Form **990**

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

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

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

_	roi tile	ZUIS Calein	uar year, or tax year begin		, 2015, a	illu ellulli	y Jun	30	,	2014	
В	Check if a	pplicable:	C Name of organization OCE	AN CONSERVANCY				D Employ	er Identifi	cation Number	
	Addr	ess change	Doing Business As					23-	72451	52	
	Nam	e change	Number and street (or P.O. box	if mail is not delivered to street address	ss)	Room/s	suite	E Telepho	ne numbe	г	
	Initia	l return	1300 19th STREET	, NW		8th	Floor	(202	2) 42	9-5609	
	Term	ninated	City or town, state or province, or	country, and ZIP or foreign postal code							
	Ame	nded return	Washington		DC	20036		G Gross re	eceipts \$	32,106,34	0.
	Appli	ication pending	F Name and address of principal of	officer:			H(a) Is this	a group return			14-1
	ш.	, ,	Lawrence J. Amon Same a	as line C			H(b) Are all	subordinates attach a list. (s	included?	Yes	- Control
ī	Tax-ex	empt status	X 501(c)(3) 501(c) (947(a)(1) or	527	If 'No,'	attach a list. (s	see instruc	tions)	
J			w.oceanconservand		, (4)(1) 01	1 102.	H(c) Group	exemption nu	mber -		
K		f organization:	X Corporation Trust	Association Other ►	I va	ar of formation				al domicile: D(
	rt1	Summar		Association Other	IL 16	ar or formatic	197	Z 181 3	tate of leg	ar domicile. D(
Fe				or most significant activities	. 000	oon Cor	20001121	au ia	worki	na to nr	cotoot
				reatest global cha						ing to pr	oregr
JCe				nce-based solution							. — — — —
na				es that depend of		<u>a _11ea1</u>	<u>.c.11</u> <u>y</u> _0c	ear ar			
Ve				discontinued its operations of		of more th	- – – – – nan 25% d	of its net as	sets		·
ဇ္				ng body (Part VI, line 1a)					3		18
જ			· ·	f the governing body (Part V					4		17
Activities & Governance	5 T	otal number	of individuals employed in ca	alendar year 2013 (Part V, lir	ne 2a)				5		143
.≅	6 T	otal number	of volunteers (estimate if ne	cessary)					6	5.6	1,600
Ą	ı			rt VIII, column (C), line 12 🔹					7a		0.
	bΝ	et unrelated	business taxable income fro	m Form 990-T, line 34			× 600 ·	* * * *	7b		
								rior Year		Current Y	
a))				,260,2		18,460	
nu.		-	· ·	g)				195,8			2,579.
Revenue				lines 3, 4, and 7d)				,224,7			,475.
Œ				5, 6d, 8c, 9c, 10c, and 11e)				499,2			,818.
				nust equal Part VIII, column (,180,0	46.	20,023	,762.
				column (A), lines 1-3)				132,7	56.	79	,057.
				olumn (A), line 4)							0.
S	15 S	alaries, othe	r compensation, employee b	enefits (Part IX, column (A),	lines 5-10)		8	,652,9	92.	9,132	2,471.
Expenses	16a P	rofessional fi	undraising fees (Part IX, colu	umn (A), line 11e)				207,0	15.	275	,001.
ber	ьт	otal fundraisi	ing expenses (Part IX, colum	nn (D), line 25) ►	3 436	5,995.		1	LE S		
Ж				11a-11d, 11f-24e)			1.0	,316,1	71	0 027	7,131.
		-		ual Part IX, column (A), line 2				,310,1			
		· ·		from line 12						19,413	
6 6	19 1	evenue less	expenses. Subtract line 16 i	Tom line 12				8,871,1		End of Y	,102.
land	20 To	otal accate /	Part X, line 16)					ng of Currer			
Net Assets or Fund Balances	21 To		(Part X, line 26)					,017,6 ,074,9		27,591	
Net	21 10		· acceptance								,996.
	22 1			21 from line 20	* * ****		21	,942,7	08.1	23,609	,143.
	rt II	Signatur									
Unde	er penalties olete. Decla	of perjury, I decl ration of prepare	lare that I have examined this return, er (other than officer) is based on all in	including accompanying schedules an dermation of which preparer has any l	d statements, a knowledge.	and to the bes	st of my know	ledge and bel	ef, it is tru	e, correct, and	
		1	Deell /		Title .		10	4/20/1	5		
Sig	ın	Signatur	of officer				Da				
He	re	Lawr	rence J. Amon				Chie	f Finar	ocial	Officer	
		Туре ог	print name and title.				01110		.0141	0111001	
		Print/Type pr	reparer's name	Preparer's signature		Date		Check	if P	TIN	
Pai	id							self-employe	_		
	ıa eparer	Firm's name	F .					Jan. omploye			-
	e Only							Firm's EIN			
		i iiii s adures			-						
Mar	the IDC	discuss this	raturn with the property	own above? /ess instructions	-1			Phone no.		Vac	V Na
ivia	ine IKS	uiscuss this	return with the preparer sho	own above? (see instructions	s)	5 (8) (6) · 36	* *********		£ 50000	Yes	X No

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ 1 2 Χ 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. Х 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 X 4 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 Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV Χ Χ 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Χ 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. X 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Χ 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Χ 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X Χ 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII 12a Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Χ 12 b 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Χ b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV Χ 14b Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Χ column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. Χ 19 X 20 b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 b

Form 990 (2013) OCEAN CONSERVANCY Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or Χ 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part Χ 22 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 Χ 24a 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 Χ complete Schedule K. If 'No,'go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I Χ 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV X 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M......... 29 Χ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. Χ 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N. Part II Χ 32 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 Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, X 34 X 35a b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 Χ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38

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			Yes	No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		201
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1.6		0 10
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.5		1 10
	(gambling) winnings to prize winners?	1 c	X	
2 :	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 143			
- 1	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	373		
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
1	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 :	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)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country: ►			(area
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Turn		
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
(tf 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	of Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	3 1000	11 VE	Skir
â	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X	
ŀ	of Yes, did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
(d If 'Yes,' indicate the number of Forms 8282 filed during the year	To be		
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
Ć	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
	holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		2 3	
	a Did the organization make any taxable distributions under section 4966?	9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			100
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders	1.00		
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ON COLUMN TWO	-
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	17920	10	5
a	Is the organization licensed to issue qualified health plans in more than one state?	13 a	Discount of	AURES I
	Note. See the instructions for additional information the organization must report on Schedule O.			Tel I
t	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	Play		
C	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

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

26	ection A. Governing Body and Management	_8		
			Yes	No
	1 a Enter the number of voting members of the governing body at the end of the tax year	3		
	authority to an executive committee or similar committee, explain in Schedule O.		10 3 1	
	b Enter the number of voting members included in line 1a, above, who are independent	<u>/</u>		
	officer, director, trustee or key employee?	2	BE JENN	X
	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			17
		5		X
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?6 Did the organization have members or stockholders?	6		X
	7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	- 6		
	members of the governing body?	7 a		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or other persons other than the governing body?	7 b		X
1	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
(9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	
			Yes	No
10	0 a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
1	1 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12	2 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	=
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.	12 c	х	
13	3 Did the organization have a written whistleblower policy?	13	Х	
14		14	Х	
1				
	a The organization's CEO, Executive Director, or top management official	15 a	Х	AN DISCOURSE
	b Other officers of key employees of the organization	15 b	X	_
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	100	invests.	13500
16	6 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		v
		16 a		X
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
3e	ection C. Disclosure			
17				
18		le for pu	ıblic	
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	9 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avail the public during the tax year.	able to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion:		
	Kenneth Donaldson 1300 19th St., NW 8th Floor DC 20036 (202)	429-5	<u> 609</u>

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

Check if Schedule O contains a response or note to any line 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 r	nor any rela	ated o	rgan	_		ompei	nsate	ed any current officer,	director, or trustee.	
(A) Name and Title	(B) Average hours per	one bo	x, unle cer an	ess p	, heck erson	more the is both r/trustee	an)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) David Aldrich	2.00									
Chair		Χ	:	Χ				0.	0.	0.
(2) Dane Nichols	2.00									
Vice Chair		Х		Χ				0.	0.	0.
(3) Edward Miller	2.00							9		
Treasurer		Χ	و ا	Χ				0.	0.	0.
(4) William Martin	2.00									
Secretary		Χ		Χ				0.	0.	0.
(5) Andreas Merkl	40.00								"	
President & CEO - new 2/4/13		Χ		Χ				283,296.	0.	52,031.
(6) Laura Burton Capps	2.00		10 - 30							
Board Member		Χ						0.	0.	0.
(7) Philippe Cousteau	2.00									
Board Member		Χ						0.	0.	0.
(8) Nicole Luskey	2.00									
Board Member		Χ						0.	0.	0.
(9) Cecily Majerus	2.00		1 3					4		
Board Member		Χ						0.	0.	0.
(10) Thomas Allen	2.00									
Board Member		Χ						0.	0.	0.
(11) Steve Henn	2.00									
Board Member		Χ						0.	0.	0.
(12) Curtis Bolen	2.00									
Board Member		Х						0.	0.	0.
(13) Michael Orbach	2.00									
Board Member		Х						0.	0.	0.
(14) Stephen Palumbi	2.00					- "		r.		
Board Member		Χ						0.	0.	0.

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Part VII Section A. Officers	, Directors, Trus	tees, I	Key	En		oye C)	es,	and	d Highest Con	pensated Emp	loyees (continued)
(A) Name and title		Average hours per week (list any hours for related organiza - tions below dotted line)	box	, unle	Pos heck ss pe	ition more rson i	than of the state	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) Enric Sala		2.00									
Board Member			X						0.	0.	0.
(16) John Sargent Board Member		2.00	Х						0.	0.	0.
(17) Lawrence Wagenberg Board Member		2.00	Х						0.	0.	0.
(18) Suzanne Woolsey Board Member		2.00	Х						0.	0.	0.
(19) Janis Jones COO		40.00			X				296,894.	0.	64,506.
(20) Lawrence Amon		24.00			Х				116,652.	0.	6,999.
(21) Dennis Kelso		40.00				Х			218,205.	0.	62,034.
(22) Amelia Montjoy VP Resource Develor	 pment	24.00				X			201,383.	0.	28,303.
(23) Shannon Crownover VP Communications		40.00				Х			175,145.	0.	42,649.
(24) Elizabeth Hallman Dir. Corp. Giving		40.00			12		Х		143,317.	0.	24,890.
(25) Stanley Senner Dir. Conservation S		40.00					Х		142,328.	0.	57,214.
1 b Sub-total.			3. 7	* *			£1365	>	1,577,220.	0.	338,626.
c Total from continuation sheet	s to Part VII, Section	Α	4 0	2.1					413,688.	0.	106,270.
d Total (add lines 1b and 1c)					. %				1,990,908.	0.	444,896.
2 Total number of individuals (inclifrom the organization ► 1	uding but not limited to .6	o those l	isted	abo	ove)	who	rece	eive	d more than \$100,0	000 of reportable cor	npensation
3 Did the organization list any forr on line 1a? <i>If</i> 'Yes,' <i>complete Sc</i>	ner officer, director, o hedule J for such indi	r trustee vidual	, key	em	ploy	ee,	or hig	hes	st compensated em	nployee	Yes No

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

		Name a	and bu	(B) Description of services	(C) Compensation				
Mal Warwick & Assoc.	2550	9th	St.	#103	Berekeley	CA	94710	Direct Mail Consulting	322,930.
CEA	423 1	WASHIN	GTON	STREET	SAN FRANCISCO	CA	94111	Enviromental Consulting	303,807.
Sandra Whitehouse	175	Carro	11	Ave.	Newport	RI	02840	Marine Spatial Planning	220,000.
Alaska Stratagies	4810	Lakes	Edg	e Place	Garden City	ID	83714	Gulf Restoration	148,500.
Brodeur & Coville	399	Boyls	ston	St.	Boston	MA	02116	Web Advocacy	103,500.
2 Total number of independent contractors (including but not limited to those listed above) who received more than									

\$100,000 of compensation from the organization

Part VIII Statement of Revenue

	Check if Schedule O	Contains a respo	inse of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1 a Federated campaigns	1a	27,669.				
Z Z	b Membership dues	1b					
∑ Q ₹ 0	c Fundraising events	1c					
A ET	d Related organizations	1d					
Ş, ≦	e Government grants (contribu	ıtions) 1 e	154,902.				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, similar amounts not included	grants, and l above 1 f					
E S	g Noncash contributions include		<u> </u>				
용록	h Total. Add lines 1a-1f			18,460,890.			
₹			Business Code			Contract (Asset)	
EYE	2a Enviro Report			19,475.	19,475.	0.	0.
Ä	b <u>Speaker Honora</u>	ariums	541900	3,104.	3,104.	0.	0.
≥ ≤	c						
SE	d					8	
₩.	e						
00	f All other program service				To The San Park of the San Par	DO CONTRACTOR OF THE PARTY OF T	
<u>#</u>				22,579.			
	3 Investment income (incother similar amounts)			505 505		•	
	4 Income from investmen			505,705.	0.	0.	505,705.
	5 Royalties			000 000			
	J Royalles	(i) Real	(ii) Personal	283,888.	0.	0.	283,888.
	6 a Gross rents	(71,02	(1)		The second of the second		
	b Less: rental expenses						
=	c Rental income or (loss) .						
	d Net rental income or (lo	ss)		HATTISSA STRUKENIA DA SENTENZA	CONTRACTOR OF STREET	MADE ASSESSMENT OF THE	
	•	(i) Securities	(ii) Other			DESCRIPTION OF THE PERSON	
	7 a Gross amount from sales of assets other than inventory.						
	b Less: cost or other basis	12,801,348					
	and sales expenses	12,082,578					
	c Gain or (loss)	718,770					
	d Net gain or (loss).		******* 	718,770.	0.	0.	718,770.
ING	8 a Gross income from fund (not including . \$						74,07770.
OTHER REVEN	of contributions reported	d on line 1c).					
8	See Part IV, line 18.		a				
핅	b Less: direct expenses		b				
	c Net income or (loss) fro	m fundraising ev	ents				
	9 a Gross income from gam See Part IV, line 19	s to some a to all	a				
	b Less: direct expenses		b			The same of the sa	
	c Net income or (loss) fro	m gaming activiti	es				
	10 a Gross sales of inventory and allowances		а				
	b Less: cost of goods sold		b	A CALL IN CALL AND A			
	c Net income or (loss) fro.						20 II
	Miscellaneous Rever		Business Code				
	11a List Rental		900099	31,928.	31,928.	0.	0.
	b Miscellaneous		900099	2.	2.	0.	0.
	C						
	d All other revenue e Total. Add lines 11a-11	accepta in the si		0. 111	.	A STATE OF THE STATE OF	CONTRACTOR OF THE PARTY OF THE
	12 Total revenue. See inst			31,930.			22 Person marketing
	- I Total levellag. See IIIS		COLUMN TO SERVICE A SERVIC	20,023,762.	54,509.	0.	1,508,363.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	63,700.	63,700.							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,000.	1,000.							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	14 257	14 257							
		14,357.	14,357.	i de la companya de						
4 5	Benefits paid to or for members	0. 1,548,097.	1,107,463.	154,136.	286,498.					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	1,040,007.	1,107,403.	134,130.	200,490.					
7	Other salaries and wages	6,014,417.	4,504,185.	755,557.	754,675.					
8	Pension plan accruals and contributions	0701171171	1/501/105.	7007007.	,917075.					
0	(include section 401(k) and 403(b) employer contributions).	248,032.	196,198.	31,814.	20,020.					
9	Other employee benefits	831,622.	597,430.	91,930.	142,262.					
10	Payroll taxes	490,303.	353,542.	87,113.	49,648.					
11	Fees for services (non-employees):	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , ,							
á	Management									
	Legal	24,184.	24,085.	0.	99.					
	: Accounting	93,852.	0.	93,852.	0.					
	Lobbying	J37032.	0.	757032.	<u> </u>					
	Professional fundraising services. See Part IV, line 17	275,001.			275,001.					
	Investment management fees	76,183.	0.	76,183.	0.					
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,287,360.	2,124,499.	161,912.	949.					
12	Advertising and promotion	211,828.	203,430.	593.	7,805.					
13	Office expenses	3,840,105.	2,191,852.	182,873.	1,465,380.					
14	Information technology	41,253.	37,851.	3,298.	104.					
15	Royalties			, _ , _ ,						
16	Occupancy	1,203,376.	863,996.	208,799.	130,581.					
17	Travel	797,291.	694,440.	27,262.	75,589.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		03.7.1.01	1 2 _	707007.					
19	Conferences, conventions, and meetings	281,948.	240,905.	19,132.	21,911.					
20	Interest	99,970.	92.	99,878.	0.					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	191,864.	129,385.	38,439.	24,040.					
23	Insurance	80,272.	56,554.	14,592.	9,126.					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
a	List_Rentals	135,945.	71,371.	408.	64,166.					
	Dues & Subscriptions	211,436.	180,475.	6,343.	24,618.					
c	Telemarketing	67,960.	35,679.	204.	32,077.					
	Expensed Furniture & Equip	210,957.	143,613.	41,869.	25,475.					
	All other expenses	71,347.	42,025.	2,351.	26,971.					
25	Total functional expenses. Add lines 1 through 24e	19,413,660.	13,878,127.	2,098,538.	3,436,995.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720).	3,977,754.	2,088,321.	11,933.	1,877,500.					
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Part X Balance Sheet

		(A)		(B)
		(A) Beginning of year		End of year
1	Cash – non-interest-bearing	600.	1	600
2	Savings and temporary cash investments	721,487.	2	1,434,437
3	Pledges and grants receivable, net	7,143,011.	3	6,290,810
4	Accounts receivable, net	220,771.	4	329,507
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under		REAL PROPERTY.	THE RESERVE OF THE PARTY OF
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	0.	8	0
9	Prepaid expenses and deferred charges	614,773.	9	601,178
-	1 1	014,773.	Indiana)	001,170
	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
t	Less: accumulated depreciation	332,686.	10 c	390,686
11	Investments — publicly traded securities	16,094,970.	11	17,500,314
12	Investments – other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	889,398.	15	1,043,607
16	Total assets. Add lines 1 through 15 (must equal line 34)	26,017,696.	16	27,591,139
17	Accounts payable and accrued expenses.	997,330.	17	1,111,215
18	Grants payable	0.	18	
19	Deferred revenue	345.	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	1,861,132.	23	1,664,442
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,216,181.	25	1,206,339
26	Total liabilities. Add lines 17 through 25	4,074,988.	26	3,981,996
	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
ľ	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	10,984,410.	27	11,715,472
28	Temporarily restricted net assets	9,366,128.	28	10,301,501
29	Permanently restricted net assets	1,592,170.	29	1,592,170
	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	21,942,708.	33	22 600 142
31 32 33 34	Total liabilities and net assets/fund balances		34	23,609,143
1 34	- Total national and not appoint and parameters and the second se	26,017,696.	34	27,591,139 Form 990 (2013

Form	990 (2013) OCEAN CONSERVANCY 23-	7245152	Page 12
LINCON CONTRACTOR	XI Reconciliation of Net Assets	7240102	, 490 12
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,023,762.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,413,660.
3	Revenue less expenses. Subtract line 2 from line 1	3	610,102.
4	Net assets or fund balances at beginning of year (must equal Part X; line 33, column (A))	4	21,942,708.
5	Net unrealized gains (losses) on investments	5	1,056,333.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	10	23,609,143.
Par	Financial Statements and Reporting	10	
	Check if Schedule O contains a response or note to any line in this Part XII		F (#) 4 (# + + (#) +
			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		
	If the apparientian about and its months of a securities from a major constant to the decision of the securities		

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	lius Lius		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	-	Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			11188
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2 b	Х	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		
BAA	Form	aan (2013)

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Name of the Organization

OCEAN CONSERVANCY

Employler Identification number

23-7245152

Part VII Continuation: Officers, I Highest Compensated E	Directors imployee	, Tru s	ste	es,	Ke	y En	nplo	oyees, and		
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organiza- tions below dotted line)	or director		Officer	a Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
26 Emily Woglom	40.00									
VP Conservation Policy						Х		141,134.	0.	24,652.
27 Chris Dorsett	40.00									
VP Conservation Policy						Х		140,802.	0.	57,457.
28 Donna Hill	40.00									
VP HR & Admin						X		131,752.	0.	24,161.
		-								
									-	
									-	
								6		
									i i	
	 									
									1	
										-
										6.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2013

OCEAN CONSERVANCY 23-7245152 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described X in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated C Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11 g (i) below, the governing body of the supported organization? . . . A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 q (iii) Provide the following information about the supported organization(s) h (ii) EIN (i) Name of supported (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in column (i) of your support? (vi) Is the organization in column (i) organized in the (vii) Amount of monetary (iv) Is the organization in column (i) listed in organization your governing document? U.S.? Yes Yes No Yes No (A) (B) (C) (D) (E) Total BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

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

Sec	tion A. Public Support		7				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	11,219,447.	14,138,846.	20,898,891.	21,322,543.	18,145,072.	85,724,799.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3	11,219,447.	14,138,846.	20,898,891.	21,322,543.	18,145,072.	85,724,799.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24,766,045.
6	Public support. Subtract line 5 from line 4						60,958,754.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	11,219,447.	14,138,846.	20,898,891.	21,322,543.	18,145,072.	85,724,799.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	289,032.	690,536.	953,240.	960,133.	1,508,362.	4,401,303.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		·				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	54,274.	138,884.	27,077.	39,992.	31,930.	292,157.
11	Total support. Add lines 7 through 10						90,418,259.
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s						
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 201			I, column (f))		14	67.42 %
15	Public support percentage from 20	012 Schedule A, Pa	art II, line 14	# * ***** * * ****	9 (K 9) K(SE(9) (K 9) K 9) 4	15	67.54 %
16 a	16a 33-1/3% support test − 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17 a	7a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances te or more, and if the organization meorganization meets the 'facts-and-	eets the 'facts-and-	circumstances' tes	st, check this box a	and stop here. Exp	lain in Part IV how	the
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instructio	ns ►

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

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

Sec	tion A. Public Support	()						
	ndar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.').		8 =					
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		4 , 5					
3	Gross receipts from activities that are not an unrelated trade or business under section 513		4	7.				
4 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	<i>s</i> -	-	- A	Ş			
	facilities furnished by a governmental unit to the organization without charge.							
6	Total. Add lines 1 through 5	P1 (A						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	e ·	4		=			
ŀ	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
c	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support				9.0			
	dar year (or fiscal yr beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
	Amounts from line 6					-		
ŀ	dividends, payments received on securities loans, rents, royalties and income from similar sources		2.1					
	income (less section 511 taxes) from businesses acquired after June 30, 1975				9			
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					2		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total Support. (Add Ins 9,10c, 11 and 12.)							1.0
14	First five years. If the Form 990 is organization, check this box and s	for the organization	on's first, second, th	nird, fourth, or fifth	tax year as a sec	tion 501(c)(3)		□
Sec	tion C. Computation of Pul							
15	Public support percentage for 2013	3 (line 8, column (f)	divided by line 13	, column (f))			15	90
16	Public support percentage from 20	12 Schedule A, Pa	rt III, line 15. 👵		******		16	9
Sec	tion D. Computation of Inv	estment Incon	ne Percentage				-25	
17	Investment income percentage for	2013 (line 10c, col	umn (f) divided by	line 13, column (f))	*****	17	용
18	Investment income percentage from	m 2012 Schedule A	A, Part III, line 17				18	9
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the	nis box and stop h e	ere. The organizati	ion qualifies as a p	ublicly supported	organization		
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%, o	check this box and	stop here. The or	ganization qualifies	as a publicly sup	ported organ	zation	
20	Private foundation. If the organiza	ation did not check	a box on line 14, 1	19a, or 19b, check	this box and see i	nstructions.		

Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990. Employer identification number

OCEAN CONSERVANCY	23-7245152				
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organization is covered by the Gene	ral Rule or a Special Rule .				
Note. Only a section 501(c)(7), (8), or (10) organiz	ation can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule For an organization filing Form 990, 990-EZ, or contributor. (Complete Parts I and II.)	r 990-PF that received, during the year, \$5,000 or more (in money or property) from any one				
Special Rules					
509(a)(1) and 170(b)(1)(A)(vi) and received from	n 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections om any one contributor, during the year, a contribution of the greater of (1) \$5,000 or I, 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, total 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 total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year					
990-PF) but it must answer 'No' on Part IV, line 2,	e General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, and requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				
BAA For Paperwork Reduction Act Notice, see or 990-PF.	the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2013				

Schedule I	R	(Form	aan	990-F7	or 990-PF)	1	2013	١
Schedule i	D.	(FUIIII	990,	330-LZ,	01 990-61	1	ZU 13)	ļ

2 of **Part 1**

Name of organization OCEAN CONSERVANCY Page 1 of 2 23-7245152

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is	s needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$3,080,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- -\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- - \$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		- - \$915,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>500,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		 \$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
ВАА	TEEA0702 12/27/13	Schedule B (Form 99)) 990-E7 or 990-PE\ (2013)

Page

2 of

2 of **Part 1**

Name of organization

Employer identification number

OCEAN	CONSERVANCY	23-72	245152
Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$375,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll

Noncash

(Complete Part II for noncash contributions.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.	·		
Name	e of organization			Employer identific	ation number
	EAN CONSERVANCY			23-724515	2
Pa	rt I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.
1	-	ganization's direct and indirect political camp	-		
2					
3	Volunteer hours				
Pa	rt I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		¥
1	Enter the amount of any excis	e tax incurred by the organization under secti	on 4955		
2	Enter the amount of any excis	e tax incurred by organization managers und	er section 4955	▶ \$	<u> </u>
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		Yes No
4:	a Was a correction made?				Yes No
	b If 'Yes,' describe in Part IV.	8			
Pa	rt I-C Complete if the o	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3)	
1	100 C	ended by the filing organization for section 52			
2	Enter the amount of the filing	organization's funds contributed to other orga	nizations for section 5	27 evemnt	
-	function activities	· · · · · · · · · · · · · · · · · · ·		es a si e es si a si ≥ \$	in the same of the
3	Total exempt function expend	itures. Add lines 1 and 2. Enter here and on F	Form 1120-POL.		
	line 17b				
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5		and employer identification number (EIN) of al			
		For each organization listed, enter the amounts received that were promptly and directly de-			
	segregated fund or a political	action committee (PAC). If additional space is	needed, provide infor	mation in Part IV.	
	(a) Name	(b) Address	(c) EIN	45.4	(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If	(e) Amount of political contributions received and
				none, enter-0-	promptly and directly delivered to a separate political organization. If
					none, enter -0-
(1)					
(1)					
(2)					
- /					
(3)					
(4)					
(5)				4	
_	<u></u>				
(6)					-

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

Schedule C (Form 990 or 990-EZ) 2013

Seriedale & (Ferrir 778 of 776 EE) Ee				23-7245.	152 Tage 2
Partal-A Complete if section 501	the organizatior (h)).	n is exempt under sec	ction 501(c)(3) and	filed Form 5768 (ele	ection under
A Check ► if the filing	ng organization belong	s to an affiliated group (and	list in Part IV each affilia	ted group member's name	١,
address,	EIN, expenses, and s	share of excess lobbying exp	penditures).		
B Check ► if the filing	ng organization checke	ed box A and 'limited control	provisions apply.		
(The term	Limits on Lobbyin 'expenditures' mean	ng Expenditures ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence public	opinion (grass roots lobbying	ng)	2,516.	
b Total lobbying expenditu	res to influence a legi	slative body (direct lobbying	[257,632.	
c Total lobbying expenditu	res (add lines 1a and	1b) ***********		260,148.	
d Other exempt purpose e	xpenditures			19,153,509.	: -= · · · · · · · · · · · · · · · · · ·
e Total exempt purpose ex	penditures (add lines	1c and 1d)	[19,413,657.	
f Lobbying nontaxable am both columns	ount, Enter the amou	nt from the following table in		1,000,000.	
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable a	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1	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 o	ver \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable a	mount (enter 25% of I	ine 1f)	E conte a a concesa a	250,000.	
h Subtract line 1g from line	a 1a. If zero or less, er	nter -0		0.	-
i Subtract line 1f from line	1c. If zero or less, en	ter -0		0.	
j If there is an amount othe section 4911 tax for this	er than zero on either year?	line 1h or line 1i, did the org	anization file Form 4720	reporting	· · Yes No
(Som	e organizations that	-Year Averaging Period Ui made a section 501(h) ele s below. See the instructio	ction do not have to co		
	Lobby	ing Expenditures During	4-Year Averaging Perio	d	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount	1,000,000	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	469,251	257,380.	224,281.	260,148.	1,211,060.
d Grassroots nontaxable amount	250,000	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	4,863	4,612.	4,213.	2,516.	16,204.
RAA					

	1770 of 770-12, 2010 CEIAN CONDENVAINCE	23 7243	
Part II-B	Complete if the organization is exempt under section 501(c)(3) and h	as NOT filed Form	า 5768
	(election under section 501(h)).		
	-	(a)	/h

	(a	1)	(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	Seminore State	-	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			EDITORIA DE LA CASA DE
d Mailings to members, legislators, or the public?	_	at a	-
e Publications, or published or broadcast statements?	_		
f Grants to other organizations for lobbying purposes?	-		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-		
i Other activities?		_	
j Total. Add lines 1c through 1i			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	THE SE		
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	16		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	NAME OF TAXABLE PARTY.		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or	
section 501(c)(6).	(6)(5)	, 01	
1 Were substantially all (90% or more) dues received nondeductible by members?			Yes 1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the organization make only in-nouse loopying experiditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501			
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) answered 'Yes.'	Part I	II-A, I	ine 3, is
1 Dues, assessments and similar amounts from members	• • • •	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year		2 b	
c Total		2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); P	art II-A	, line 2	 ; and
Part II-B, line 1. Also, complete this part for any additional information.		•	
			-

Schedule C	(Form 990 or 990-EZ) 20)130CEAN CON	ISERVANCY				23-7245152	Page 4
Part IV	Supplementa	I Information	(continued)					
					-			
		·					*	
. – – –		-i						_ _
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		=						
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4-11				10	. 			
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		The second second		10	100			
								
							*	
-								
			· N.					

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

n990. Open to Public Inspection
Employer identification number

001	EAN CONSERVANCY	23-7245152
1000		
Par	Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.	us of Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(b) I alias and other accounts
2	Aggregate contributions to (during year)	
3	Aggregate continuations to (during year)	
J		
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advare the organization's property, subject to the organization's exclusive legal control?	· · · · · · · · · · · Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can to charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos impermissible private benefit?	se conferring
Par	rt III Conservation Easements.	
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		an historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for last day of the tax year.	m of a conservation easement on the
		Held at the End of the Tax Year
	a Total number of conservation easements	
	b Total acreage restricted by conservation easements	
_ c	c Number of conservation easements on a certified historic structure included in (a)	. 2 c
C	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	. 2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year ►	the organization during the
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements	The state of the s
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during \$\black\\$\$	ng the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1 and section 170(h)(4)(B)(ii)?	170(h)(4)(B)(i) • • • • • • • • • • • • • • • • • • •
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experinclude, if applicable, the text of the footnote to the organization's financial statements that describe	nse statement, and balance sheet, and state organization's accounting for
200	conservation easements. The Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets
Par	Complete if the organization answered Yes' to Form 990, Part IV, line 8.	Other Similar Assets.
1 a	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue sta art, historical treasures, or other similar assets held for public exhibition, education, or research in fu in Part XIII, the text of the footnote to its financial statements that describes these items.	atement and balance sheet works of urtherance of public service, provide,
b	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statem historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	nent and balance sheet works of art, erance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	*** * * * * * * * * *
2		
a	a Revenues included in Form 990, Part VIII, line 1	
F	b Assets included in Form 990. Part X	201 1 14 14 C 201 0 ► \$

Part III Organizations Mainta	ining Collections	of Art, Histor	icai Treasures, oi	Other Similar Ass	sets (contin	uea)
3 Using the organization's acquisition items (check all that apply):	n, accession, and other	records, check a	ny of the following that a	are a significant use of its	s collection	
a Public exhibition		d Loan or	exchange programs			
b Scholarly research		e Other		1		
c Preservation for future general	tions	_				
4 Provide a description of the organia Part XIII.	zation's collections and	explain how they	further the organization	s's exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather that	n to be maintained as p	art of the organiz	ation's collection?		Yes	No
Part IV Escrow and Custodia line 9, or reported an a				vered Yes to Form	990, Рап г	V,
1 a Is the organization an agent, truste on Form 990, Part X?				ets not included	Yes	No
b If 'Yes,' explain the arrangement in	Part XIII and complete	the following tab	e:	V		لسا
				-	Amount	
c Beginning balance				. 1c		
d Additions during the year				. 1 d		
e Distributions during the year				. 1e		
f Ending balance				. 1f		
2 a Did the organization include an am	ount on Form 990, Par	t X, line 21?			Yes	No
b If 'Yes,' explain the arrangement in						
		1				
Part V Endowment Funds. C	omplete if the ora	anization answ	rered 'Yes' to Form	990. Part IV. line 1	0.	
Endownient Fande.	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs hack
1 a Beginning of year balance	2,112,766.	1,992,39				
b Contributions	0.	1, 332, 33). 1,031,501.		0.
3	0.		0.	0.		
c Net investment earnings, gains, and losses	325,060.	233,14	220,588	404,563.	6	,244
d Grants or scholarships	0.	233,14		0. 404,363.		0
e Other expenditures for facilities	0.		0.	0.		
and programs	102,930.	101,97	3. 97,672	2. 101,995.	. 78	,370
f Administrative expenses	9,128.	10,79	3. 11,326	5. 12,153.	. 11	,331
g End of year balance	2,325,768.	2,112,76	6. 1,992,390	2,121,976.	1,831	,561
2 Provide the estimated percentage	of the current year end	balance (line 1g,	column (a)) held as:			
a Board designated or quasi-endowr	nent • 0	.00%				
b Permanent endowment ▶	68.00 %					
c Temporarily restricted endowment) %				
The percentages in lines 2a, 2b, ar	nd 2c should equal 100	%.				
3 a Are there endowment funds not in organization by:	the possession of the c	organization that a	re held and administere	ed for the	Yes	No
(i) unrelated organizations	ACCRECATE AN ACCRECATE OF ACCRE	ACTORION NO NO ROTOROTOR ON	es acceptant on the management of the con-	******** 00 ******** 0. *** *** ***	. 3a(i)	Х
(ii) related organizations.						X
b If 'Yes' to 3a(ii), are the related org					. 3b	- A
4 Describe in Part XIII the intended u				AND THE RESERVE OF THE SECOND		
Part VI Land, Buildings, and			1001			
Complete if the organiz		es' to Form 99	0. Part IV. line 11a	. See Form 990. Pa	art X. line 10).
Description of property		or other basis	(b) Cost or other	(c) Accumulated	(d) Book v	
			hasis (other)	depreciation		
1a Land	(inv	restment)	basis (other)	depreciation		
1 a Land	(inv		basis (other)	depreciation		
The state of the s	(inv				201	.637
b Buildings	(inv		260,670.	59,033.	2.0000	
b Buildings	(inv				81	1,637 1,938 7,111

Complete if the organization answered 'Y	es' to Form 990, F	Part IV, line 11b. See Form 990, P	art X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation; Cost or end-of	
(1) Financial derivatives			
(2) Closely-held equity interests			i-#:
(3) Other			
(A)			
(B)			
(C)		2	
(D) .			
(E)			
(F) (G)			
(H)			
(1)		-	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered 'Y			
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-o	of-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . ▶			
Part IX Other Assets. Complete if the organization answered 'Y	es' to Form 990 F	Part IV line 11d See Form 990 P	art V lino 15
(a) Desc		rait IV, lille TTu. See Form 990, F	(b) Book value
(1)		<u> </u>	
(2)			
(3)		£	
<u>(4)</u> (5)			
(6)			
(7)	15		
(8)			
(9)		*	
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B), lin	ne 15.)	**************************************	
Part X Other Liabilities.	000 Doubly line 1	10 0 115 Coo Form 000 Don't V line 25	
Complete if the organization answered 'Yes' to For (a) Description of liability	(b) Book value	Te of Th. See Form 990, Part X, line 25	
(1) Federal income taxes	(b) Book value		
(2) Deferred Lease Obligations	332,44	10.	
(3) Gift Annuity Payment Liability	873,89		
(4)			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	► 1,206,33		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnot			
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote ha			
BAA	TEEA3303 10/02/13	Sched	dule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	21,003,912.
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		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	1,056,333.
3 Subtract line 2e from line 1	3	19,947,579.
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 76, 183.		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	76,183.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,023,762.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Returr	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	19,337,477.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments 2 b		
c Other losses	W. To	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	19,337,477.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	- 41	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 76, 183.	1 11	
b Other (Describe in Part XIII.)	VE	
c Add lines 4a and 4b	4 c	76,183.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	19,413,660.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	al inforn	nation.
Pt_V_Line_4 Donors' intent in contributing to the endowment fund v	<u>vas</u>	
to provide an ongoing source of funding for the general	<u>l</u>	
operations of the organization. There are no donor		
restrictions as to how income generated from the endov	wment	
may be used. In order to honor donor intent, the Boar	<u>rd</u>	
of Directors has authorized an annual distribution of		
5% of the fair market value of the fund annually The	2	-
distribution is meant to fund the general operations		
BAA	Schedul	e D (Form 990) 2013

Schedule D (Form 990) 20		23-7245152	Page 5
Part XIII Suppleme	ental Information (continued)		
	_ of the organization.	71	
Pt X Line 2	The_Internal_Revenue_Service_has_determined_tha	t_OC_is_exempt	
	from_federal_income_taxes_under_Section_501(c)(3) of the Internal	
	Revenue_Code_(IRC), except for taxes on unrelat	ed business	
	income OC is not a private foundation under S	ection 509(a)(1)	
	of the IRC.		
	In_accordance with authoritative guidance on ac	counting 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 a	djustment to the	
	financial_statements_to_comply_with_the_provisi	ons of this	
	guidance. With few exceptions, OC is no longer	subject to income	
	tax examinations by the U.S. federal, state or	local_tax_authorit:	i <u>es</u>
	for years ended June 30, 2009 and prior.		
	==		
7			

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding **Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization Employer identification number OCEAN CONSERVANCY 23-7245152 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations X Solicitation of non-government grants e X Internet and email solicitations f X Solicitation of government grants b X Phone solicitations Special fundraising events C In-person solicitations d X 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (v) Amount paid to (iv) Gross receipts (vi) Amount paid to (iii) Did fundraiser (or retained by) or entity (fundraiser) (or retained by) from activity have custody or control fundraiser listed in organization of contributions? column (i) Yes No Χ 3<u>,789,567.</u> Mal Warwick & Associates Direct Mail 4,175,438 385,871 2 Χ 53,373 -27,960. Donor Services Group Telemarketing 25,413 3 X 3,272 7,293 Infocision Telemarketing -4,021.4 5 6 7 8 9 10 4,204,123. Total 446,537. 3,757,586. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing Alabama Alaska Arkansas California Colorado Connecticut District of Columbia Florida ____ Georgia See Part I, Line 3 List of States Registered or Licensed to Solicit Funds

Par	t II	Fundraising Events. Complete if t more than \$15,000 of fundraising e List events with gross receipts grea	vent contributions	swered 'Yes' to Form and gross income or	n 990, Part IV, line n Form 990-EZ, line	18, or reported s 1 and 6b.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
R E			(event type)	(event type)	(total number)	through column (c))
REVENU	1	Gross receipts	±			
Ē	2	Less: Charitable contributions				31
	3	Gross income (line 1 minus line 2).		-		
	4	Cash prizes				4;
	5	Noncash prizes	Î		1:	
D R	6	Rent/facility costs			-1 Ta	
R C T	7	Food and beverages	0		_	
E X P	8	Entertainment				
EXPEZSES	9	Other direct expenses				
s	10	Direct expense summary. Add lines 4 through	gh 9 in column (d)		C CONTRACTOR OF STATE	
,	-11	Net income summary. Subtract line 10 from				
Par	t III	Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.	on answered 'Yes	to Form 990, Part IV	/, line 19, or reporte	ed more than
ZM<			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
U E	1	Gross revenue			4	k .
	•		p			
D X I P R E	2	Cash prizes				
I P R E R N C S T E	3	Noncash prizes	-			F
T E	4	Rent/facility costs				
	5	Other direct expenses		<u> </u>		
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)			39
	8	Net gaming income summary. Subtract line	7 from line 1 column (d)		21/
10 a	Is the If 'Ne	er the state(s) in which the organization operate organization licensed to operate gaming aco,' explain: e any of the organization's gaming licenses researches a contract of the organization's gaming licenses researches and the organization operate gaming licenses and the organization op	tes gaming activities: tivities in each of these	e states?	1 6×4 × ××3 × × × ×	

Sche	edule G (Form 990 or 990-EZ) 2013 OCEAN CONSERVANCY 23	3-7245152	Page 3
11	Does the organization operate gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	· · · · · · Yes	No
13	Indicate the percentage of gaming activity operated in:	1 1	
	a The organization's facility.	13 a	٥
	b An outside facility		96
	Enter the name and address of the person who prepares the organization's gaming/special events books and recon	'	
		.0.	
	Name •		
	Address •		
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	. Typs	No
b	of If 'Yes,' enter the amount of gaming revenue received by the organization \(\bigs\) \(\bigs\) = \(\bigs\) and the	e amount	
	of gaming revenue retained by the third party \$, and and	
С	If 'Yes,' enter name and address of the third party:		
	Name •		
	Address •		
16	Gaming manager information:		
	Name •		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
	organization's own exempt activities during the tax year	/**\ 1/\	
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, column and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addinformation (see instructions).	ns (III) and (V), ditional	
	**		
-			
			=======================================

SCHEDULE I (Form 990)

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

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number OCEAN CONSERVANCY 23-7245152 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section 1 (a) Name and address of organization (f) Method of valuation (g) Description of (d) Amount of cash grant (e) Amount of non-cash (h) Purpose of grant if applicable (book, FMV, appraisal, other) or government assistance non-rash assistance or assistance (1) Bay Institute Aquarium Fo Embarcadero at Beach St. San Francisco CA 94133 90-0401015 501(c)(3) 5,207 Exhibit fundin (2) Tides Foundation____ __812<u>NW</u> 17th_Ave.____ 94-3213100 501 (c) (3) 30,350 Portland OR 97209 Research (3) Keep the Hawaiian Islands 90-0411871 501 (c) (3) Beach Cleanup Wailuku HI 96793 10,000 (4) Center for Alaskan Coasta _708 Smoky Bay Way 92-0086250 501(c)(3) 10.877 Beach Cleanup Homer AK 99603 (5) Solv__ 2000 SW 1st Ave., #400 93-0579286 501(c)(3) 17.000 Beach Cleanup Portland OR 97201 (6) Civic Ventures _____ ___114_Sansome_St., #850___ San Francisco CA 94104 501(c)(3) 10,000 Encore Fellow 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0

(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
*					
			4		
· · · · · · · · · · · · · · · · · · ·	F , I				
1 1		**		1.2	
					
20					
				41 1 0 1	PC 11.6 C
Supplemental Information. Pr	ovide the information	required in Part I, I	ine 2, Part III, colum	nn (b), and any other add	ditional information.
Supplemental Information. Pr	ovide the information	required in Part I, I	ne 2, Part III, colum	nn (b), and any other add	ditional information.
Supplemental Information. Pr	ovide the information	required in Part I, I	ine 2, Part III, colum	nn (b), and any other add	ditional information.
Supplemental Information. Pr	ovide the information	required in Part I, I	ine 2, Part III, colum	nn (b), and any other add	ditional information.
Supplemental Information. Pr	ovide the information	required in Part I, I	ine 2, Part III, colum	nn (b), and any other add	ditional information.
Supplemental Information. Pr	ovide the information	required in Part I, I	ine 2, Part III, colum	nn (b), and any other add	ditional information.
Supplemental Information. Pr	ovide the information	required in Part I, I	ine 2, Part III, colum	nn (b), and any other add	ditional information.
Supplemental Information. Pr	ovide the information	required in Part I, I	ine 2, Part III, colum	nn (b), and any other add	ditional information.
Supplemental Information. Pr	ovide the information	required in Part I, I	ine 2, Part III, colum	nn (b), and any other add	ditional information.

SCHEDULE J

(Form 990)

Compensation Information

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

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

23-7245152

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OCEAN CONSERVANCY

Employer identification number

Pa	art I Questions Regarding Compensation				
				Yes	No
1	1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Pa VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	rt			
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence			100	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)				
					Bigg.
	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain		1 b	The state of	
	The second of th		Peller		1113
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			10	
	X Compensation committee X Written employment contract	- 1			
	Independent compensation consultant X Compensation survey or study				
	X Form 990 of other organizations X Approval by the board or compensation committee	e			
			SE .		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:				
	a Receive a severance payment or change-of-control payment?		4 a	NAME OF TAXABLE PARTY.	Х
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4 b		Х
	c Participate in, or receive payment from, an equity-based compensation arrangement?	[4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:				
	a The organization?		5 a		Х
	b Any related organization?		5 b		X
	If 'Yes' to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:				
	a The organization?		6 a		Х
	b Any related organization?	[6 b		Х
	If 'Yes' to line 6a or 6b, describe in Part III.	j			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III		7	5 5	Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?				
	If 'Yes,' describe in Part III		8		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		0		

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(i)-(D)	reported as deferred in prior Form 990
Andreas Merkl	(i)	<u>274,038.</u>	10,000.		16,442.	35,589.	335,327.	0
1 President & CEO - new 2/4/13	(ii)	0.	0.	0.	0.	0.	0.	0
Janis Jones	(i)	<u> 265,098.</u>	35,000.		15,906.	48,600.	361,400.	0
2 COO	(ii)	0.	0.	Q.	0.	0.	0.	0
Dennis Kelso	(i)	223 , 895	0.	5,690.	13,434.	48,600.	280,239.	0
3 EVP	(ii)	0.	0.	0.	0.	0.	0.	.0
Amelia Montjoy	(i)	201,005.	0.	378.	12,060.	16,243.	229,686.	0
4 VP Resource Development	(ii)	0.	0.	0.	0.	0.	0.	0.
Shannon Crownover	(i)	176,147.	0.		10,569.	32,080.	217,794.	0
5 VP Communications	(ii)	0.	0.	0.	0.	0.	0.	0.
Elizabeth Hallman	(i)	_ 144,118.	0.		<u>8,647.</u>	16,243.	168,207.	0.
6 Dir. Corp. Giving	(ii)	0.	0.	0.	0.	0.	0.	0.
Stanley Senner	(i)	143,567.	0.	1,239.	8,614.	48,600.	199,542.	0.
7 Dir. Conservation Science	(ii)	0.	0.	0.	0.	0.	0.	0.
Emily Woglom	(i)	140,158.	3,000.		<u>8,409.</u>	16,243.	165,786.	0.
8 VP Conservation Policy	(ii)	0.	0.	0.	0.	0.	0.	0.
Chris Dorsett	(i)	_ 147,620.	0.	-6,818.	8,857.	48,600.	198,259.	0.
9 VP Conservation Policy	(ii)	0.	0.	0.	0.	0.	0.	0.
Donna Hill	(i)	131,962.	0.	-210.	7,918.	16,243.	155,913.	0.
10 VP HR & Admin	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
11	(ii)							
	(i)							
12	(ii)			1.0				
	(i)							
13	(ii)							
	(i)							
14	(ii)				T			
· · · · · · · · · · · · · · · · · · ·	(i)							
15	(ii)						T	
	(i)							
16	(ii)						T	

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TEEA4102 07/08/13

Schedule J (Form 990) 2013

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Open To Public Inspection

Employer identification number

OCEAN CONSERVANCY 23-7245152 Types of Property (a) (b) (c) Check if Noncash contribution Number of Method of determining contributions or applicable amounts reported noncash contribution amounts items contributed on Form 990, Part VIII, line 1g Art - Works of art Χ 7,500. Appraisal Value 3 5 6 Cars and other vehicles Boats and planes. 7 Intellectual property. R Securities - Publicly traded 9 14 118,678. FMV Securities - Closely held stock..... 10 Securities - Partnership, LLC, or trust interests. . 11 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution — Other 14 15 16 Real estate - Other 17 Collectibles 19 Drugs and medical supplies 20 21 Historical artifacts 22 23 Archeological artifacts 24 25 1,080. Purchase Value (Cleanup Supplies Other > 26 27 Other > 28 Other > Number of Forms 8283 received by the organization during the tax year for contributions for which the No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30 a Χ b If 'Yes,' describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32 a b If 'Yes,' describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

describe in Part II.

Schedule M (Form 990) 2013

Schedule	M (Form 990) 2013	OCEAN CONSI	ERVANCY			23-72	245152	Page 2
Part II	Supplemental Ir the organization received, or a co	nformation. Proise reporting in Figure 1. The median in the median of the median of the median in	ovide the inform Part I, column (b th. Also comple	nation required o), the number of ete this part for	by Part I, lines 30to of contributions, th any additional info	o, 32b, and 3 e number of ermation.	3, and wheth items	er
					-			-
- -								+ - -
								
			-					
					'			
							9	
								
								<u>,</u>
ثر حال حام								

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2013

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

23-7245152 OCEAN CONSERVANCY Pt VI, Line 11b The Director of Finance prepares the 990, and the Chief Financial Officer does a detailed review before Presenting the 990 to the Executive Committee of the Board. Once all Executive Committee member questions have been answered and any adjustments made, the 990 is distributed to all Board members in final form. Afterwards, the 990 is filed with the IRS. Pt VI, Line 12c Conflict of interest policy disclosure statements are to be prepared at least annually. In the case where a possible conflict by an employee other than the President of the organization is identified, the President shall determine whether an actual or potential conflict of interest exists or can be reasonably construed to exist and how the conflict of interest should be resolved. When a conflict of interest is disclosed by a covered person ____other than a covered employee or by the President, the Chair shall disclose the confilict of interest to the Board of Directors or a designated committee. Then by majority vote of the disinterested directors (even if the disinterested directors constitute less than a quorum) it will be decided whether an actual or potential conflict of interest exists or can be reasonably construed to exist. Proposals to the full Board of Directors as to how the conflict of interest should be resolved will then be provided. The Board sets the President's compensation based on its Pt VI, Line 15b

Schedule O (Form 990 or 990	0-EZ) 2013	Page 2
Name of the organization	•	Employer identification number
OCEAN CONSERVANCY		23-7245152
	evaluation of the President's performance. The	Board
	takes into account market surveys and the organi	ization's
	performance and its financial position. The Exec	
	Committee of the Board of Directors reviews and	approves
	the compensation of other officers and key emplo	oyees
	using externally prepared comparability data.	
Pt VI, Line 19	Ocean Conservancy's audited financial statements	
	governing documents and conflict of interest pol	liy are
	available upon request.	
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Schedule O (Form 990), Supplemental Information to Form 99	0
Form 990, Page 2, Part III, Line 1 (continued)	

Briefly describe the organization's mission:

solutions for a healthy ocean and the wildlife and communities that depend on it. Our vision is a healthy ocean that sustains life on our planet. We envision a world where we all work together to keep the ocean and our coastal communities helathy and prosperous.

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

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

place as a national treasure, and we are working to ensure that necessary funds for long term Science and Gulf restoration are committed.

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

habitat, many of our nation's fisheries are producing sustainable yields that fuel a strong economy, support well-paying jobs, provide for ample recreational opportunities and supply Americans with healthy seafood. In addition, Ocean Conservancy testified on the Hill about the importance of offshore drilling safety and oil spill response.

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code: Description: Marine debris education and prevention: Over the last 26 3,663,107. years, Ocean Conservancy has been bringing together Grants Of 44,857. passionate ocean lovers and helping them work for trash free 22,579. seas. We mobilize the International Coastal Cleanup the world's largest volunteer effort to clean up waterways and the ocean. We research and share key details about what is trashing our ocean with the public, scientific Description: community and decision-makers. We also are bringing Code: Expenses together leaders from industry, government and academia Grants Of through the Trash Free Seas Alliance to lead to innovative Revenue. solutions that stop trash at the source. Arctic protection: Ocean Conservancy is working to help citizens and decision-makers alike understand what is at stake in the Arctic region of the United States, where Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Continued

Describe the organization's program service accomplishments for each of its three largest program
services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to
report the amount of grants and allocations to others, the total expenses, and revenue, if any, for
each program service reported.

Code:	Description:	oil drilling and climate change are increasing threats.
Expenses		We are advocating for science-based solutions to prevent
Grants Of		reckless drilling and ensure that Arctic people and
Revenue		wildlife thrives and its waters remain healthy and clean.
		9

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 6, Line 17 (continued)

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

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

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

Supporting Statement of:

Sch D, page 2/Other col (b)

Description	Amount
Website development	290,578.
Furniture fixtures	34,382.
Total	324,960.

Supporting Statement of:

Sch D, page 2/Other col (c)

Description	Amount
Website development	189,582.
Furniture and fixtures	28,267.
Total	217,849.

Supporting Statement of:

Sch D, page 4/Part XI, Line 1

Description	Amount
Total revenue & support Investment income, net	18,799,287. 2,204,625.
Total	21,003,912.

Supporting Statement of:

Schedule M/Line 1 column (b)

Description	Amount
Bolen painting (Coast of Maine)	1
Tatal	1