line 21? Yes No Id		collection items (check all that app	on, accession, and bly):					a significant use of its
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's collection? 5 During the year, did the organization's collections and explain how they further the organization's collection? Yes No 6 During the year, did the organization's collection? Yes No 7 During the year, did the organization's collection? Yes No 8 Description of nagent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No 9 If 'Yes,' explain the arrangement in Part XIV and complete the following table: Yes No 16 If If If If Yes No 17 Balance If If<				·		hange	programs	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part X/X 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		· ·		e	Other			
XIV. Source Ves No 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No PartIV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2. Yes No b ff "Yes," explain the arrangement in Part XIV and complete the following table: Amount 1c Additions during the year 1d 1d <t< td=""><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	4							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, tustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If Yes," explain the arrangement in Part XIV and complete the following table: c Amount d Additions during the year. f Edginning balance i If differed assets in the arrangement in Part XIV and complete the following table: c Additions during the year. f Ending balance i If differed assets on the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part X, line 10. f Beginning of year balance i Bit Site Site Site Site Site Site Site Si	4	YIV	nization's collectio	ons and expla	in now they fur	ther the	e organization's e	xempt purpose in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?. Yes No b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance	5		on colicit or reaciv	o donotiono of	and Interferent days			
FartIV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Image: Complete intermediary for contributions or other assets not include on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21? Image: Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1b If "Yes," explain the arrangement in Part XIV. Part X. Part W Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Grants or scholarships 0. 0. 0. 1d Grants or scholarships 0. 0. 0. 0. 1d of year balance 75.0000 % 114,146 69,701. 111,115. 1.915,018. 1.915,018. 1.915,018. 1.915,018. 1.915,018. 1.915,018. 1.915,018. 1.915,018. 1.915,018. 1.915,018.	Ŭ	assets to be sold to raise funde rati	bor than to be mai	e donations of	art, nistorical tre	easures,	, or other similar	
included on Form 990, Part X?	Pa	rt IV Escrow and Custodial A	rrangements. C	omplete if th	e organization			
c Beginning balance Ic Amount d Additions during the year Id Id e Distributions during the year Id Id 2a Did the organization include an amount on Form 990, Part X, tine 21? Int Id 2a Did the organization include an amount on Form 990, Part X, time 21? Int Yes No Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. (e) Four years back.		included on Form 990, Part X?			<mark></mark>	ons or o	ther assets not	· · Pres No
c Beginning balance 1c 1d 1d 2a Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21? 1f 2a Did the organization include an amount on Form 990, Part X, line 21? 1f 2a Did the organization include an amount on Form 990, Part X, line 21? (d) Three year back. 1a Beginning of year balance (a) Current year (b) Pror year (c) Two year back. 1b Contributions 1, 931, 508. 1, 975, 495. (d) Three year back. (e) Four year back. 1c 1, 931, 508. 0. 0. 0. 0. 0. 1c 1, 931, 508. 1, 935, 508. 0. 0. 0. 0. 1c 14.149. 69, 701. 111,135. 0. </td <td>b</td> <td>If "Yes," explain the arrangement ir</td> <td>n Part XIV and con</td> <td>nplete the follo</td> <td>wing table:</td> <td></td> <td></td> <td></td>	b	If "Yes," explain the arrangement ir	n Part XIV and con	nplete the follo	wing table:			
d Additions during the year 1d e Distributions during the year 1d f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? 1r b If "Yes," explain the arrangement in Part XIV. Yes Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year b Contributions 0. 0. c Net Investment earnings, gains, and losses 0. 0. and programs 0. 0. 0. 0. 0. 0. 0. 114.148. 89,701. 111,135. 0. g End of year balance 0.0000 % 0. 0. Provide the estimated percentage of the year end balance held as: 0.0000 % 0.0000 % Permanent endowment 1/ 75.000 % 3a Are there endowment 1/ 75.000 % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations. 1a(ii) X 10 (i) unrelated organizations. (b) Cost or other basis (c) Accumulated dreproctation 40 Description of investment (a) Cost or other basis (c) Accumulated dreproctation		Designing balance				_	Amo	unt
e Distributions during the year	C							
f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21? Yes Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 1, 831, 561 1, 915, 018. 1, 915, 018. (f) Prior year (f) Prior years back (e) Four years back c Net Investment earnings, gains, and losses 0.	a					1d		
2a Did the organization include an amount on Form 990, Part X, line 21? Yes No b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year back (d) Three years back (e) Four years back b Contributions 0. 0. 0. 0. 0. 0. b Contributions 0. 0. 0. 0. 0. 0. 0. c Net investment earnings, gains, and losses 0. <td>e f</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td>	e f						1	
b fir "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 900, Part IV, line 10. (a) Current year (b) Prioryear (c) Two years back (d) Three years back (e) Four years back (f) Three years back (f) Four years back (f) Three years back (f) Four years back (f) Three years back (f) Four years back (f) Three years back (f) Four years back (f)	2.2							
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 1,831,561 1,915,018 1,975,495 (d) Three years back (e) Four years back c Net investment earnings, gains, and losses 0. 0. 0. 0. 0. c Grants or scholarships 0. 0. 0. 0. 0. 0. e Other expenditures for facilities 0. 0. 0. 0. 0. 0. g End of year balance 114,148 89,701. 111,135. 0. 0. 0. 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 0. 0.0000 % 0.), Part X, line ∠	17	• • • •	• • • • • • • • •	Yes No
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 1,831,561. 1,915,018. 1,975,495. (d) c Net investment earnings, gains, and losses 0. 0. 0. 0. 0. a Grants or scholarships 0. 0. 0. 0. 0. 0. e Other expenditures for facilities and programs 0. 0. 0. 0. 0. 0. g End of year balance 0.	and the second second second			ation answor	od "Voo" to Ea		Dort IV line 10)
1a Beginning of year balance	T ai	Endowment i unus. Com						
b Contributions 0. <td>1a</td> <td>Beginning of year balance</td> <td></td> <td>Contraction of the second</td> <td></td> <td></td> <td>(u) Thee years b</td> <td>ack (e) Four years back</td>	1a	Beginning of year balance		Contraction of the second			(u) Thee years b	ack (e) Four years back
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and losses404,5636,244.50,658.dGrants or scholarships0.0.0.eOther expenditures for facilities0.0.0.and programs0.0.0.0.fAdministrative expenses0.0.0.gEnd of year balance114,148.89,701.111,135.2Provide the estimated percentage of the year end balance held as:33aBoard designated or quasi-endowment \blacktriangleright 0.0000 %bPermanent endowment \blacktriangleright 25.0000 %3aAre there endowment funds not in the possession of the organization that are held and administered for the organization by:iii unelated organizations(i) unrelated organizations3a(ii)x3aIf "Yes" to 3a(ii), are the related organization's endowment funds.3a(ii)Part VILand, Buildings, and Equipment. See Form 990, Part X, line 10.Description of investment(a) Cost or other basis (investment)(c) Accumulated depreciationa Land11449,2281,186,284c Leasehold improvements74,66720,12654,541.c Leasehold improvements11,449,2281,186,284c Leasehold improvements92,48879,67812,810.Cother92,48879,67812,810.Cother92,48879,67812,810.Cother92,48879,67812,810.Cother92,48879,67812,810.Cother92,48879,678<	с		0.		0.	0.		
d Grants or scholarships 0.0000 0.00000 0.000000 e Other expenditures for facilities and programs 0.00000000000000000000000000000000000			404-563	6.2	44	0 658		
e Other expenditures for facilities and programs	d			072		1000	2 ⁽¹⁾ (1)	
f Administrative expenses 114,148 89,701 111,135 g End of year balance 2,121,976 1,831,561 1,915,018 2 Provide the estimated percentage of the year end balance held as: a a a Board designated or quasi-endowment ▶ 0.0000 % b Permanent endowment ▶ 75.0000 % c Term endowment ▶ 25.0000 % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (i) unrelated organizations	е	Other expenditures for facilities .						Manage (1996) and the state of
f Administrative expenses 114,148. 89,701. 111,135. g End of year balance		and programs	0.		0.	0.		
g End of year balance	f		114,148.	89,7	01. 11			
2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	g	End of year balance	2,121,976.	1,831,5				Carl A Martin State
b Permanent endowment ▶ _75.0000 % c Term endowment ▶ _25.0000 % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other basis (cher) (c) Accumulated depreciation (d) Book value b Buildings 1, 449, 228 1, 186, 284 262, 944. c Leasehold improvements. 92, 488 79, 678 12, 810. Iterational add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).). 330, 295. 	2	Provide the estimated percentage	of the year end ba	lance held as:			Actual in the second second second	
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3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations								
organization by: Yes No (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (d) Book value 1a Land. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings 74, 667 20, 126 54, 541. c Leasehold improvements 74, 667 20, 126 54, 541. d Equipment 1, 449, 228 1, 186, 284 262, 944. e Other 92, 488 79, 678 12, 810. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 330, 295. 330, 295.								
(i) unrelated organizations . Ites ite (ii) related organizations . 3a(i) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) X 4 Describe in Part XIV the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. (d) Book value Description of investment (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 a Land . b Buildings . c Leasehold improvements . 74, 667 20, 126 54, 541. d Equipment . 1, 449, 228 1, 186, 284 262, 944. 330, 295.	3a		the possession of	the organizat	ion that are held	and ac	iministered for the	
(ii) related organizations 3a(ii) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value 1a Land. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings 1 74,667 20,126 54,541 c Leasehold improvements. 74,467 20,126 54,541 d Equipment 1,449,228 1,186,284 262,944 e Other 92,488 79,678 12,810 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).). 330,295.								
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land.								
4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land.	h	(II) related organizations			• • • • • • • • •	• • • •	* * * * * * * * * *	3a(ii) X
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	,	If Yes to 3a(II), are the related org	anizations listed a	s required on s	Schedule R?	• • • •	· · · · · · · · · · ·	3b
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land								
1a Land	1 61							
1a Land		Description of investment						(d) Book value
b Buildings 74,667 20,126 54,541. c Leasehold improvements. 74,667 20,126 54,541. d Equipment 1,449,228 1,186,284 262,944. e Other 92,488 79,678 12,810. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).). 330,295.	1a	Land				W text		
c Leasehold improvements. 74,667 20,126 54,541. d Equipment 1,449,228 1,186,284 262,944. e Other 92,488 79,678 12,810. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).). 330,295.			- 20 - 20 - 20 - 20			-	5-101-11月10日前取得	
d Equipment 1,449,228 1,186,284 262,944. e Other 92,488 79,678 12,810. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).). 330,295.					74.66	7	20.126	51 511
e Other 92,488 79,678 12,810. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 330, 295.							the second se	
				rm 990, Part X				
			. ,		,, ", , , , , , , , , , , , , , , ,		the second s	

JSA 0E1269 1.000

Schedule D (Form 990) 2010 Part VII Investments - Other Securities. See	Form 990 Part X li	23-7245152 Page : 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
(1) Financial derivatives		
(2) Closely-held equity interests	•	
(3) Other	•	
(A)		
(B)		
(C)		
(D)		
(E)		
(F) (G)		
(0) (H)	-	
(1)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•	
Part VIII Investments - Program Related. See	Form 990, Part X, I	ine 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		
(2)		
(3)		
<u>(4)</u> (5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X,		
(i	a) Description	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) (10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X	Y line 25	••••••
1. (a) Description of liability	(b) Amoun	f
(1) Federal income taxes	(-)	
(2) CHARITABLE GIFT ANNUITIES	681,	664.
(3) DEFERRED RENT		552.
(4)		
(5)		
(6)		
(7) (8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 981,	216.
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the		A STATE OF A

CIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnot organization's liability for uncertain tax positions under FIN 48 (ASC 740). JSA 0E1270 1.000 zation's financial statements that reports the

Schedu	lle D (Form 990) 2010 23-7245152		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,027,885.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,401,284.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,373,399.
4	Net unrealized gains (losses) on investments	4	1,149,814.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,149,814.
10		10	-223,585.
Part		urn	
1	Total revenue, gains, and other support per audited financial statements	. 1	17,211,989.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities) .	
c	Recoveries of prior year grants 2c		
ď	Other (Describe in Part XIV.) 2d	25	
e	Add lines 2a through 2d	. 2e	1,184,104.
3	Subtract line 2e from line 1	. 3	16,027,885.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	\$.	
b	Other (Describe in Part XIV.) 4b	N 1845	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. <u>4c</u>	16 007 005
-	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	. 5	16,027,885.
1	TALL II III III III III III III		17,435,574.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 1	11,455,574.
a	Donated services and use of facilities 2a 34,290	D .	
b	Prior year adjustments		
c	Other lesses		
d	Other (Describe in Part XIV.)	- Fisss	
е	Add lines 2a through 2d	2e	34,290.
3	Subtract line 2e from line 1	3	17,401,284.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	To part of	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.) 4b		
С	Add lines 4a and 4b	4c	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	. 5	17,401,284.
Part	XIV Supplemental Information		
Part V,	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple ditional information.	t IV, lines ete this p	a 1b and 2b; art to provide
SEE	PAGE 5		

Page 5

USE OF ENDOWMENT FUNDS

FORM 990, SCHEDULE PART V, LINE 4

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

FIN 48 FOOTNOTE

FORM 990, SCHEDULE PART X, LINE 2

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

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

SCHEDULE F (Form 990)	Statement of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047
(* ********	Complete if		n answered "Yes" to Form 9 14b, 15, or 16.	990,	2010
Department of the Treasury Internal Revenue Service		Open to Public Inspection			
Name of the organization OCEAN CONSERVANO	v			Employer identifi	cation number
And the second s	formation on Activities	Outside the L	Jnited States, Complete	23-72451 if the organization answ	
Form 990, 1	Part IV, line 14b.				
assistance, the gra grants or assistance	Does the organization maintees' eligibility for the gran ? Describe in Part V the organ	ts or assistance	e, and the selection criter	ia used to award the	Yes No
United States.					
3 Activities per Regio (a) Region	on. (The following Part I, line (b) Number of	3 table can be (c) Number of	duplicated if additional sp (d) Activities conducted in	ace is needed.) (e) If activity listed in (d) is	
(*/*******	offices in the region	employees, agents, and independent contractors in region	fu) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	describe specific type of service(s) in region	(f) Total expenditures for and investments in region
_(1)					
(2)					
(3)					
(4)					
_(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
	ontinuation				
sheets to Part I c Totals (add lines :				national and	

c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 0E1274 1.000

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method valuatio (book, FM appraisa other)
1)		EUROPE/ICELAND/GREENLAND	CLEANUP	6,000.	CHECK	0.	NONE	CASH
2)								
))								
5)								
5)								
ŋ								
)								
)								
))								
)								
)								
)								
)								
Jana and a start of the								

Part III

23-7245152

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (h) Method of (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of non-cash valuation (book, FMV, recipients cash disbursement cash grant non-cash assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12) (13)(14)(15) (16) (17) (18)

Page 3

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

5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Page 4

23-7245152

Part V Supplemental Information

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

					Description		OMB No. 1545-0047	
SCHEDULE G Supplemental Information Regarding						2010		
(Form 990 or 990-EZ) Fundraising or Gaming Activities							Open To Public	
Department of the Treasury Internal Revenue Service	Department of the Treasury organization entered more than \$15,000 on Form 990-EZ, line 6a,							
Name of the organization						Employer identificatio	n number	
OCEAN CONSERVAN						23-7245152		
Part I Fundraisi	ng Activities. Col	mplete if the organ	nization a	answered	"Yes" to Form 9	90, Part IV, line	17.	
FOIII 990		required to comp ised funds through			activition Charles	ll that apply		
a X Mail solicitat								
	email solicitations	e f			non-government g government grants			
	c X Phone solicitations g Special fundraising events							
2a Did the organizat		or oral agreement w	rith any in	dividual (in	cluding officers, d	irectors, trustees		
		0, Part VII) or entity				ising services?	X Yes No	
b If "Yes," list the to	en highest paid indi	ividuals or entities (f	undraise	rs) pursuar	t to agreements i	under which the fun	draiser is to be	
compensated at	least \$5,000 by the	e organization.	anaraioo	io) parodar	it to agreemente t			
		1	(iii) Did fu	ndraiser have	······································	(v) Amount paid to	(vi) Amount paid to	
(i) Name and addre or entity (fur		(ii) Activity	custody	or control of butions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization	
			Yes	No				
	CCCT NUEC	DIDECT MATI		v	2 040 760	100 550	2 750 010	
MAL WARWICK & A	550CIAIE5	DIRECT MAIL INTERNET	-	X	3,948,760.	189,550.	3,759,210.	
WATERSHED		FUNDRAISING	-	X	450,455.	53,147.	397,308.	
3		TELE-						
DONOR SERVICES	GROUP	MARKETING		X	60,643.	123,557.	-62,914.	
4		TELE-		N.	14 005	14 000		
ARIA 5		MARKETING		X	14,085.	14,008.	77.	
5								
6								
7								
8								
9								
10								
Total					4,473,943.	380,262.	4,093,681.	
		ation is registered c						
registration or lice	ensing.		i nocinac				it is exempt from	
AL, AK, AZ, AR, CA,								
KS, KY, LA, ME, MD, I OK, OR, PA, RI, SC,			Y,NC,N	D,OH,				
UK, UK, PA, KI, SC,	IN, UI, VA, WA, V	₩V,₩I,						
For Descould Deduction As	A Madian and the Instant	Alexa fas Farm 000 as 0	0.57			Cabadula C (Ca		

For Paperwork	Reduction /	Act Notice,	see the	Instruction	ns for For	n 990 o	r 990-E
10.4							

Schedule G (Form 990 or 990-EZ) 2010

		gross receipts greater than \$5,0	00.	and the second second second		
			(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	Less: Charitable				
		contributions				
	3	Gross income (line 1 minus				
1		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
1	0	Direct expense summary. Add lines 4	through 9 in column (d)			(
1	1	Net income summary. Combine line 3	3, column (d), and line 10			
-	-6- III	Operation Operandate 10 th				and the second
ar	t II	Gaming. Complete if the org than \$15,000 on Form 990-I	anization answered "	Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more
Т	t III	Gaming. Complete if the ord	anization answered "	Yes" to Form 990, Pa (b) Pull tabs/Instant bingo/progressive bingo	rt IV, line 19, or rep (c) Other gaming	(d) Total gaming (ad
Т	't III	Gaming. Complete if the ord	anization answered " EZ, line 6a.	Yes" to Form 990, Pa	rt IV, line 19, or rep	(d) Total gaming (ad
Т	1 1	Gaming. Complete if the org than \$15,000 on Form 990-	anization answered " EZ, line 6a.	Yes" to Form 990, Pa	rt IV, line 19, or rep	(d) Total gaming (ac
Т	t 1 2	Gaming. Complete if the org than \$15,000 on Form 990-	anization answered " EZ, line 6a.	Yes" to Form 990, Pa	rt IV, line 19, or rep	(d) Total gaming (ad
	1 2 3	Gaming. Complete if the org than \$15,000 on Form 990- Gross revenue Cash prizes	anization answered " EZ, line 6a.	Yes" to Form 990, Pa	rt IV, line 19, or rep	(d) Total gaming (ad
	1 2 3 4	Gaming. Complete if the org than \$15,000 on Form 990- Gross revenue Cash prizes Noncash prizes	anization answered " EZ, line 6a. (a) Bingo	Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more (d) Total gaming (ad col. (a) through col. (c
	t III 1 2 3 4 5	Gaming. Complete if the org than \$15,000 on Form 990-1 Gross revenue	anization answered " EZ, line 6a. (a) Bingo	Yes" to Form 990, Pa	rt IV, line 19, or rep (c) Other gaming	(d) Total gaming (ac col. (a) through col. (d
Т	t III 1 2 3 4 5	Gaming. Complete if the org than \$15,000 on Form 990-1 Gross revenue	anization answered " EZ, line 6a. (a) Bingo	Yes" to Form 990, Pa	rt IV, line 19, or rep (c) Other gaming	(d) Total gaming (ac col. (a) through col. (
Т	1 2 3 4 5 6	Gaming. Complete if the org than \$15,000 on Form 990-1 Gross revenue	anization answered " EZ, line 6a. (a) Bingo	Yes" to Form 990, Pa	rt IV, line 19, or rep (c) Other gaming	(d) Total gaming (ac col. (a) through col. (
Т	1 1 2 3 4 5 6 7	Gaming. Complete if the org than \$15,000 on Form 990-1 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2	anization answered " EZ, line 6a. (a) Bingo Yes% No through 5 in column (d)	Yes" to Form 990, Pa	rt IV, line 19, or rep (c) Other gaming	(d) Total gaming (ac col. (a) through col. (
	1 1 2 3 4 5 6 7	Gaming. Complete if the org than \$15,000 on Form 990-1 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	anization answered " EZ, line 6a. (a) Bingo Yes% No through 5 in column (d)	Yes" to Form 990, Pa	rt IV, line 19, or rep (c) Other gaming	(d) Total gaming (ac col. (a) through col. (
a	t III 1 2 3 4 5 6 7 8 Ent Is t	Gaming. Complete if the org than \$15,000 on Form 990-1 Gross revenue Cash prizes Cash prizes Concash prizes Concash prizes Contact expenses Contact expense summary. Add lines 2 Net gaming income summary. Combi ter the state(s) in which the organizati the organization licensed to operate g	Anization answered " EZ, line 6a. (a) Bingo (a) Bingo (b) Bingo (c) Bingo (c	Yes" to Form 990, Pa	rt IV, line 19, or rep (c) Other gaming	(d) Total gaming (ac col. (a) through col. (
a	t III 1 2 3 4 5 6 7 8 Ent Is t	Gaming. Complete if the org than \$15,000 on Form 990-1 Gross revenue	Anization answered " EZ, line 6a. (a) Bingo (a) Bingo Ves% No through 5 in column (d) ne line 1, column d, and on operates gaming act aming activities in each	Yes" to Form 990, Pa	rt IV, line 19, or rep (c) Other gaming	(d) Total gaming (ac col. (a) through col. (r
a	t III 1 2 3 4 5 6 7 8 8 8 1 5 t 1 5 t 1 5 t 1 5 1 2 3 4 5 5 7 8 8 1 1 5 5	Gaming. Complete if the org than \$15,000 on Form 990-1 Gross revenue Cash prizes Cash prizes Concash prizes Concash prizes Contact expenses Contact expense summary. Add lines 2 Net gaming income summary. Combi ter the state(s) in which the organizati the organization licensed to operate g	Anization answered " EZ, line 6a. (a) Bingo (a) Bingo Yes% No through 5 in column (d) ne line 1, column d, and on operates gaming act aming activities in each	Yes" to Form 990, Pa	rt IV, line 19, or rep (c) Other gaming	(d) Total gaming (ac col. (a) through col. (

Schedule G (Form 990 or 990-EZ) 2010

		23-7245152	2
Sched	dule G (Form 990 or 990-EZ) 2010		Page 3
11 12	Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other formed to administer charitable coming?	er entity	Yes No
13	formed to administer charitable gaming?		
a b		· · · 13a	%
14	An outside facility		<u> %</u>
	Name		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization rece revenue?		Yes No
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 of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а			
	retain the state gaming license?		Yes No
b	Enter the amount of distributions required under state law to be distributed to other exemp or spent in the organization's own exempt activities during the tax year > \$	t organizations	
Part	Supplemental Information. Complete this part to provide the explanation required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applic part to provide any additional information (see instructions).	l by Part I, line 2 cable. Also com	b, plete this

SCHEDULE I	Grants a	nd Other	Assistance	to Organiza	tions.		OMB No. 1545-0047
	vernme		2010				
			swered "Yes" to F				Open to Public
Internal Revenue Service			ttach to Form 990				Inspection
Name of the organization						Employer identifica	tion number
OCEAN CONSERVANCY						23-724515	52
Part I General Information on Grants and							
 Does the organization maintain records to sul the selection criteria used to award the grants Describe in Part IV the organization's procedure 	or assistance ures for mon	e?itoring the use	of grant funds in the	United States.			X Yes N
Part II Grants and Other Assistance to G Form 990, Part IV, line 21, for any II can be duplicated if additional space	recipient th	at received n	nore than \$5 000	Check this box if	no one recipient r	eceived more tha	∕es" to n \$5,000. Part
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FL RESTAURANT & ASSOC EDUCATIONAL FOUNDATIO							
230 S. ADAMS ST. TALLAHASSEE, FL 32301	59-6194391	501(C)(3)	16,000.				SEE PART IV
(2) SAN DIEGO COAST KEEPERS							
2825 DEWEY RD. STE 200 SAN DIEGO, CA 92106	33-0647946	501(C)(3)	10,000.				SEE PART IV
(3) YES FOR 21: CA FOR ST PARKS & WILDLIFE CONS							
1100 11TH STREET SACRAMENTO, CA 95814	27-1091369	501(C)(4)	252,000.				SEE PART IV
_(4)							
_(5)	-						
(6)	-						
_(7)							
_(8)							
_(9)							
(10)							
11)							
(12)							
2 Enter total number of section 501(c)(3) and go	vernment o	rganizations					2.
3 Enter total number of other organizations				D 2003 / 21			1.

Schedule I (Form 990) (2010)

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Page 2

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

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

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

MONITORING PROCESS OF GRANTS

FORM 990, SCHEDULE I, PART I

OCEAN CONSERVANCY MONITORS GRANTEES BY REQUIRING FULL FINANCIAL REPORTS

ALONG WITH SPECIFIC PROJECT DELIVERABLES.

PURPOSE OF GRANT OR ASSISTANCE (SEE NEXT PAGE)

Schedule I (Form 990) (2010)

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Page 2

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

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

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

FORM 990, SCHEDULE I, PART II

THE PURPOSE OF THE FL RESTAURANT & ASSOCIATION EDUCATIONAL FOUNDATION

GRANT WAS TO SECURE FUNDING FOR SPONSORSHIPS.

THE PURPOSE OF THE SAN DIEGO COAST KEEPERS GRANT WAS TO SUPPORT BEACH

CLEAN-UPS.

THE PURPOSE OF YES ON 21: CALIFORNIANS FOR STATE PARKS & WILDLIFE

CONSERVATION GRANT WAS TO PROVIDE FUNDING FOR CA STATE PARKS.

			MB No.	1545-0	0047
	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" to Form 990,	20	10)
	ment of the Treasury Revenue Service	Part IV, line 23. ► Attach to Form 990. ► See separate instructions.	Open to Public Inspection		
Name	of the organization	Employer identificatio			10
-	AN CONSERV	ANCY 23-724515			
Par	U Questio	ns Regarding Compensation	10		
4.0	Chaok the en			Yes	No
Ta	Oneck the ap	propriate box(es) if the organization provided any of the following to or for a person listed in Form		*	
		Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
		reduing diowance of residence for personal use			243 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		or companions Payments for business use of personal residence mnification and gross-up payments Health or social club dues or initiation fees	94 A.		
		onary spending account Personal services (e.g., maid, chauffeur, chef)	893	いた	1.10
			ACG2.S		
b	or reimburse	boxes on line 1a are checked, did the organization follow a written policy regarding payment ment or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	Did the organ	ization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			-
	directors, trus	tees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
1			Harris	1.18	
3	Indicate which	, if any, of the following the organization uses to establish the compensation of the	3		ALC: NO
		CEO/Executive Director. Check all that apply.	84: 180	HC G	推翻
	- oompon	sation committee X Written employment contract	Net 1		
					名前
4	During the yea	ar, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing r a related organization:			「現金」
a		erance payment or change-of-control payment from the organization or a related organization?	4a	Contraction of the	X
b	Participate in,	or receive payment from, a supplemental nonqualified retirement plan?	4a 4b	-	X
С	Participate in,	or receive payment from, an equity-based compensation arrangement?	40		X
	If "Yes" to any	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		1 Juni	
	Only section (501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5		sted in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation	contingent on the revenues of:			Tince
а	The organization		5a	A CONTRACTOR	X
b	Any related or	ganization?	5b		X
	it res to line	ba or bb, describe in Part III.		1.1.1	
6		sted in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		Relia -	
		contingent on the net earnings of:		3.4	
a	The organization	on?	6a		X
b	Any related or	ganization? 6a or 6b, describe in Part III.	6b		X
7		sted in Form 990, Part III. section A, line 1a, did the organization provide any non-fixed		Sale 20	5.2.3
	payments not	described in lines 5 and 6? If "Yes," describe in Part III	-		v
8	Were any amo	bunts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	7	-	X
	to the initial	contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III		8		х
9	If "Yes" to line	8, did the organization also follow the rebuttable presumption procedure described in	-		
		ion Act Notice, see the Instructions for Form 990.	9		

Schedule J (Form 990) 2010

23-7245152

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

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

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

	1.00	(B) Breakdown	of W-2 and/or 1099-MISC of	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
(A) Name		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)		
	(i)	245,990.	20,000.	644.	17,035.	5,741.	289,410.	0	
1 VERONIQUE SPRUILL	(ii)	0.	0.	0.	0.	0.	0	C	
	(i)	194,250.	1,250.	1,847.	12,947.	5,618.	215,912.	C	
2 DENNIS KELSO	(ii)	0.	0.	0.	0.	0.	0.		
	(i)	160,660.	1,250.	2,962.	10,957.	2,696.	178,525.	(
3 AMELIA MONTJOY	(ii)	0.	0.	0.	0.	0.	0.		
	(i)	167,600.	1,250.	246.	11,751.	5,160.	186,007.	C	
4 JANIS JONES	(ii)	0.	0.	0.	0.	0.	0.		
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)		+-						
	(i)							0000-	
0	(ii)					+			
	(i)								
1	(ii)								
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(i)								
	(i)								
5	(ii)								
6	(i)								
<u> </u>	1 (11)				and the second second				

Schedule J (Form 990) 2010

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Schedule J (Form 990) 2010

23-7245152

Part III Supplemental Information

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

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047 2010 **Open To Public** Inspection

Department of the Treasury Internal Revenue Service

Name of t	he organization
OCEAN	CONSERVANCY

Employer identification number 23-7245152

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contribut	erminii ion am	ng iounts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods	X		2,203.	FAIR MARKET	VAL	UE
6	Cars and other vehicles						-
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	13.	113,291.	FAIR MARKET	VAL	UE
10	Securities - Closely held stock						
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	X	20.	2,170.	FAIR MARKET	VAL	JE
20	Drugs and medical supplies						1
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received t	by the orga	nization during the tax yea	ar for contributions for			
	which the organization completed F	orm 8283, I	Part IV, Donee Acknowledge	ement	29		
~ ~						Yes	No
30a	During the year, did the organizati	ion receive	by contribution any prope	rty reported in Part I, line	e 1-28 that		(18)°,
	it must hold for at least three years	s from the	date of the initial contribut	ion, and which is not req	uired to be		
	used for exempt purposes for the en	tire holding	period?		30a		Х
	in res, describe the arrangement in	Paπ II.			1.1.1		
31	Does the organization have a g contributions?				31	x	(Parts)
32a	boos the organization time of use	third partie	es or related organizations	to solicit, process, or si	ell noncash		-
	contributions?						Х
b	If Yes," describe in Part II.					1111	1.60.
33	If the organization did not report an	amount in c	olumn (c) for a type of prop	perty for which column (a)	is checked.		
	describe in Part II.			(-)	The state	100	
For P	aperwork Reduction Act Notice, see the	e Instructions	for Form 990.		Schedule M (For		10040

Schedule M (Form 990) (2010)

Page 2

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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



OCEAN CONSERVANCY

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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

CONFLICTS OF INTEREST

FORM 990, PART VI, LINE 12C

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

Employer identification number 23-7245152

OF INTEREST SHOULD BE RESOLVED WILL THEN BE PROVIDED.

DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15

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

AVAILABILITY OF OTHER DOCUMENTS

FORM 990, PART VI, LINE 19

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

STATES IN WHICH FORM 990 IS REQUIRED TO BE FILED

FORM 990, PART VI, LINE 17

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

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Employer identification number 23-7245152

ATTACHMENT 1

FORM 990 PART XI, LINE 5

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

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

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

ATTACHMENT 2

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

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

Schedule O (Form 990 or 990-EZ) 2010	Page 2
Name of the organization OCEAN CONSERVANCY	Employer identification number
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ATTACHMENT 2 (CONT'D)

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

ATTACHMENT 3

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

OCEAN POLICY, SCIENCE AND GOVERNANCE - OCEAN CONSERVANCY TRANSLATES THREATS INTO SOUND, PRACTICAL POLICIES THAT PROTECT OUR OCEAN AND IMPROVE OUR LIVES. WE RECOGNIZE THAT REAL LEADERSHIP MEANS REAL COOPERATION - BETWEEN GOVERNMENTS, BUSINESSES, SCIENTISTS, POLICYMAKERS, CONSERVATION ORGANIZATIONS AND CITIZEN ADVOCATES. WE SEEK TO ACHIEVE THIS BY ADVOCATING FOR THE IMPROVEMENT IN QUALITY AND QUANTITY OF OCEAN RESEARCH AND MONITORING, THE REFORM OF OCEAN GOVERNANCE AND PLANNING FOR VARIOUS OCEAN USES LIKE FISHING, FISH FARMING, AND OTHER TYPES OF RESOURCE DEVELOPMENT. THANKS TO IMPROVED MANAGEMENT PRACTICES AND RESTORATION OF NURSERY HABITAT, MANY OF OUR NATION'S FISHERIES ARE PRODUCING SUSTAINABLE YIELDS THAT FUEL A STRONG ECONOMY, SUPPORT WELL-PAYING JOBS, PROVIDE FOR AMPLE RECREATIONAL OPPORTUNITIES AND SUPPLY AMERICANS WITH HEALTHY SEAFOOD. RECENTLY OCEAN CONSERVANCY PLAYED AN IMPORTANT ROLE SUPPORTING THE INTRODUCTION OF THE

Schedule O (Form 990 or 990-EZ) 2010	Page
Name of the organization	Employer identification number
OCEAN CONSERVANCY	
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ATTACHMENT 3 (CONT'D)

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

ATTACHMENT 4

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

COMMUNICATIONS AND OUTREACH - OCEAN CONSERVANCY EDUCATES THE PUBLIC THOUGH VARIOUS COMMUNICATIONS CHANNELS INCLUDING WEB SITES, E-MAIL, DIRECT MAIL, SOCIAL MEDIA, PAID ADVERTISING, PUBLIC SERVICE ANNOUNCEMENTS, OUTREACH TO REPORTERS, WRITTEN REPORTS, BLOGGING AND MORE. OCEAN CONSERVANCY HAS ACHIEVED A MEMBERSHIP AUDIENCE OF MORE THAN 100,000, A VOLUNTEER CLEANUP AUDIENCE OF AT LEAST 500,000 EACH YEAR, AND A SOCIAL MEDIA AUDIENCE OF NEARLY 50,000. WE ALSO SUPPORT VARIOUS EFFORTS TO PROVIDE MASS COMMUNICATIONS RESOURCES SUCH AS RESEARCH, STRATEGIC ADVICE, MESSAGING AND DIGITAL ASSETS TO THE LARGER OCEAN CONSERVATION COMMUNITY.

	ATTACHMEN	NT 5
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MAL WARWICK & ASSOCIATES	FUNDRAISING	189,550.

lame of the organization	Employer	identification number	
OCEAN CONSERVANCY		23-7245152	
		IENT 5 (CONT'D)	
990, PART VII- COMPENSATION OF THE FIVE HIGHES	PAID IND. CONTRACTORS		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION	
2550 NINTH STREET, SUITE 103 BERKELEY, CA 94710			
SANDRA WHITEHOUSE 75 CARROLL AVENUE WEWPORT, RI 02840	MARINE SPATIAL PLAN	168,000.	
PATTY DEBENHAM 917 BRODERICK STREET SAN FRANCISCO, CA 94115	MARINE DEBRIS POLICY	279,800.	
ATERSHED 00 BUSH STREET, SUITE 850 AN FRANCISCO, CA 94104	WEB ADVC&FUNDRAISING	133,147.	
LASKA STRATEGIES 810 LAKES EDGE PLACE ARDEN CITY, ID 83714	GULF RESTORATION	150,000.	

TOTAL COMPENSATION

920,497.