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Form. 990

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

2008 Open to Public

OMB No 1545-0047

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

Inspection

| <u>A</u>   | For th   | ne 200      | 3 cale                                 | dar year, or tax year beginning $10/01$ ,  | 2008, and e                               | nding  |               |                         | 30, <b>2</b> 0                   |         |             |  |  |  |
|------------|--|-------------|--|--|---|--|---------------|-------------------------|----------------------------------|---------|-------------|--|--|--|
| В          | Check if a   | pplicable   | Photograph L. CONDEKANICI              |  |   |  |               |                         | D Employer identification number |         |             |  |  |  |
| Γ          | Addr   |             | use IRS<br>label or                    | Doing Business As  |   |  |               |                         |                                  |         |             |  |  |  |
| $\vdash$   |  | e change    | print or                               | Number and street (or P O box if mail is not delivered to street addre   | Room/suite                                | 23-7245152<br>e E Telephone number<br>(202) 429-5609 |               |                         |                                  |         |             |  |  |  |
| r          |  | l return    | type.<br>See                           | 1300 19TH STREET NW, 8TH FLOOR   |   |  | /20           | 21420                   | 600                              |         |             |  |  |  |
| H          | ┥ .  | nination    | Specific                               | City or town, state or country, and ZIP + 4  | l-  |  | 12021425-3009 |                         |                                  |         |             |  |  |  |
| H          |  | nded        | Instruc-<br>tions.                     | •  |   |  | G Gross       | receipts \$             |                                  | 565     |             |  |  |  |
| ┝          | retur  |             |  | WASHINGTON, DC 20036 me and address of principal officer VERONIQUE SPRUIT  | <del></del>                               |  |               | s a group return        |                                  | 765,(   |             |  |  |  |
| L          | pend   |             |  |  | LL  |  | affilia       | tes?                    |                                  | 1 -     | X No        |  |  |  |
|            |  |             | ,                                      | AS LINE C  |   |  |               | all affiliates ındı     |                                  | Yes     | No          |  |  |  |
| <u></u>    | Tax-ex   | cempt sta   | itus                                   | X 501(c) (3 ) ◀ (insert no ) 4947(a)(1) or 5   | 27  |  | If "Ne        | o," attach a list       | (see instruc                     | tions)  |             |  |  |  |
| <u>_</u>   | Webs   | ite: 🕨      | WWW.                                   | OCEANCONSERVANCY.ORG   |   |  | H(c) Grou     | p exemption nu          | mber 🕨                           | N/2     | <u> </u>    |  |  |  |
| K          | Туре   | of organi   | zation                                 | X Corporation Trust Association Other ▶  | LY  | ear of format  | ion 197       | 2 M State of            | f legal do                       | micile  | DC          |  |  |  |
| P          | art l  | Sun         | nmary                                  |  |   |  |               |                         |                                  |         |             |  |  |  |
|            | 1  | Briefly     | descri                                 | be the organization's mission or most significant activities   |   |  |               |                         |                                  |         |             |  |  |  |
| _          |  | -           | STEMS A                                | AND  |   |  |               |                         |                                  |         |             |  |  |  |
| 2          | OCEAN CONSERVANCY PROMOTES HEALTHY AND DIVERSE OCEAN ECOSYSTEMS AND OPPOSES PRACTICES THAT THREATEN OCEAN LIFE AND HUMAN LIFE.  Check this box If the organization discontinued its operations or disposed of more than 25% of its assets. |             |  |  |   |  |               |                         |                                  |         |             |  |  |  |
| 5          |  |             |  |  |   |  |               |                         |                                  |         |             |  |  |  |
| 9          | 2  | Check       | this bo                                | if the organization discontinued its operations or d   | enocod of mor                             |  | of the seed   |                         |                                  |         |             |  |  |  |
|            |  |             |  |  | •   |  |               | 1 1                     |                                  | 4       | 4           |  |  |  |
| 9          |  |             |  |  | 46)                                       |  |               |                         |                                  | 14      |             |  |  |  |
| 1410       | 4  |             |  | dependent voting members of the governing body (Part VI, line  |   |  |               |                         |                                  | 1;      |             |  |  |  |
| Artivities | 5  |             |  | of employees (Part V, line 2a)   |   |  |               |                         |                                  | 98      |             |  |  |  |
| ð          | 6  |             |  | of volunteers (estimate if necessary)  |   |  |               | 6                       | 49                               | 8,000   | 0           |  |  |  |
|            | 7a   | Total g     | jross u                                | nrelated business revenue from Part VIII, line 12, column (C)  |   |  |               | 7a                      |                                  | 1       | <u>NONE</u> |  |  |  |
|            | b  | Net un      | related                                | business taxable income from Form 990-T, line 34   |   |  |               | 7b                      |                                  | 1       | <u>NONE</u> |  |  |  |
| •          |  |             |  |  |   |  | Prior Y       | 'ear                    | Curr                             | ent Yea | r           |  |  |  |
|            | , 8  | Contril     | bution a                               | ind grants (Part VIII, line 1h)  |   |  | 18,46         | 7,534.                  | 16,                              | 135,    | 997.        |  |  |  |
| Š          | 9  | Progra      | m serv                                 | ce revenue (Part VIII, line 2g)  |   |  | 1             | 6,994.                  |                                  | 40,0    |             |  |  |  |
| Revenue    | 10   | Invest      | nent in                                | come (Part VIII, column (A), lines 3, 4, and 7d)   |   |  |               | 0,155.                  | -1.                              | 016,6   |             |  |  |  |
| α          | 11   | Other       | revenu                                 | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |   |  |               | 6,675.                  |                                  | 199,6   |             |  |  |  |
|            | 12   |             |  | - add lines 8 through 11 (must equal Part VIII, column (A), line   |   |  | 18,99         |                         | 15                               | 358,9   |             |  |  |  |
|            | 13   |             |  |  |   |  |               | 9,007.                  |                                  | 945,6   |             |  |  |  |
|            | 14   |             |  | to as for more base (Part IV, solvers (A), less 4)   |   |  | , 0           | ,                       |                                  |         |             |  |  |  |
|            | 4-   |             |  |  |   |  |               | NONE                    |                                  |         | NONE        |  |  |  |
| Fynenses   | 15   |             |  | r compensation, employee benefits (Part IX, column (A), lines 5  |   |  | 2,434.        | 7,481,821               |                                  |         |             |  |  |  |
| Š          | 16a  | Profes      | sionai                                 | undraising fees (Part IX, column (A), line 11e)  |   |  | 142           | 2,106.                  |                                  | 154,1   | <u>123.</u> |  |  |  |
| ž          | b b  | lotalf      | undrais                                | ing expenses, Part IX, column (D), line 25) 2, 207, 0  | 76  |  | ·             |                         | ·                                |         |             |  |  |  |
|            | 17   | Other       | expens                                 | es (Part IX, column (A), lines 11a-11d 11f-24f ECEIVE  | $\overline{D} \cdots \overline{D} \cdots$ |  | 9,31          | 3,397.                  |                                  | 383,5   | <u>597.</u> |  |  |  |
|            | 18   | i otai e    | xpense                                 | s Add lines 13-17 (must equal Part (%, column (A), line-25)  |   |  | 16,86         | 6,944.                  | 15,                              | 965,1   | <u>191.</u> |  |  |  |
|            | 19   | Reven       | ue less                                | expenses Subtract line 18 from line 2 MAV. 9 . T   | <u> 7 : 21</u>                            |  | 2,12          | 4,414.                  |                                  | 606,2   | <u>230.</u> |  |  |  |
| Assets or  | 8  |             |  | "" 2 1 2010  | 1 181                                     | 8  | Beginning     | of Year                 | End                              | of Year | •           |  |  |  |
| Set        | 20   | Total a     | ssets (                                | Part X, line 16)   | . ایآل                                    |  | 20,192        | 2,376.                  | 20,                              | 454,0   | 045.        |  |  |  |
| AS.        | 21   | Total I     | abilitie                               | (Part X, line 26)  | ي. ريخا                                   |  |               | 6,386.                  |                                  | 156,4   |             |  |  |  |
| Ž,         |  | Net as      | sets or                                | fund balances. Subtract line 21 from line 20   |   |  | 14,055        | 1                       |                                  | 297,6   |             |  |  |  |
|            | art II   |             |  | Block  |   |  | 11,000        | 3,733011                |                                  | 2317    | <u> </u>    |  |  |  |
|            | ومجيمي   | <del></del> | ***                                    | s of perjury, I declare that I have examined this return, including a  | COMPANA CO                                | hadulas and  | ctatement     | e and to the            | hest of                          | my knou |             |  |  |  |
|            |  |             |  | s true, correct, and complete Declaration of preparer (other than  |   |  |               |                         |                                  |         |             |  |  |  |
| •          | Sign   | _ ا         | <i>-</i>                               | The state of the s |   |  | 1             | 5-11                    | -17                              |         |             |  |  |  |
|            | lere   | برارا       | Sio Defur                              | e of officer   |   |  | Dat           | <u>- 14</u>             | 70                               |         |             |  |  |  |
| '          | 1010   | •           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |   |  | Ou.           | •                       |                                  |         |             |  |  |  |
|            |  | -           | L                                      | WRENCE T. AMON, CFS  |   |  |               |                         |                                  |         |             |  |  |  |
|            |  | 1           | ype or                                 | rint name and title  | <del></del>                               |  |               | r 8                     |                                  |         |             |  |  |  |
| D~,        | a  | Prepa       |  | Dat  |   | Check if self-                                       |               | Preparer's (see instruc |                                  | number  |             |  |  |  |
| Pai<br>Dec |  | signat      | ure                                    | 1/1/2  | 13-2010                                   | employed   | <b>&gt;</b>   |                         |                                  |         |             |  |  |  |
|            | parer's  |             | name (c                                |  |   |  | EIN           | <u> </u>                |                                  |         |             |  |  |  |
| ∪s€        | Only   | address     | employed<br>s, and Z                   | j.   |   | Phone no   | ▶ 70          | 3-893                   | -0600                            | )       |             |  |  |  |
| Ма         | y the I  | RS disc     | uss thi                                | and the state of t |   |  |               |                         | X Ye                             | 1       | No          |  |  |  |
|            | <u> </u>   |             |  | named Reduction Act Nation and the consents instructions   |   |  |               |                         | <u> </u>                         | -000 /  |             |  |  |  |

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| _            | m 990 (2008) 23-7245152   | Page 2      |
|--------------|---|-------------|
| Pa           | art     Statement of Program Service Accomplishments (see instructions)   |             |
| 1            | Briefly describe the organization's mission.  |             |
|              | SEE STATEMENT 1   |             |
|              |   |             |
|              |   |             |
|              |   |             |
| _            |   |             |
| 2            | Did the organization undertake any significant program services during the year which were not listed on                    | <del></del> |
|              |   | X No        |
|              | If "Yes" describe these new services on Schedule O.   |             |
| 3            | Did the organization cease conducting, or make significant changes in how it conducts, any program                          |             |
|              | services?   | X No        |
|              | If "Yes," describe these changes on Schedule O.   |             |
| 4            | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses          |             |
|              | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and |             |
|              | allocations to others, the total expenses, and revenue, if any, for each program service reported                           |             |
|              | and a strong the total expenses, and totaliae, if any, for each program on the repetitor                                    |             |
| <del>_</del> |   |             |
| 48           | a (Code) (Expenses \$3,911,657. including grants of \$) (Revenue \$)  | )           |
|              | SUSTAINABLE FISHERIES: OCEAN CONSERVANCY IS WORKING WITH OUR  |             |
|              | NATION'S EIGHT REGIONAL FISHERY MANAGEMENT COUNCILS AND HOLDING   |             |
|              | THEM ACCOUNTABLE FOR IMPROVING U.S. FISHING POLICIES TO ENSURE  |             |
|              | SUSTAINABLE FISHERIES. WE ARE BUILDING NEW ECONOMIC INCENTIVES  |             |
|              | THAT REWARD FISHERMEN FOR INNOVATIVE PRACTICES TO PROTECT OCEAN   |             |
|              | ECOSYSTEMS. WE ARE SHAPING A SHARED VISION FOR RETAILERS,   | <del></del> |
|              |   |             |
|              | RESTAURANT CHAINS, OTHER SEAFOOD BUSINESSES, AND INDIVIDUAL   |             |
|              | SEAFOOD BUYERS IN SUPPORT OF GOOD FISHING PRACTICES AND MANAGEMENT  |             |
|              | POLICIES.   |             |
|              |   |             |
|              |   |             |
|              |   |             |
| 4t           | O(Code) (Expenses \$2,906,205. including grants of \$) (Revenue \$)   | )           |
|              | CITIZEN OUTREACH, POLLUTION PREVENTION AND MONITORING: THROUGH  |             |
|              | THIS PROGRAM, THE OCEAN CONSERVANCY CONDUCTS OUTREACH AND   |             |
|              | POLLUTION PREVENTION AND MONITORING FOR CITIZENS. THROUGH MEDIA,  |             |
|              |   |             |
|              | VOLUNTEER RECRUITMENT, EDUCATION AND OUTREACH, OCEAN CONSERVANCY  |             |
|              | ENGAGES AND INSPIRES OVER HALF A MILLION PEOPLE AROUND THE WORLD  |             |
|              | TO ACT ON BEHALF OF OCEAN HEALTH.   |             |
|              |   |             |
|              |   |             |
|              |   |             |
|              |   |             |
|              |   |             |
|              |   |             |
| _            | /O-d-   |             |
| 4 C          | : (Code:) (Expenses \$1,927,855. including grants of \$415,500. ) (Revenue \$)  |             |
|              | OCEAN GOVERNANCE: OCEAN CONSERVANCY IS ACTIVELY LEADING A   |             |
|              | CAMPAIGN TO REFORM OCEAN GOVERNANCE, THE VERY FRAMEWORK THAT  |             |
|              | DICTATES HOW WE USE, PROTECT, AND RESTORE OCEAN ECOSYSTEMS. WE  |             |
|              | ARE ADVOCATING FOR NEW NATIONAL AND STATE POLICIES TO IMPROVE   |             |
|              | COORDINATION AND INTEGRATION OF STATE AND FEDERAL AGENCIES IN   |             |
|              |   |             |
|              | MANAGING OUR COASTAL AND OCEAN ECOSYSTEMS. WE ARE STREAMLINING  |             |
|              | THE WAY WE MANAGE OUR OCEAN ECOSYSTEMS AND RESOURCES AS A WHOLE   |             |
|              | AND EMBRACING A PROACTIVE PLAN FOR WHAT OUR OCEAN WILL LOOK LIKE  |             |
|              | IN THE FUTURE. WE ARE ESSENTIALLY TAKING THE PRINCIPLES OF SMART  |             |
|              | GROWTH THAT HAVE SERVED US SO WELL IN OUR CITIES INTO THE SEA.  |             |
|              |   |             |
| 4 d          | Other program services. (Describe in Schedule O.)   |             |
| - +=         |   |             |
| 1-           | (Expenses \$ 3,330,875, including grants of \$ 505,150, ) (Revenue \$ 44,296, )   |             |
| +€           | Total program service expenses ▶\$ 12,076,592. (Must equal Part IX, Line 25, column (B))                                    |             |

Part IV

|          | ,   |           | Yes      | No        |
|----------|---|-----------|----------|-----------|
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"   |           |          |           |
|          | complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?   | 1         | <u> </u> |           |
| 2<br>3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to  | 2         | X        |           |
| 4        | candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete  | 3         |          | _X_       |
|          | Schedule C, Part II   | 4         | X        |           |
| 5        | Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  | 5         |          |           |
| 6        | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete  |           |          |           |
|          | Schedule D, Part I  | 6         |          | х         |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |           |          |           |
| 8        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"                                 | 7         |          | <u>X</u>  |
| 0        | complete Schedule D, Part III   | 8         |          | x         |
| 9        | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part   | <u> </u>  |          |           |
|          | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"  | •         |          |           |
| 10       | complete Schedule D, Part IV  Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 9<br>10   |          | X         |
| 11       | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,  | -10       | Х        |           |
| • •      | Porto VII VIII IV or V as applicable  | 11        | х        |           |
| 12       | Did the organization receive an audited financial statement for the year for which it is completing this return   |           |          |           |
| -        | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII   | 12        | х        |           |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13        |          | X         |
| 14a      | Did the organization maintain an office, employees, or agents outside of the U S?   | 14a       |          | X         |
| b        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,   |           |          |           |
|          | business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I  | 14b       | X        |           |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any  |           |          |           |
|          | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II  | 15        |          | X         |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance   |           |          |           |
|          | to individuals located outside the United States? If "Yes," complete Schedule F, Part III   | 16        | X        |           |
| 17       | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I  | 17        | <u> </u> |           |
| 18       | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18        |          | <u>X</u>  |
| 19       | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | 19<br>20  |          | X         |
| 20       | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 21        | x        | X         |
| 21       | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22        | Λ_       | х         |
| 22<br>23 | Did the organization report more than \$5,000 on Part IX, column (X), line 27 if 7es, "complete Schedule", Parts Vallo iii  Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete                           |           |          |           |
| 23       | Sehadula I  | 23        | х        |           |
| 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 questions   |           |          |           |
|          | 24b-24d and complete Schedule K. If "No," go to question 25   | 24a       |          | _x_       |
| 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      | •   |           |          |           |
|          | with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a       |          | <u>X</u>  |
| b        | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified  |           |          |           |
|          | person from a prior year? If "Yes," complete Schedule L, Part I   | 25b       |          | X         |
| 26       | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or   |           |          |           |
|          | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  | 26        |          | <u>X</u>  |
| 27       | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or   |           |          | <b>,,</b> |
| JSA      | substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III  | 27<br>Eam | 990      | (2008)    |
| =:::     |   | r our     |          | (2000)    |

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

|     |   |        | Yes                                     | No       |
|-----|---|--------|---|----------|
| 28  | During the tax year, did any person who is a current or former officer, director, trustee, or key employee        | J., "1 | - C-2                                   | 1.       |
| а   |   | 10, 77 | , ,                                     |          |
| _   | employee), or an indirect business relationship through ownership of more than 35% in another entity              | 7.5    | , , ,                                   | , i i,   |
|     | (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, | أسرر   | , <sub>3</sub> 5,                       |          |
|     | Part IV   | 28a    | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | X        |
| ь   |   | 200    |   | <u> </u> |
| D   |   | 206    |   |          |
|     | complete Schedule L, Part IV  | 28b    |   | X        |
| С   | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a      |        |   | 1        |
|     | professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV            | 28c    |   | X        |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M          | 29     | X                                       |          |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified    |        |   |          |
|     | conservation contributions? If "Yes," complete Schedule M   | 30     |   | Χ_       |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,       | ł      |   |          |
|     | Part I  | 31     |   | x        |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |        |   |          |
|     | Schedule N. Part II   | 32     |   | x        |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations        |        |   |          |
| ••  | section 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33     | x                                       |          |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,        |        |   |          |
| J-7 | III, IV, and V, line 1  | 34     |   | x        |
| 25  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete      | -      | -                                       |          |
| 35  |   | 35     |   | x        |
|     | Schedule R, Part V, line 2  | 35     | <u> </u>                                |          |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related      |        |   | ١        |
|     | organization? If "Yes," complete Schedule R, Part V, line 2   | 36     |   | X        |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |        |   |          |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part         |        |   |          |
|     | VI  | 37     |   | X        |

Form **990** (2008)

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance   |            |                |  |
|-----|---|------------|----------------|--|
|     |   |            | Yes            | No                                       |
| 1 2 | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of                                    |            |                |  |
| 14  | U S Information Returns Enter -0- if not applicable   |            |                |  |
| ь   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  |            |                |  |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable           | ، -،<br>بي |                |  |
|     | gaming (gambling) winnings to prize winners?  | 1 c        | Х              |  |
| 22  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax                                       |            |                | * 's                                     |
|     | Statements, filed for the calendar year ending with or within the year covered by this return 2a 98                   | a          |                |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?        | 2b         | Х              |  |
| _   | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) |            | . 3            | 1  |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by               | 1 - 4-5    | - 33           | : \$ j                                   |
|     | this return?  | 3a         |                | Х  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                      | 3 b        |                |  |
|     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority     |            |                |  |
|     | over, a financial account in a foreign country (such as a bank account, securities account, or other financial        |            |                |  |
|     | account)?   | 4a         |                | Х  |
| b   | If "Yes," enter the name of the foreign country ▶   |            |                | × in                                     |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank             |            |                |  |
|     | and Financial Accounts  |            |                |  |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                 | 5a         |                | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?      | 5b         |                | X  |
| С   | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding      |            |                |  |
|     | Prohibited Tax Shelter Transaction?   | 5 c        |                |  |
| 6a  | Did the organization solicit any contributions that were not tax deductible?  | 6a         |                | Х  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or        |            |                |  |
|     | gifts were not tax deductible?  | 6b         | 2- Workens     | 2021.2                                   |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |            |                |  |
| а   | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .     | 7a         |                | X  |
| þ   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                       | 7b         |                |  |
| C   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was              |            |                |  |
|     | required to file Form 8282?   | 7c         | . **.59280     | X  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year   | T a S      |                |  |
|     | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal       |            | 二.3            | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
|     | benefit contract?   | 7 e        |                | X_                                       |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?          | 7f         |                | Х  |
| g   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?            | 7 g        | X              |  |
| h   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as           |            |                |  |
|     | required?   | 7 h        | X              | 3053 6                                   |
| 8   | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section                      | 127.00     |                |  |
|     | 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring             |            | W. 14          | AFF                                      |
|     | organization, have excess business holdings at any time during the year?  | 8          | <b>3</b> 870   |  |
| 9   | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.                                 |            | V200           | 82%                                      |
| а   | Did the organization make any taxable distributions under section 4966?   | 9 a        |                |  |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?                                | 9 b        | 550            | 1441.40                                  |
| 10  | Section 501(c)(7) organizations. Enter  |            |                |  |
| а   | Initiation fees and capital contributions included on Part VIII, line 12  |            |                |  |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]                     |            |                | 1.42.2                                   |
| 11  | Section 501(c)(12) organizations. Enter   |            | 1              | 7  |
| а   | Gross income from members or shareholders   |            | . 1            | . 5 16                                   |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against                              |            |                | 1 43                                     |
|     | amounts due or received from them )   |            | z, <b>ʻ.</b> ` |  |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?            | 12a        | ļ              | . · · 8                                  |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b                           | 20         | Ľ              | (C)                                      |

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

| Sect  | ion A. Governing Body and Management   |                                       |  |  |
|-------|--|---------------------------------------|--|--|
|       |  |                                       | Yes  | No   |
|       | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the  | P .0.                                 | <u>                                   </u> |  |
|       | circumstances, process, or changes in Schedule O See instructions.   | 3,                                    | - ', ', ', ', ', ', ', ', ', ', ', ', ',   | - '  |
| 1a    | Enter the number of voting members of the governing body   | ļ.,                                   |  |  |
| b     | Enter the number of voting members that are independent  | 100                                   |  | rent de la constant d |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   | 20.15                                 | 1127                                       | الاستنام   |
|       | any other officer, director, trustee, or key employee?   | 2                                     |  | X  |
| 3     | Did the organization delegate control over management duties customarily performed by or under the direct  |                                       | 1  |  |
|       | supervision of officers, directors or trustees, or key employees to a management company or other person?  | _3_                                   | ļ  | X  |
| 4     | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  | 4                                     |  | X  |
| 5     | Did the organization become aware during the year of a material diversion of the organization's assets?  | _5_                                   |  | X  |
| 6     | Does the organization have members or stockholders?  | 6                                     |  | X  |
| 7a    | Does the organization have members, stockholders, or other persons who may elect one or more members   | _                                     | ļ  |  |
| _     | of the governing body?   | 7a                                    |  | X  |
| b     | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  | 7b                                    |  | X  |
| 8     | Did the organizations contemporaneously document the meetings held or written actions undertaken during  | 13312-1                               | 111,                                       | ( ) = ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  |
|       | the year by the following  |                                       | الأدانة وعدا                               |  |
| a     | The governing body?  | 8a                                    | X  | <del></del>  |
| b     | Each committee with authority to act on behalf of the governing body?  | 8b                                    | X  | <del>                                     </del>   |
| 9a    | Does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | 9a                                    |  | X  |
| b     | affiliates, and branches to ensure their operations are consistent with those of the organization?   | 9ь                                    |  |  |
| 10    | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations  | 30                                    |  | <del></del>  |
| 10    | must describe in Schedule O the process, if any, the organization uses to review the Form 990  | 10                                    | ×  |  |
| 11    | is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at   | 10                                    |  |  |
| • •   | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 11                                    |  | l <sub>x</sub>   |
| Secti | on B. Policies   | <u> </u>                              | 1  |  |
|       |  |                                       | Yes  | No   |
| 12a   | Does the organization have a written conflict of interest policy? If "No," go to line 13   | 12a                                   | х  |  |
| b     | Are officers, directors or trustees, and key employees required to disclose annually interests that could give   |                                       |  |  |
|       | rise to conflicts?   | 12b                                   | х  |  |
| C     | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   |                                       |  |  |
|       | describe in Schedule O how this is done  | 12c                                   | X  |  |
| 13    | Does the organization have a written whistleblower policy?   | 13                                    | Х  |  |
| 14    | Does the organization have a written document retention and destruction policy?  | 14                                    | X  |  |
| 15    | Did the process for determining compensation of the following persons include a review and approval by   | 15 ×                                  | 1 4 5                                      | 825 8  |
|       | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision   |                                       | 13.1 i                                     |  |
| а     | The organization's CEO, Executive Director, or top management official?  | 15a                                   | X  | <u> </u>   |
| b     | Other officers or key employees of the organization?   | 15b                                   | <u> </u>                                   | X  |
|       | Describe the process in Schedule O (see instructions)  | , , , , , , , , , , , , , , , , , , , | ,  | 15.4   |
| 16a   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement   | **                                    |  | الثطا  |
|       | with a taxable entity during the year?   | 16a                                   | 13.  | X  |
| b     | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate  |                                       | *  | 34   |
|       | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard   | i kie                                 | 22 ,124                                    | ř  |
|       | the organization's exempt status with respect to such arrangements?  | 16b                                   |  | Щ_   |
|       | on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE 0  |                                       |  |  |
| 17    |  |                                       | <u></u>                                    |  |
| 18    | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)  | o orny                                | ,  |  |
|       | available for public inspection. Indicate how you make these available. Check all that apply  Own website X Another's website X Upon request   |                                       |  |  |
| 10    | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte  | rest                                  |  |  |
| 19    | policy, and financial statements available to the public   | -551                                  |  |  |
| 20    | State the name, physical address, and telephone number of the person who possesses the books and records of the  | ne.                                   |  |  |
| 20    | organization ►KEN DONALDSON 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036  |                                       |  |  |
|       | 202-429-5609   |                                       |  |  |

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

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

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

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

| Check this box if the organization did not com | pensate ar        | y offi                         | cer,                  | dire    | ecto         | r, trus                      | tee    | , or key employee.   |  |  |
|--|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| (A)<br>Name and Title                          | (B)<br>Average    | Posit                          |                       |         | k all        | that app                     |        | (D)<br>Reportable  | (E)<br>Reportable  | (F)<br>Estimated   |
|  | hours per<br>week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| SEE SCHEDULE J-2                               |                   |                                |                       |         |              |                              |        |  |  |  |
|  |                   |                                |                       |         |              |                              |        |  |  |  |
|  |                   |                                |                       |         |              |                              |        |  |  |  |
|  |                   |                                |                       |         |              |                              |        |  |  |  |
|  |                   |                                |                       |         |              |                              |        |  |  |  |
|  |                   |                                |                       |         |              |                              |        |  |  |  |
|  |                   |                                |                       |         |              |                              |        |  |  |  |
|  |                   |                                |                       |         |              |                              | _      |  |  |  |
|  |                   |                                |                       |         |              |                              |        |  |  |  |
|  |                   |                                | :                     | ,       |              |                              |        |  |  |  |
|  |                   |                                |                       |         |              |                              |        |  |  |  |
|  |                   |                                |                       |         |              |                              |        |  |  |  |
|  |                   |                                |                       |         |              |                              |        |  |  |  |
|  |                   |                                |                       |         |              |                              |        |  |  |  |
|  |                   |                                |                       |         |              |                              |        |  |  |  |
|  |                   |                                |                       |         |              |                              |        |  |  | -  |
|  |                   |                                |                       |         |              |                              |        |  |  |  |

| Part VII Section A. Officers, Directors, Tru   | istees, Ke                   | y En                                  | plo                   | ye      | es,            | and l                           | lig     | hest Compensat  | ed Employ   | ees (c                                 | ontinue                           | d)   |
|--|------------------------------|---------------------------------------|-----------------------|---------|----------------|---------------------------------|---------|---|---|--|-----------------------------------|--|
| (A)  | (B)                          |                                       |                       |         | <b>C)</b>      |                                 |         | (D)   | (E)   | • •                                    |                                   | (F)  |
| Name and title   | Average<br>hours per<br>week | ि Individual trustee<br>P or director | Institutional trustee | Officer | a Key employee | Highest compensated at employee | Former  | Reportable compensation from the organization (W-2/1099-MISC) | Reportal<br>compensa<br>from rela<br>organizati<br>(W-2/1099- | ition<br>ted<br>ons                    | amo<br>comp<br>fro<br>orga<br>and | imated ount of their ensation m the nization related nizations |
|  |                              |                                       |                       |         |                |                                 |         |   |   |  |                                   |  |
|  |                              |                                       |                       |         |                |                                 |         |   |   |  |                                   | <del></del>  |
|  |                              |                                       |                       |         |                |                                 |         |   |   |  | -                                 |  |
|  |                              |                                       |                       |         | -              |                                 |         |   |   |  |                                   |  |
|  |                              |                                       |                       |         |                |                                 |         |   |   | ·                                      |                                   |  |
|  |                              |                                       |                       |         |                |                                 |         |   |   |  |                                   |  |
|  |                              |                                       |                       |         |                |                                 |         |   |   |  |                                   |  |
|  |                              |                                       |                       |         |                |                                 |         |   |   |  |                                   |  |
|  |                              |                                       |                       |         |                |                                 |         |   |   |  |                                   |  |
|  |                              |                                       |                       |         |                |                                 |         |   |   |  | · -                               |  |
|  |                              |                                       | <br>                  |         |                |                                 | <br>    |   |   |  | i -                               |  |
|  |                              |                                       |                       |         |                |                                 |         |   |   | -                                      |                                   |  |
|  | _                            |                                       |                       |         |                |                                 |         |   |   |  |                                   |  |
| 1b Total   |                              |                                       |                       |         |                |                                 |         | 1,263,712.  |   |  |                                   | 91,663   |
| 2 Total number of individuals (including those organization ► 12                               | e in 1a) w                   | /ho r                                 | ece                   | ived    | m              | ore t                           | han     | \$100,000 in rej  | oortable cor  | npens                                  | ation fr                          | om the   |
|  |                              |                                       |                       |         |                |                                 |         |   |   |  |                                   | Yes No   |
| 3 Did the organization list any former offic<br>employee on line 1a? If "Yes," complete Schedu |                              |                                       |                       |         |                |                                 |         |   |   |  | 3                                 | X  |
| 4 For any individual listed on line 1a, is the the organization and related organizations      | sum of                       | repor                                 | tabl                  | e c     | om             | oensa                           | atior   | n and other comp  | pensation fi  | rom                                    |                                   |  |
| individual   |                              |                                       |                       |         |                |                                 |         |   |   |  | 4                                 | х  |
| 5 Did any person listed on line 1a receive<br>services rendered to the organization? If "Yes," |                              |                                       |                       |         |                |                                 |         |   |   |  | 5                                 | X  |
| Section B. Independent Contractors   |                              |                                       |                       |         |                |                                 |         |   |   |  |                                   |  |
| Complete this table for your five highest of compensation from the organization                | compensat                    | ed in                                 | dep                   | enc     | lent           | conf                            | trac    | tors that received  | d more tha  | n \$10                                 | 00,000                            | of<br>   |
| (A)<br>Name and business addr  | ess                          |                                       |                       |         |                |                                 |         | ( <b>B)</b><br>Description of ser                             | vices   | С                                      | (C)<br>compens                    | ation  |
| SEE STATEMENT 2  |                              |                                       |                       |         |                |                                 | $\perp$ |   |   |  |                                   |  |
|  |                              |                                       |                       | _       |                |                                 | +       | <del></del>   |   |  |                                   |  |
|  |                              |                                       |                       |         |                | •                               |         |   |   |  |                                   |  |
|  |                              |                                       |                       |         | .6             |                                 |         | d mana 45-1 040   | 0.000 :   |  | <del> </del>                      |  |
| 2 Total number of independent contractors (in compensation from the organization ▶             | ncluding th                  | nose                                  | ın '                  | ı) v    | vno<br>—–      | rece                            | ive     | ı more than \$10  | 0,000 in  | ······································ |                                   | <u> </u>   |

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| لمحد   | Statement of Reven                                |  | _,            | (A)                  | 23-7245152   |   | 700  |
|--|---|--|---------------|----------------------|--|---|--|
|  |   |  |               | (A)<br>Total revenue | (B) Related or exempt function revenue             | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from ta under sections 512, 513, or 514 |
| 1a   | Federated campaigns                               | 1a   | 111,262.      |                      |  |   |  |
| 1a<br>b<br>c                                     | Membership dues                                   |  | 3,247,159.    |                      |  |   |  |
| С  | Fundraising events                                | 1c   |               | • -                  |  | -                                       |  |
| d  | Related organizations                             | 1d   |               |                      |  |   |  |
| e<br>f   | Government grants (contribu                       | ıtions) 1e                                   | 241,149.      |                      |  | -                                       |  |
| f  | All other contributions, gifts, gran              |  |               | 13                   | 71 (1)   | 1                                       |  |
|  | and similar amounts not included                  |  | 12,536,427.   | ,                    |  |   |  |
| g  | Noncash contributions included                    |  |               | 16 125 007           | 1  | , *4                                    |  |
| <del>                                     </del> | Total. Add lines 1a-1f                            |  | Business Code | 16,135,997           |  |   |  |
| 1  | PURCHASE ORDER FOR ICC                            |  | 900099        | 25,000               | · · · · · · · · · · · · · · · · · ·                | <u></u>                                 | - <del></del>  |
| 2a<br>b  | STIPEND FOR EMPLOYEE SERV                         | TCES   | 900099        | 15,000               |  |   | <u> </u>   |
| 0  |   |  |               | 20,000               | 1 20/00  |   |  |
| 4  |   |  |               |                      |  |   |  |
|  | ·   |  |               |                      |  |   |  |
| 1  | All other program service rev                     | venue  |               |                      |  |   |  |
| 9  | Total. Add lines 2a-2f                            |  |               | 40,000.              | · 大学·  | 104.00 . W                              | 1101 .   |
| 3  | Investment income (includin                       |  |               |                      |  |   |  |
|  | other similar amounts)                            | •  | •             | 407,949.             |  |   | 407,949  |
| 4  | Income from investment of t                       |  |               | 1                    |  |   |  |
| 5  | Royalties   |  |               | 1                    |  |   |  |
|  | •   | (i) Real                                     | (II) Personal |                      | and the state of                                   | 71,                                     | 1 :  |
| 6a   | Gross Rents                                       |  |               |                      |  |   | 1-42-1   |
| Ь  | Less rental expenses                              |  |               |                      |  |   | .'-  |
| c  | Rental income or (loss)                           |  | <u> </u>      | ***********          |  |   |  |
| d  | Net rental income or (loss).                      |  |               | NONE                 | 2  |   |  |
| 7 a  | Gross amount from sales of                        | (i) Securities                               | (II) Other    |                      |  | 7.2.2                                   |  |
|  | assets other than inventory                       | 1,981,433.                                   |               |                      |  | 1                                       |  |
| b  | Less: cost or other basis                         |  |               |                      | 1.4 1.35   |   | 3, 4   |
|  | and sales expenses                                | 3,406,072.                                   |               |                      |  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | 1  |
| C  | Gain or (loss)                                    |  |               |                      | <del>                                     </del>   |   |  |
| d  | Net gain or (loss)                                |  | <u> ▶</u>     |                      | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1              |   | -1,424,639   |
| 8 a  |   | undraising                                   |               | 1.                   | *** ***  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |  |
|  | events (not including \$                          | <del></del>                                  |               |                      | -  |   | 1 .  |
|  | of contributions reported on                      |  |               | \$                   | 1 3 2 San  |   | . A.   |
|  | See Part IV, line 18                              |  |               |                      |  |   | , Zone,  |
| b  | Less direct expenses                              |  |               |                      | <del>  12   12   12   12   12   12   12   12</del> |   |  |
| C  | Net income or (loss) from ful                     | _  |               | NONE                 | 72. 9X   |   |  |
| 9 a  |   |  |               | <b>全</b> 學在2000年     | W. TR.   | 1.3                                     |  |
| ١.   | See Part IV, line 19.                             |  |               |                      |  |   |  |
| b  | Less direct expenses Net income or (loss) from ga |  |               | NONE                 |  |   | 1  |
| 10a  |   | -  |               | NONE                 |  | ¥ 384 ( )                               | 178517   |
| iva  | returns and allowances                            |  | 4,296.        | 127                  |  |   |  |
|  | Less cost of goods sold                           |  | NONE          |                      |  |   |  |
| C  | Net income or (loss) from sal                     |  |               | 4,296.               | 4,29   | 5.                                      |  |
|  | Miscellaneous Reven                               |  | Business Code | -,-20,               | 1  |   |  |
| 11a  | LIST RENTAL                                       |  | 900004        | 80,613.              |  |   | 80,613   |
| b  | MISCELLANEOUS INCOME                              |  | 900099        | 36,235.              |  |   | 36,235   |
| "  | LEGAL SETTLEMENT                                  |  | 900099        | 78,510.              |  |   | 78,510   |
| d  | All other revenue                                 |  |               |                      |  |   |  |
| e  | Total. Add lines 11a-11d .                        |  |               | 195,358.             | * 's   |   |  |
| 12   | Total Revenue. Add lines 1h                       |  | _             |                      |  |   |  |
| 114  | i Stat Devellue, MOU IIIIES 111                   | , <sub>=</sub> y, <sub>3</sub> , 4, 3, 0u, / | u, uu,        | 15,358,961.          | 44,29  | i                                       | -821,332   |

#### Part IX Statement of Functional Expenses

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

|    | All other organizations must comp                      | lete column (A) but ar | -                        | plete columns (B), (C              | ), and (D).          |
|----|--|------------------------|--------------------------|------------------------------------|----------------------|
| Do | not include amounts reported on lines 6b,              | (A)<br>Total expenses  | (B)                      | (C)                                | (D)                  |
| 7b | , 8b, 9b, and 10b of Part VIII.                        | l otal expenses        | Program service expenses | Management and<br>general expenses | Fundraising expenses |
| 1  | Grants and other assistance to governments and         |                        |                          |                                    | 15. T 154. 3. 1548   |
|    | organizations in the U.S. See Part IV, line 21         | 895,650.               | 895,650.                 |                                    |                      |
| 2  | Grants and other assistance to individuals in          |                        |                          | AND COMMENTS CONTROL               | errit wa Indiatus as |
|    | the U.S. See Part IV, line 22                          | NONE                   |                          |                                    |                      |
| 3  | Grants and other assistance to governments,            |                        |                          |                                    |                      |
|    | organizations, and individuals outside the             |                        |                          |                                    |                      |
|    | US See Part IV, lines 15 and 16                        | 50,000.                | 50,000.                  |                                    |                      |
| 4  | Benefits paid to or for members                        | NONE                   |                          | eregeneserig                       |                      |
| 5  | Compensation of current officers, directors,           |                        |                          |                                    |                      |
|    | trustees, and key employees                            | 595,332.               | 404,395.                 | 148,306.                           | 42,631.              |
| 6  | Compensation not included above, to disqualified       |                        |                          |                                    |                      |
| _  | persons (as defined under section 4958(f)(1)) and      | ]                      |                          |                                    |                      |
|    | persons described in section 4958(c)(3)(B)             | NONE                   |                          |                                    |                      |
| 7  | Other salaries and wages                               | 5,275,072.             | 3,902,870.               | 455,941.                           | 916,261.             |
| 8  | Pension plan contributions (include section 401        | 0,410,012              |                          |                                    |                      |
| •  | (k) and section 403(b) employer contributions).        | 250,976.               | 250,976.                 |                                    |                      |
| 9  | Other employee benefits                                | 914,883.               | 493,399.                 | 150,474.                           | 271,010.             |
| 10 | Payroll taxes  |                        | 445,558.                 | 130,774.                           | 2,1,010.             |
| 11 | Fees for services (non-employees):                     | 773,330.               | 440,000.                 |                                    |                      |
|    |  | NONE                   |                          |                                    |                      |
|    | Management   | 105,763.               | 96,784.                  | 8,979.                             |                      |
|    | Legal  | 97,666.                | 7,047.                   | 90,552.                            | 67.                  |
|    | Accounting   | NONE                   |                          | 90,332.                            | 07.                  |
|    | Lobbying   | 154,123.               |                          | Pastrik ir dir                     | 154,123.             |
|    | Professional fundraising services See Part IV, line 17 |                        |                          | 20,744.                            | -293.                |
|    | Investment management fees                             | 33,284.                | 12,833.<br>1,576,276.    | 172,719.                           | NONE                 |
|    | Other  | 1,748,995.             | 137,228.                 | 173.                               | 217.                 |
| 12 | Advertising and promotion                              | 137,618.               |                          | 188,497.                           | 58,125.              |
| 13 | Office expenses  | 2,025,003.             | 1,778,381.               |                                    |                      |
| 14 | Information technology                                 | 178,882.               | 145,496.                 | 14,015.                            | 19,371.              |
| 15 | Royalties  | NONE                   |                          | 1.60 431                           | 146 657              |
| 16 | Occupancy  | 965,768.               | 658,680.                 | 160,431.                           | 146,657.             |
| 17 | Travel   | 646,554.               | 604,966.                 | 21,245.                            | 20,343.              |
| 18 | Payments of travel or entertainment expenses           |                        |                          |                                    |                      |
|    | for any federal, state, or local public officials      | NONE                   |                          | 10.001                             | 0.042                |
| 19 | Conferences, conventions, and meetings                 | 186,599.               | 167,675.                 | 10,881.                            | 8,043.               |
| 20 | Interest   | 170,258.               | 903.                     | 169,332.                           | 23.                  |
| 21 | Payments to affiliates                                 | NONE                   |                          |                                    |                      |
| 22 | Depreciation, depletion, and amortization              | 211,457.               | 144,074.                 | 35,203.                            | 32,180.              |
| 23 | Insurance  | 65,162.                | 44,394.                  | 10,850.                            | 9,918.               |
| 24 | Other expenses Itemize expenses not                    |                        |                          |                                    |                      |
|    | covered above (Expenses grouped together               |                        |                          |                                    |                      |
|    | and labeled miscellaneous may not exceed               |                        |                          |                                    |                      |
|    | 5% of total expenses shown on line 25 below.)          |                        |                          | **                                 |                      |
|    | FUNDRAISING_EXPENSES                                   | 495,385.               | NONE                     | NONE                               | 495,385.             |
|    | BAD_DEBT_EXPENSES                                      | 136,211.               | 136,211.                 | NONE                               | NONE                 |
|    | DUES_AND_SUBSCRIPTIONS                                 | 55,109.                | 49,002.                  | 1,954.                             | 4,153.               |
|    | OTHER_MATERIALS/INCENTIVES                             | 51,965.                | 23,028.                  | 19,811.                            | 9,126.               |
| е  | LIST_RENTALS   | 39,563.                | 24,157.                  | NONE                               | 15,406.              |
|    | All other expenses                                     | 32,355.                | 26,609.                  | 1,416.                             | 4,330.               |
|    | Total functional expenses. Add lines 1 through 24f     | 15,965,191.            | 12,076,592.              | 1,681,523.                         | 2,207,076.           |
| 26 | Joint Costs. Check here ► X If following               |                        |                          |                                    |                      |
|    | SOP 98-2 Complete this line only if the organization   |                        |                          |                                    |                      |
|    | reported in column (B) joint costs from a              | 1                      |                          |                                    |                      |
|    | combined educational campaign and fundraising          |                        | 1,328,217.               | İ                                  |                      |

JSA 8E1052 1 000 Form **990** (2008)

| Pä           | rt X     | Balance Sheet   |  |  |   |
|--------------|----------|---|--|--|---|
|              |          |   | (A)<br>Beginning of year   |  | ( <b>B</b> )<br>End of year   |
|              | 1        | Cash - non-interest-bearing   | 7,690.   | 1  | 7,753   |
|              | 2        | Savings and temporary cash investments  | 49,802.  | 2  | 264,930   |
|              | 3        | Pledges and grants receivable, net  | 6,109,068.   | 3  | 7,052,954   |
|              | 4        | Accounts receivable, net  | 20,994.  | 4  | 87,449  |
|              | 5        | Receivables from current and former officers, directors, trustees, key                                    |  |  |   |
|              |          | employees, or other related parties Complete Part II of Schedule L  |  | 5  |   |
|              | 6        | Receivables from other disqualified persons (as defined under section                                     |  |  |   |
|              |          | 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II                               | The control of the co | i il   |   |
|              |          | of Schedule L   |  | 6  |   |
| ts           | 7        | Notes and loans receivable, net   |  | 7  |   |
| Assets       | 8        | Inventories for sales or use  |  | 8  |   |
| Ä            | 9        | Prepaid expenses and deferred charges   | 113,401.   | 9  | 145,193   |
|              |          | Land, buildings, and equipment: cost basis 10a 1,620,754.   |  |  |   |
|              | b        | Less accumulated depreciation Complete  |  | و مناهدات  |   |
|              |          | Part VI of Schedule D   | 406,353.   |  | 306,219   |
|              | 11       | Investments - publicly traded securities  | 10,956,603.  | 11   | 11,117,948  |
|              | 12       | Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · ·                         | 1,944,913.   | 12   | 635,341   |
|              | 13       | Investments - program-related. See Part IV, line 11   |  | 13   |   |
|              | 14       | Intangible assets · · · · · · · · · · · · · · · · · · ·   | 52,963.  | _  | 34,454  |
|              | 15       | Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·                                     | 530,589.   |  | 801,804   |
|              | 16       | Total assets. Add lines 1 through 15 (must equal line 34)   | 20,192,376.  | 16   | 20,454,045  |
|              | 17       | Accounts payable and accrued expenses   | 1,312,641.   |  | 1,043,328   |
|              | 18       | Grants payable  |  | 18   |   |
|              | 19       | Deferred revenue  | 117,196.   |  | 115,327   |
|              | 20       | Tax-exempt bond liabilities   |  | 20   |   |
| es           | 21       | Escrow account liability. Complete Part IV of Schedule D  | Trade to tobace to   | 21   | <u> </u>  |
| Liabi∥ities  | 22       | Payables to current and former officers, directors, trustees, key employees,                              | 1 1  |  | , 4.  |
| iab          |          | highest compensated employees, and disqualified persons Complete Part II                                  |  |  |   |
| ب            |          | of Schedule L   |  | 22   |   |
|              | 23       | Secured mortgages and notes payable to unrelated third parties  | 3,895,829.   |  | 3,196,041   |
|              | 24       | Unsecured notes and loans payable   |  | 24   |   |
|              | 25       | Other liabilities. Complete Part X of Schedule D  | 810,720.   | I  | 801,723   |
|              | 26       | Total liabilities. Add lines 17 through 25  | 6,136,386.   | 26   | 5,156,419   |
| တ            | ł        | Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. |  | 1.50   | -   |
|              |          |   |  |  |   |
| īa.          | 27       | Unrestricted net assets   | 3,756,467.   |  | 3,289,951   |
| ä            | 28       | Temporarily restricted net assets   | 8,750,128.   |  | 10,415,505  |
| Fund Balance | 29       | Permanently restricted net assets   | 1,549,395.   | 29   | 1,592,170   |
|              |          | Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.                 |  | 25   | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)   |
| s or         | 30       | Capital stock or trust principal, or current funds  | LACTED TO L  | 30   | مَنْ وَالْمُوا وَالْم |
| sets         | 1        | Paid-in or capital surplus, or land, building, or equipment fund  |  | 31   |   |
| Assets       | 31<br>32 | Retained earnings, endowment, accumulated income, or other funds  | <del></del>  | 32   |   |
| Net          | 33       | Total net assets or fund balances   | 14 055 000   | <del>                                     </del> | 15 207 626  |
| Z            | 34       | Total liabilities and net assets/fund balances  | 14,055,990.<br>20,192,376.   |  | 15,297,626<br>20,454,045  |
| Рs           | rt XI    | Financial Statements and Reporting  | 20,192,370.  |  | 20,434,043  |
| ų e          | II C A I | Timemoral catemoral and troporalig  | <del></del>  |  | Yes No  |
| 1            | Acco     | ounting method used to prepare the Form 990 Cash X Accrual Other  | er   |  |   |
| 2а           |          | e the organization's financial statements compiled or reviewed by an independent accoun                   |  |  |   |
| b            |          | e the organization's financial statements audited by an independent accountant?                           |  |  |   |
| c            |          | es" to lines 2a or 2b, does the organization have a committee that assumes responsibility                 |  |  | <del></del>   |
| ~            |          | review, or compilation of its financial statements and selection of an independent accounts.              |  |  | 2c   X  |
| 3a           |          | result of a federal award, was the organization required to undergo an audit or audits as                 |  | 3  | <del></del>   |
| -4           |          | Single Audit Act and OMB Circular A-133?  |  |  | 3a X  |
| b            |          | es," did the organization undergo the required audit or audits?   |  |  |   |

# (Form 990 or 990-EZ)

Department of the Treasury

## **Public Charity Status and Public Support**

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

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 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: (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II c Type III - Functionally Integrated d | Type III - Other Type I 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 it 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 g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports (i) Name of supported (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of (ii) EiN (described on lines 1-9 organization in col support the organization in organization in col (i) listed in your above or IRC section (i) organized in the governing document? col (i) of your US? support? (see instructions)) Nο Yes No Yes Yes No

14

Total

Part II 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.)

| Sec  | tion A. Public Support   |   |                 |                                       |   |                                       |                                       |
|------|--|---|-----------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2004                                | (b) 2005        | (c) 2006                              | (d) 2007                                | (e) 2008                              | (f) Total                             |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")                      | 12,174,146.                             | 13,892,229.     | 16,041,532.                           | 18,467,534.                             | 16,135,997.                           | 76,711,438.                           |
| 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 1-3   | 12,174,146.                             | 13,892,229.     |                                       | 18,467,534.                             | 16,135,997.                           | 76,711,438.                           |
| 5    | The portion of total contributions by each   | 参 物、-                                   | 3.40            | さ 谷 章                                 | ;                                       |                                       |                                       |
|      | person (other than a governmental unit or  |   |                 | ·, ., •                               | - 4                                     |                                       |                                       |
|      | publicly supported organization) included  |   |                 |                                       | يُّلِو ، فري                            | ÷ 4.                                  |                                       |
|      | on line 1 that exceeds 2% of the amount  |   | بيد             | in   in   in   in   in   in   in   in |   | , ,                                   |                                       |
|      | shown on line 11, column (f)   |   | Agy.            | E- ,48 \$                             |   |                                       | 17,710,742.                           |
| 6    | Public support. Subtract line 5 from line 4  | '                                       | `               | ,                                     | , |                                       | 59,000,696.                           |
|      | tion B. Total Support  |   |                 |                                       |   |                                       |                                       |
| Cale | endar year (or fiscal year beginning in)   | (a) 2004                                | (b) 2005        | (c) 2006                              | (d) 2007                                | (e) 2008                              | (f) Total                             |
| 7    | Amounts from line 4  | 12,174,146.                             | 13,892,229.     | 16,041,532.                           | 18,467,534.                             | 16,135,997.                           | 76,711,438.                           |
| 8    | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar |   |                 |                                       |   |                                       |                                       |
|      | sources  | 310,988.                                | 724,534.        | 666,615.                              | 650,639.                                | 407,949.                              | 2,760,725.                            |
| 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)                         | 163,603.                                | 92,399.         | 98,085.                               | 32,875.                                 | 195,358.                              | 582,320.                              |
| 11   | Total support. Add lines 7 through 10  | * | j %- 10         | 37) To Sept.                          |   | · · · · · · · · · · · · · · · · · · · | 80,054,483.                           |
| 12   | Gross receipts from related activities, etc. (\$   | See instructions )                      |                 |                                       |   | 12                                    | 431,020.                              |
| 13   | First five years. If the Form 990 is for the   |   |                 |                                       |   |                                       |                                       |
|      | organization, check this box and stop here   | -                                       |                 | -                                     |   | . <i></i>                             | ▶ □                                   |
| Sec  | tion C. Computation of Public Sup  |   |                 |                                       |   |                                       |                                       |
| 14   | Public support percentage for 2008 (li   | ne 6. column (f                         | divided by line | 11. column (f))                       |   | . 14                                  | 73.70 %                               |
| 15   | Public support percentage from 2007  |   |                 |                                       |   |                                       | 79.79 %                               |
|      | 33 1/3% support test - 2008. If the o  |   |                 |                                       |   |                                       | check this box                        |
|      | and stop here. The organization qualif   |   |                 |                                       |   |                                       |                                       |
| b    | 33 1/3% support test - 2007. If the o  | rganization did                         | not check a box | on line 13 or 1                       | 6a. and line 15                         | ıs 33 1/3% or m                       | ore, check this                       |
|      | box and stop here. The organization of   |   |                 |                                       |   |                                       |                                       |
| 17a  | 10%-facts-and-circumstances test -   |   |                 |                                       |   |                                       |                                       |
|      | is 10% or more, and if the organizatio   |   |                 |                                       |   |                                       |                                       |
|      | in Part IV how the organization meets  |   |                 |                                       |   |                                       |                                       |
|      | organization   |   |                 |                                       |   |                                       |                                       |
| h    | 10%-facts-and-circumstances test -   |   |                 |                                       |   |                                       |                                       |
| ~    | 15 is 10% or more, and if the organiza   | •                                       |                 |                                       |   |                                       |                                       |
|      | Explain in Part IV how the organization  |   |                 |                                       |   |                                       | clv                                   |
|      | supported organization   |   |                 |                                       | -                                       |                                       |                                       |
| 18   | Private foundation. If the organization  |   |                 |                                       |   |                                       |                                       |
| 10   | _  |   |                 |                                       |   |                                       |                                       |
|      | instructions   | <del> </del>                            | <del></del>     | <del></del>                           |   |                                       | · · · · · · · · · · · · · · · · · · · |

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

| Sec   | tion A. Public Support  |              | _                |                                       |                               |                         |               |
|-------|---|--------------|------------------|---------------------------------------|-------------------------------|-------------------------|---------------|
|       | alendar year (or fiscal year beginning in)                                    | (a) 2004     | (b) 2005         | (c) 2006                              | (d) 2007                      | (e) 2008                | (f) Total     |
| 1     | Gifts, grants, contributions, and   |              |                  |                                       |                               |                         |               |
|       | membership fees received (Do not include                                      |              |                  |                                       |                               |                         |               |
|       | any "unusual grants ")  |              |                  |                                       |                               |                         |               |
| 2     | Gross receipts from admissions, merchandise                                   |              |                  |                                       |                               |                         |               |
|       | sold or services performed, or facilities                                     |              |                  |                                       | ]                             |                         |               |
|       | furnished in any activity that is related to the                              |              |                  |                                       | 1                             |                         |               |
|       | organization's tax-exempt purpose   |              |                  |                                       |                               |                         |               |
| 3     | Gross receipts from activities that are not an                                |              |                  |                                       |                               |                         |               |
|       | unrelated trade or business under section 513                                 |              |                  |                                       | 1                             | 1                       |               |
| 4     | Tax revenues levied for the organization's                                    |              |                  |                                       |                               |                         |               |
|       | benefit and either paid to or expended on                                     |              |                  |                                       |                               | :                       |               |
|       | its behalf  |              |                  |                                       |                               | !                       |               |
| 5     | The value of services or facilities   |              |                  |                                       |                               |                         |               |
|       | furnished by a governmental unit to the                                       |              |                  |                                       |                               |                         |               |
|       | organization without charge   |              |                  |                                       |                               |                         |               |
| 6     | Total. Add lines 1-5  |              |                  |                                       |                               |                         | · · · · · ·   |
| 7 a   | Amounts included on lines 1, 2, and 3   |              |                  |                                       |                               |                         |               |
|       | received from disqualified persons  |              |                  |                                       |                               |                         |               |
| b     | Amounts included on lines 2 and 3 received from other than disqualified       |              |                  |                                       |                               |                         |               |
|       | persons that exceed the greater of 1% of                                      |              |                  |                                       |                               |                         |               |
|       | the total of lines 9, 10c, 11, and 12 for the year or \$5,000                 |              |                  |                                       |                               |                         |               |
| С     | Add lines 7a and 7b   | ·            |                  |                                       |                               |                         |               |
| 8     | Public support (Subtract line 7c from   |              |                  |                                       |                               |                         | -             |
|       | line 6)   |              | 7 - 5 - 1 NEWY ) |                                       | Rt.; , , , .; ,               | 5, ,, ,                 |               |
| Sec   | tion B. Total Support   | ·            |                  |                                       |                               |                         |               |
|       | alendar year (or fiscal year beginning in) ▶                                  | (a) 2004     | (b) 2005         | (c) 2006                              | (d) 2007                      | (e) 2008                | (f) Total     |
|       | Amounts from line 6   |              |                  |                                       |                               |                         |               |
| 10a   | Gross income from interest, dividends, payments received on securities loans, |              |                  |                                       |                               |                         |               |
|       | rents, royalties and income from similar                                      |              |                  |                                       |                               |                         |               |
|       | sources   |              | <del></del>      | · · · · · · · · · · · · · · · · · · · |                               |                         |               |
| þ     | Unrelated business taxable income (less                                       |              |                  |                                       |                               |                         |               |
|       | section 511 taxes) from businesses  |              |                  |                                       |                               |                         |               |
|       | acquired after June 30, 1975  |              |                  |                                       |                               |                         |               |
|       | Add lines 10a and 10b   |              |                  |                                       |                               |                         |               |
| 11    | Net income from unrelated business  |              |                  |                                       |                               |                         |               |
|       | activities not included in line 10b, whether or not the business is regularly |              |                  |                                       |                               |                         |               |
|       | carried on  |              | <del></del>      |                                       |                               |                         |               |
| 12    | Other income. Do not include gain or  |              |                  |                                       |                               | [                       |               |
|       | loss from the sale of capital assets  | İ            |                  |                                       |                               |                         |               |
|       | (Explain in Part IV)  |              |                  |                                       |                               |                         |               |
| 13    | Total support. (Add lines 9, 10c, 11,   | ا دم جدورة م | ***              | sq.r. sar                             | 142,88 du (s. ) 1 (d. 24.5.5) | graph Cultural Co.      |               |
|       | and 12)   |              |                  | 3.7                                   |                               | -7° 10,750,4,4          |               |
| 14    | First five years. If the Form 990 is for                                      | •            |                  |                                       | •                             |                         |               |
| 500   | organization, check this box and stop here.                                   |              |                  |                                       |                               | · · · · · · · · · · · · |               |
| 15    | tion C. Computation of Public Sup Public support percentage for 2008 (line 8, |              |                  | nn (fl)                               |                               | 15                      | <del></del> % |
| 16    | Public support percentage from 2007 Sche                                      |              |                  |                                       |                               | 16                      |               |
|       | tion D. Computation of Investmen  |              |                  |                                       |                               | 10                      |               |
| 17    | Investment income percentage for 2008 (lin                                    |              |                  | 3 column (ft)                         | ·                             | 17                      | %             |
| 18    | Investment income percentage from 2007 S                                      |              |                  |                                       |                               | 18                      | <del></del>   |
|       | 33 1/3% support tests - 2008. If the org                                      |              |                  |                                       |                               |                         |               |
| . J a | 17 is not more than 33 1/3 %, check this box                                  |              |                  |                                       |                               |                         | ▶ □           |
| h     | 33 1/3% support tests - 2007. If the organ                                    |              |                  |                                       |                               |                         | and           |
|       | line 18 is not more than 33 1/3 %, check this                                 |              |                  |                                       |                               |                         | . —           |
| 20    | Private foundation. If the organization did r                                 |              | -                |                                       |                               |                         |               |

#### SCHEDULE C

(Form 990 or 990-EZ)

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

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

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

|   |  | organizations Complete Part III.   |  | · · · · · · · · · · · · · · · · · · ·   |   |
|---|--|--|--|---|---|
|   | organization   |  |  |   | fication number   |
| OCEAN Part I-A  |  | d by all organizations exemptons for Schedule C for details.   | under section 50   | 23-7:<br>1(c) and section 527 o   | rganizations.   |
| 2 Polit   | ical expenditures inteer hours   | d by all organizations exemptons for Schedule C for details.   |  | \$  |   |
| <ul><li>2 Ente</li><li>3 If the</li><li>4a Was</li></ul>  | er the amount of any ear the amount of any ear the amount of any ear organization incurred a correction made? . es," describe in Part IV | excise tax incurred by the organizate excise tax incurred by organization of a section 4955 tax, did it file Form  | managers under sec<br>n 4720 for this year                                 | ?   | Yes No  |
| active 2 Enter 527 3 Total on F 4 Did 1 5 State were cont | ir the amount directly vities  | expended by the filing organization and organization are separation and organization are separated by the filing organization and organization are separated by the filing organization and separated by the filing organization and separated by the filing organization and separated by the filing organization and separated by the filing organization organization organization and separated by the filing organization organi | d to other organization of all section of all section a separate political | enter here and  on 527 political organizat the filing organization's organization, such as a se | Yes No No tions to which payments funds or were political   |
|   | (a) Name   | (b) Address  | (c) EIN  | (d) Amount paid from filing organization's funds. If none, enter -0                             | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|   | <del></del>  |  |  |   |   |
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| Scr | ledule C (Form 990 or 990-EZ) 2008              |  | 1243132                          | Page Z                         |
|-----|---|--|----------------------------------|--------------------------------|
| P   |   | zations exempt under section 501(c)(3) (h)). See the instructions for Schedule C for |                                  |                                |
| Ā   | Check ▶ if the filing organization              | belongs to an affiliated group.  |                                  |                                |
| В   | Check ▶ if the filing organization              | checked box A and "limited control" provis   | ions apply.                      |                                |
|     |   | ying Expenditures<br>eans amounts paid or incurred.)                                 | (a) Filing organization's totals | (b) Affiliated<br>group totals |
| 1 a | Total lobbying expenditures to influence        | public opinion (grass roots lobbying)  | 434.                             |                                |
| b   | Total lobbying expenditures to influence        | a legislative body (direct lobbying)   | 61,513.                          |                                |
| c   | Total lobbying expenditures (add lines 1a       | a and 1b)  | 61,947.                          |                                |
| d   | Other exempt purpose expenditures               |  | 15,903,244.                      |                                |
| е   |   | l lines 1c and 1d)   | 15,965,191.                      |                                |
| f   | Lobbying nontaxable amount. Enter the           | amount from the following table in both  |                                  |                                |
|     | columns   |  | 948,260.                         |                                |
|     | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:   | Tanta in the second              |                                |
|     | Not over \$500,000                              | 20% of the amount on line 1e   |                                  |                                |
|     | Over \$500,000 but not over \$1,000,000         | \$100,000 plus 15% of the excess over \$500,000                                      |                                  |                                |
|     | Over \$1,000,000 but not over \$1,500,000       | \$175,000 plus 10% of the excess over \$1,000,000.                                   |                                  |                                |
|     | Over \$1,500,000 but not over \$17,000,000      | \$225,000 plus 5% of the excess over \$1,500,000.                                    |                                  |                                |
|     | Over \$17,000,000                               | \$1,000,000.   | 200                              |                                |
| g   | Grassroots nontaxable amount (enter 25          | % of line 1f)  | 237,065.                         |                                |
| h   | Subtract line 1g from line 1a. Enter -0- if     | line g is more than line a   |                                  |                                |
| i   | Subtract line 1f from line 1c. Enter -0- if     | line f is more than line c   |                                  |                                |
| j   | If there is an amount other than zero on        | either line 1h or line 1i, did the organization file                                 | Form 4720 reporting              |                                |
|     | section 4911 tax for this year?                 | <u>, , , , , , , , , , , , , , , , , , , </u>  |                                  | Yes X No                       |
|     |   |  |                                  |                                |

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

|  | Lobbying Exper                               | nditures During 4-Ye | ear Averaging Period | -        |            |
|--|--|----------------------|----------------------|----------|------------|
| Calendar year (or fiscai year<br>beginning in)               | (a) 2005                                     | (b) 2006             | (c) 2007             | (d) 2008 | (e) Total  |
| 2 a Lobbying non-taxable amount                              | 811,434.                                     | 936,289.             | 3,594.               | 12,839.  | 1,764,156. |
| b Lobbying ceiling amount<br>(150% line 2a, column(e))       |  |                      |                      |          | 2,646,234. |
| c Total lobbying expenditures                                | 196,299.                                     | 173,622.             | 12,303.              | 61,513.  | 443,737.   |
| d Grassroots non-taxable amount                              | 202,859.                                     | 234,072.             | 899.                 | 3,097.   | 440,927.   |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) | (1965) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                      |                      |          | 661,391.   |
| f Grassroots lobbying expenditures                           | 31,135.                                      | 139,994.             | 5,665.               | 434.     | 177,228.   |

Schedule C (Form 990 or 990-EZ) 2008

| Pa     | To be completed by organizations exempt under section 501(c)(3) that have 5768 (election under section 501(h)). See the instructions for Schedule C for  | NOT file   | ed Form                   |  |
|--------|--|--|---------------------------|--|
|        |  | (a)  |                           | (b)  |
|        |  | Yes N  | 0                         | Amount   |
| 1      | During the year, did the filing organization attempt to influence foreign, national, state or local  | 11 1 13 1  |                           | The state of the s |
|        | legislation, including any attempt to influence public opinion on a legislative matter or  |  |                           |  |
|        | referendum, through the use of   |  | al light                  | AND THE RESERVE AND THE STREET   |
| a      | Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | <u> </u>   | -458 8-41<br>658 (869-98) |  |
| b      |  | <u> </u>   | £ \$                      | भ ै , भ तीमधान   |
| C      | Media advertisements?  | <del>  </del>  |                           |  |
| ď      | Mailings to members, legislators, or the public?   | $\vdash$   | <u> </u>                  |  |
| e<br>f | Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  |  | _                         |  |
| g      | Direct contact with legislators, their staffs, government officials, or a legislative body?  | <del>                                     </del>   |                           |  |
| h      | Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means?  | <del>                                     </del>   |                           | ····   |
| i      | Other activities? If "Yes," describe in Part IV  | <del>                                     </del>   |                           |  |
| i      | Total lines 1c through 1i  |  | 2 1                       |  |
| 2 a    | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |  | ·***                      | J. 15. 1. 15. 15.  |
| b      | If "Yes," enter the amount of any tax incurred under section 4912  | 75.1.65  |                           |  |
| С      | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |  |                           |  |
| d      | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   | THE PERSON NAMED IN COLUMN NAM | ***                       |  |
| Pa     | rt III-A To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6). See the instructions for Schedule C for details.     | ection 5   | 01(c)(5),                 | or   |
|        |  |  |                           | Yes No   |
| 1      | Were substantially all (90% or more) dues received nondeductible by members?   |  |                           | 1  |
| 2      | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |  |                           | 2  |
| 3      | Did the organization agree to carryover lobbying and political expenditures from the prior year?   |  |                           | 3  |
| Pa     | till-B To be completed by all organizations exempt under section 501(c)(4), s  |  |                           |  |
|        | section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N  | io" OR   | if Part II                | I-A,   |
| _      | question 3 is answered "Yes." See Schedule C instructions for details.   |  |                           |  |
| 1 2    | Dues, assessments and similar amounts from members   |  | . 1                       | <del> </del>   |
| 2      | political expenses for which the section 527(f) tax was paid).   | ants or  |                           |  |
| а      |  |  | 1 - 1                     |  |
| b      |  |  | •                         |  |
| G      | Total  | • • • • •  | 2c                        |  |
| 3      | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du  | es   |                           |  |
| 4      | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion  |  |                           |  |
|        | excess does the organization agree to carryover to the reasonable estimate of nondeductible l  |  |                           |  |
|        |  |  |                           |  |
| 5      | Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)  | <u> </u>   | . 5                       |  |
| Pai    | t IV Supplemental Information  |  |                           |  |
|        | plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, complete this part for any additional information | , line 5 a   | and Part I                | l-B, line 1i.  |
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| Schedule C (F | orm 990 or 990-EZ) 2008              | 23-7245152                             | Page 4                                  |
|---------------|--------------------------------------|--|---|
| Part IV       | Supplemental Information (continued) |  | - · · · · · · · · · · · · · · · · · · · |
|               |                                      | ······································ |   |
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#### SÇHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

| Name | of the organization  |  | E                        | Employer Identification number                               |
|------|--|--|--------------------------|--|
| OCE  | AN CONSERVANCY   |  |                          | 23-7245152   |
| Pa   |  | rised Funds or Other Similar Fur<br>m 990, Part IV, line 6                       | nds or Ad                | counts. Complete if  |
|      |  | (a) Donor advised funds  |                          | (b) Funds and other accounts                                 |
| 1    | Total number at end of year  |  |                          |  |
| 2    | Aggregate contributions to (during year)   |  | Ì                        |  |
| 3    | Aggregate grants from (during year)  |  |                          |  |
| 4    | Aggregate value at end of year   |  |                          |  |
| 5    | Did the organization inform all donors and donor a   | dvisors in writing that the assets hel   | ld in donor              | advised  |
|      | funds are the organization's property, subject to the  | <del>-</del>   |                          | 1 1 1 1  |
| 6    | Did the organization inform all grantees, donors, a  | nd donor advisors in writing that gra  | nt funds m               | ay be  |
|      | used only for charitable purposes and not for the b  |  |                          |  |
|      | impermissible private benefit?   |  |                          | Yes No   |
| Pa   |  |  | to Form                  | 1 990, Paπ IV, line 7.                                       |
| 1    | Purpose(s) of conservation easements held by the   | · · · · · · · · · · · · · · · · · · ·  |                          |  |
|      | Preservation of land for public use (e.g., recre   | · · · · · · · · · · · · · · · · · · ·  |                          | historically importantly land area                           |
|      | Protection of natural habitat  | Preserva   | ation of ce              | ertified historic structure                                  |
| _    | Preservation of open space   |  |                          |  |
| 2    | Complete lines 2a-2d if the organization held a qua<br>on the last day of the tax year.  | alified conservation contribution in th  | ne form of               | a conservation easement                                      |
|      | on the last day of the tax year.   |  | [3]                      | Held at the End of the Year                                  |
|      |  |  | 1                        |  |
| a    | Total number of conservation easements   |  |                          |  |
| b    | Total acreage restricted by conservation easements   |  |                          |  |
| C    | Number of conservation easements on a certified  | * *  |                          |  |
| ď    | Number of conservation easements included in (c  |  |                          |  |
| 3    | Number of conservation easements modified, tran the taxable year ▶   | sterred, released, extinguished, or t  | terminated               | by the organization during                                   |
| 4    | Number of states where property subject to conse   | ryation easement is located  |                          |  |
| 5    | Does the organization have a written policy regard   |  |                          | ons and  |
| •    | enforcement of the conservation easements it holds   |  |                          |  |
| 6    | Staff or volunteer hours devoted to monitoring, ins  |  |                          |  |
| 7    | Amount of expenses incurred in monitoring, inspec  | ·  |                          |  |
| 8    | Does each conservation easement reported on line   |  |                          |  |
| •    | 170(h)(4)(B)(ı) and 170(h)(4)(B)(iı)?  |  |                          |  |
| 9    | In Part XIV, describe how the organization reports   |  |                          |  |
| •    | balance sheet, and include, if applicable, the text of   |  |                          |  |
|      | the organization's accounting for conservation ease  |  |                          | tatements that decorloss                                     |
| Pai  | t III Organizations Maintaining Collections  |  | Other Si                 | imilar Assets.   |
|      | Complete if the organization answered  | "Yes" to Form 990, Part IV, line   | 8.                       |  |
| 1a   | If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f | AS 116, not to report in its revenue s<br>d for public exhibition, education, or | statement<br>research    | and balance sheet works of in furtherance of public service, |
|      |  |  |                          |  |
| b    | If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these iter    | r public exhibition, education, or rese  | ement and<br>earch in fi | balance sheet works of art,<br>urtherance of public service, |
|      | (i) Revenues included in Form 990, Part VIII, line 1   |  |                          |  |
|      | (ii) Assets included in Form 990, Part X   |  |                          |  |
| 2    | If the organization received or held works of art, his   | storical treasures, or other similar a   | ssets for f              | inancial gain, provide the                                   |
|      | following amounts required to be reported under S  |  |                          |  |
| а    | Revenues included in Form 990, Part VIII, line 1 .   |  |                          |  |
| b    | Assets included in Form 990, Part X  |  |                          | ▶ \$   |

| Par      | t III Organizations Maintaining Co             | llections of                                     | of Art, H    | storical  | Treasures           | s, or          | Other Similar As     | ssets (d   | ontinue                               | <u>1)</u>                             |
|----------|--|--|--------------|---|---------------------|----------------|----------------------|--|---------------------------------------|---------------------------------------|
| _        |  | · · · · · · · · · · · · · · · · · · ·            |              |   | £.11                |                |                      | 6 !4   | - 114                                 |                                       |
| 3        | Using the organization's accession and of      | ner recoras                                      | , спеск а    | iny of the  | tollowing to        | nat ar         | e a significant use  | e or its c                                       | ollection                             |                                       |
|          | items (check all that apply)                   |  |              |   |                     |                |                      |  |                                       |                                       |
| а        | Public exhibition                              |  | d            |   | _                   | chang          | je programs          |  |                                       |                                       |
| b        | Scholarly research                             |  | е            |   | Other               |                |                      |  |                                       |                                       |
| C        | Preservation for future generation             |  |              |   |                     |                |                      |  |                                       |                                       |
| 4        | Provide a description of the organization's    | s collections                                    | and exp      | lain how  | they further        | the c          | organization's exe   | mpt purp   | ose in                                |                                       |
|          | Part XIV                                       |  |              |   |                     |                |                      |  |                                       |                                       |
| 5        | During the year, did the organization solid    | at or receive                                    | e donatio    | ns of art,  | historical to       | reasu          | res, or other simıla | ır _   |                                       |                                       |
|          | assets to be sold to raise funds rather tha    | n to be mai                                      | ntained a    | s part of   | the organiz         | ation'         | s collection?        |  | Yes                                   | No                                    |
| Par      | t IV Trust, Escrow and Custodial               | Arrangeme  | nts. Co      | mplete i  | f organizat         | tion a         | nswered "Yes" t      | o Form   | 990,                                  |                                       |
|          | Part IV, line 9, or reported an                | amount on  | Form 9       | 90, Part  | X, line 21.         |                |                      |  |                                       |                                       |
|          |  |  |              |   |                     |                |                      |  |                                       |                                       |
| 1a       | Is the organization an agent, trustee, cust    | odian or oth                                     | ner interm   | ediary fo   | r contributi        | ons o          | r other assets not   | _  |                                       |                                       |
|          | included on Form 990, Part X?                  |  |              |   |                     |                |                      | [  | Yes                                   | No                                    |
| b        | If "Yes," explain the arrangement in Part X    | (IV and com                                      | plete the    | following   | table               |                |                      | _  | _                                     |                                       |
|          |  |  | •            | •   |                     |                | An                   | nount  |                                       |                                       |
| С        | Beginning balance                              |  |              |   |                     | 1 c            |                      |  |                                       |                                       |
| d        | Additions during the year                      |  |              |   |                     | -              |                      |  |                                       |                                       |
| e        | Distributions during the year                  |  |              |   |                     | $\overline{}$  |                      |  |                                       |                                       |
| f        | Ending balance                                 |  |              |   |                     | -              |                      |  |                                       |                                       |
| 2a       |  |  |              |   |                     |                |                      | . [  | Yes                                   | No                                    |
|          | If "Yes," explain the arrangement in Part X    |  | , raitx,     | III (C 2 1 :  |                     | • • •          |                      | ••• ∟  |                                       | □                                     |
| Par      |  |  | ation an     | ewered '  | 'Ves" to Fo         | nrm 0          | 90 Part IV line      | 10   |                                       |                                       |
| rai      |  | urrent Year                                      |              | or year   | (c) Two ye          |                |                      |  | (a) Four v                            | ears back                             |
| 4.       | B  |  |              |   |                     | 3              | 200 Times year       |  | 1                                     | - b                                   |
| 1a       |  | 1,592,170.                                       | £ 1.1        |   |                     |                |                      | 1.44 d.s   | 2                                     | <del></del>                           |
| b        | Contributions                                  | NONE   |              | (   | 9° t - 1            |                |                      | appropriate to                                   | *,                                    | · · · · · · · · · · · · · · · · · · · |
| c        | Investment earnings or losses                  | NONE   |              |   | - ( ( -, 4 <u>)</u> | · ·            |                      | 7  | · · · · · · · · · · · · · · · · · · · | ,                                     |
| d        | Grants or scholarships                         | NONE   |              | Sala.   |                     | <del></del>    |                      | ~,6 <sup>2</sup> 4,- <sup>2</sup> * <sup>1</sup> | i, ` '                                |                                       |
| е        | Other expenditures for facilities .            |  | (5,11)       |   |                     |                |                      | P. 7.  |                                       | ;;;                                   |
|          | and programs                                   | NONE   |              | 7 264442 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2            |                     |                |                      | 115  | , i ·                                 | ·                                     |
| f        | Administrative expenses                        | NONE   |              | <b>基地</b> 类的  |                     | <u> </u>       |                      | **** )*  | <u> </u>                              |                                       |
| g        |  | 1,592,170.                                       |              | <b>નાં</b> .કુરેફકુકુકુકુકુકુકુકુકુકુકુકુકુકુકુકુકુકુકુ | h 13                | * ,            | 783 Young 1974 P. V. | , · ·  | ·, ·), «                              |                                       |
| 2        | Provide the estimated percentage of the y      |  |              | d as.   |                     |                |                      |  |                                       |                                       |
| а        | Board designated or quasi-endowment            |  | <u>1E_</u> % |   |                     |                |                      |  |                                       |                                       |
| b        | Permanent endowment ▶ 100.0000                 | %  |              |   |                     |                |                      |  |                                       |                                       |
| C        | Term endowment ► NONE %                        |  |              |   |                     |                |                      |  |                                       |                                       |
| 3a       | Are there endowment funds not in the po        | ssession of                                      | the orga     | inization f   | hat are hel         | d and          | administered for t   | he   |                                       |                                       |
|          | organization by                                |  |              |   |                     |                |                      |  | Y                                     | 'es No                                |
|          | (i) unrelated organizations                    |  |              |   |                     |                |                      |  | 3a(i)                                 | Х                                     |
|          | (ii) related organizations                     |  |              |   |                     |                |                      |  | 3a(ii)                                | Х                                     |
| b        | If "Yes" to 3a(II), are the related organizati |  |              |   |                     |                |                      |  | 3b                                    |                                       |
| 4        | Describe in Part XIV the intended uses of      |  |              |   |                     |                |                      |  | L                                     |                                       |
|          | t VI Investments - Land, Buildings             |  |              |   |                     | rt X.          | line 10.             |  |                                       |                                       |
|          | Description of investment                      | <del>-</del>                                     | or other bas |   | ) Cost or other     |                |                      | le   | l) Book valu                          |                                       |
|          | Description of investment                      |  | estment)     | ,,,,  | basis (other)       | '              | (c) Depreciation     | ,,   | , Book valu                           | •                                     |
| 1a       | Land   |  |              |   |                     | A#1.           | 100 \ F .            |  |                                       |                                       |
|          | Buildings                                      | -  | <del></del>  |   |                     |                | - 40 \ \ P - \       |  |                                       |                                       |
| b        |  | <del>                                     </del> |              | +-  | 47.05               | <del>.  </del> | 12 000               |  |                                       |                                       |
| C        | Leasehold improvements                         |  |              |   | 47,07               |                | 13,986               |  |                                       | 3,090.                                |
| d        | Equipment                                      |  |              | <del></del>   | 1,373,16            |                | 1,124,171.           |  |                                       | 3 <u>,989.</u>                        |
| <u>e</u> | Other  |  |              | <del></del> _   | 200,51              |                | 176,379.             | <del>-</del>                                     |                                       | 1,140.                                |
| Tota     | I. Add lines 1a-1e (Column (d) should equal    | ai Form 990                                      | , Part X,    | column (E   | 3), line 10(c,      | <u>))</u>      | <u></u>              |  | 30€                                   | 5,219.                                |
|          |  |  |              |   |                     |                |                      |  |                                       |                                       |

| Part VII      | Investments - Other Securities. See   | Form 990, Part X, III                 | ne 12.  |  |   |                       |                    |             |  |        |
|---------------|---|---------------------------------------|---|--|---|-----------------------|--------------------|-------------|--|--------|
|               | (a) Description of security or category (including name of security)        | (b) Book value                        |   | (c) Cost or                              | Methodend-of                                  | d of valu<br>-year ma | ation:<br>arket va | lue         |  |        |
| Financial de  | erivatives and other financial products                                     |                                       |   |  |   |                       |                    |             |  |        |
|               | d equity interests  |                                       |   |  |   | _                     |                    |             |  |        |
|               |   |                                       |   |  |   |                       |                    |             |  |        |
|               |   |                                       |   |  |   |                       |                    |             |  |        |
|               |   |                                       | ļ   |  |   |                       |                    |             |  |        |
|               |   |                                       | ļ   |  |   |                       |                    |             |  |        |
|               |   |                                       | -   |  |   | <del></del>           |                    |             |  |        |
|               |   | , -                                   | <del> </del>                                  |  |   |                       |                    |             |  |        |
|               |   |                                       | <del></del>                                   |  |   |                       |                    |             |  |        |
|               |   |                                       |   |  |   |                       |                    |             |  |        |
|               |   |                                       |   |  |   |                       |                    |             |  |        |
| Total. (Colum | nn (b) should equal Form 990, Part X, col (B) line 12)                      | <b>&gt;</b>                           | T 1872 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | संस्थित कृष्ट्रे                         | - Tight 1                                     | - 1,53                | ME GNA             | 2 1 1000    | 77 V                                   | · 15   |
| Part VIII     |   |                                       |   | `  | 1 457442~                                     | 7.34                  | *****              | 24 . X      |  |        |
|               | (a) Description of investment type  | (b) Book value                        |   | (c)                                      | Metho   | d of valu             | ation.             |             |  |        |
|               | (2, 2 2 2 2 4 2 4 2 4 2 4 2 4 2 4 2 4 |                                       |   | Cost or                                  | end-of  | -year ma              | arket va           | llue        |  |        |
|               |   |                                       |   |  |   |                       |                    |             |  |        |
|               |   |                                       |   | -  |   |                       |                    |             |  |        |
|               |   |                                       |   |  |   |                       |                    |             |  |        |
|               |   |                                       |   |  |   |                       |                    |             |  |        |
|               |   |                                       |   |  |   |                       |                    |             |  |        |
|               |   |                                       | ļ   |  |   |                       |                    |             |  |        |
| <del></del>   |   |                                       |   |  | -   |                       |                    |             |  |        |
|               |   |                                       | <del> </del>                                  |  |   |                       |                    |             | _                                      |        |
|               |   |                                       | <del></del>                                   |  |   |                       |                    |             |  |        |
| Total (Colum  | nn (b) should equal Form 990, Part X, col (B) line 13)                      | <u> </u>                              | 1 - 3 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | J. G. G. G.                              | 12% sp ,                                      | : - /                 | 48-4·              | 2 , ,·s     | 1016 *                                 | ادر تا |
| Part IX       | Other Assets. See Form 990, Part X  |                                       | 1   | 200 45                                   |   |                       | 4)                 | •           | -                                      |        |
|               |   | a) Description                        |   |  |   |                       |                    | (b) Boo     | k value                                |        |
|               |   | · · · · · · · · · · · · · · · · · · · |   |  |   |                       |                    | <del></del> |  |        |
|               |   |                                       |   |  |   |                       |                    |             |  |        |
|               |   |                                       |   |  |   |                       |                    |             |  |        |
|               |   |                                       |   |  |   | _                     |                    |             |  |        |
|               |   |                                       |   |  |   |                       |                    |             |  |        |
|               |   |                                       |   |  |   |                       |                    |             |  |        |
|               |   |                                       |   |  |   |                       |                    |             |  |        |
|               |   |                                       |   |  |   |                       |                    |             |  |        |
|               |   |                                       |   |  |   |                       | -                  |             |  |        |
| Total /Colum  | nn (b) should equal Form 990, Part X, col (B) line 15)                      |                                       | <del></del>                                   |  |   |                       |                    |             |  |        |
| Part X        | in (b) should equal rollingso, rail A, col (b) line 13) .                   |                                       | <del></del>                                   | · · · ·                                  | • • •   |                       |                    |             |  |        |
| raitA         | Other Liabilities, See Form 990, Par  | t X line 25                           |   |  |   |                       |                    |             |  |        |
|               | Other Liabilities. See Form 990, Par  |                                       | **  | 1.824                                    | 2.4.  | . 5                   | .NSSN              |             | ort.                                   |        |
| Federal inco  | (a) Description of liability  | t X, line 25. (b) Amount              | · * / /                                       | Silv                                     | , , , , ,                                     | , 'À                  | Ni.                | ****        | · []                                   |        |
| Federal inco  | (a) Description of liability<br>ome taxes                                   | (b) Amount                            | ****  |  | , <u>, , , , , , , , , , , , , , , , , , </u> |                       |                    | ***         | · .                                    |        |
|               | (a) Description of liability  |                                       |   | S. S. S. S. S. S. S. S. S. S. S. S. S. S |   |                       | Ŷ                  |             | · **                                   |        |
|               | (a) Description of liability<br>ome taxes                                   | (b) Amount                            | *   |  | , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,      |                       | Å.                 |             |  |        |
|               | (a) Description of liability<br>ome taxes                                   | (b) Amount                            | *   | Ž.Š                                      |   |                       | Å.                 |             | 10000000000000000000000000000000000000 |        |
|               | (a) Description of liability<br>ome taxes                                   | (b) Amount                            |   | S. S. S. S. S. S. S. S. S. S. S. S. S. S |   |                       | Š                  | \$ - 1      |  |        |
|               | (a) Description of liability<br>ome taxes                                   | (b) Amount                            |   |  | , , ,   |                       |                    |             | 10000000000000000000000000000000000000 |        |
|               | (a) Description of liability<br>ome taxes                                   | (b) Amount                            |   |  | ,   | 學                     |                    |             | 事。                                     |        |
|               | (a) Description of liability<br>ome taxes                                   | (b) Amount                            |   |  |   |                       | 3                  |             | 事を                                     |        |
|               | (a) Description of liability<br>ome taxes                                   | (b) Amount                            |   |  |   | *                     |                    | · 等。        | 事を                                     |        |
|               | (a) Description of liability<br>ome taxes                                   | (b) Amount                            |   |  |   |                       |                    |             | 製・                                     |        |

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

|           | dule D (Form 990) 2008 Z3-7245152   |              | Page  | _        |
|-----------|---|--------------|---|----------|
| Pa        | rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements  |              |   | _        |
| 1         | Total revenue (Form 990, Part VIII, column (A), line 12)  | 1            | 15,358,96   | 1        |
| 2         | Total expenses (Form 990, Part IX, column (A), line 25)   | 2            | 15,965,19   | 1        |
| 3         | Excess or (deficit) for the year. Subtract line 2 from line 1   | 3            | -606,23   | 0        |
| 4         | Net unrealized gains (losses) on investments  | 4            | 1,115,82  | 1        |
| 5         | Donated services and use of facilities  | 5            |   |          |
| 6         | Investment expenses   | 6            |   |          |
| 7         | Prior period adjustments  | 7            |   |          |
| 8         | Other (Describe in Part XIV)  | 8            |   |          |
| 9         | Total adjustments (net). Add lines 4-8  | 9            | 1,115,82  | _<br>1   |
| 10        | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  | 10           | 509,59  |          |
|           | rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re   | eturn        |   | _        |
| 1         | Total revenue, gains, and other support per audited financial statements  |              | 1 16,676,33   | _<br>2   |
| 2         | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |              | <u> </u>  | <u>-</u> |
|           |   | ,, 🖺         | <b>売</b>  |          |
|           | a Net unrealized gains on investments   |              | 10,   |          |
|           |   | 70-1         |   |          |
|           | · · · · · · · · · · · · · · · · · · ·   |              | φ - 1<br>2 , 1<br>2 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , |          |
|           | · · · · · · · · · · · · · · · · · · ·   | <del></del>  | 1 217 27  | -        |
|           | e Add lines 2a through 2d   |              | 2e 1,317,37   |          |
| 3         | Subtract line 2e from line 1  |              | <b>3</b> 15,358,96  | <u>+</u> |
| 4         | Amounts included on Form 990, Part VIII, line 12, but not on line 1   | **<br>:**    |   |          |
|           | a Investment expenses not included on Form 990, Part VIII, line 7b  | `°           |   |          |
|           | b Other (Describe in Part XIV)  |              | -1  |          |
|           | c Add lines 4a and 4b   | · ·          | 4c  | _        |
| 5         |   |              | 5 15,358,96   | 1_       |
| Pa        | rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per I   | <u>Retur</u> |   | _        |
| 1         | Total expenses and losses per audited financial statements  |              | 1 16,166,74   | <u>1</u> |
| 2         | Amounts included on line 1 but not on Form 990, Part IX, line 25  |              | • •   |          |
|           | a Donated services and use of facilities 201,55   | 50.          |   |          |
|           | b Prior year adjustments 2b   |              | 5 ,,  |          |
|           | c Losses reported on Form 990, Part IX, line 25   | ^^.          | ****  |          |
|           | d Other (Describe in Part XIV)  |              |   |          |
|           | e Add lines 2a through 2d   | Li           | 2e 201,55   | 0        |
| 3         | Subtract line 2e from line 1  |              | 3 15,965,19   | 1        |
| 4         | Amounts included on Form 990, Part IX, line 25, but not on line 1   | 1            | 1   |          |
|           | a Investment expenses not included on Form 990, Part VIII, line 7b  | ,            | `~ `  |          |
|           | b Other (Describe in Part XIV) 4b   |              |   |          |
|           | c Add lines 4a and 4b   | 7            | 4c  |          |
| 5         | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  |              | 5 15,965,19   | 1        |
| Pai       | rt XIV Supplemental Information   |              |   | _        |
| and       | nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa<br>2b, Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. | art IV,      | , lines 1b<br>  |          |
| - <b></b> |   |              | - <b>-</b>  |          |
|           |   |              |   |          |
|           |   |              |   |          |
| . – –     |   |              |   |          |
|           |   |              |   |          |

# Schedule F (Form 990)

#### **Statement of Activities Outside the United States**

OMB No 1545-0047

2008

Open to Public Inspection

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

Inspection
Employer identification number

| OCE  | EAN CONSERVANCY   |                                       |   |  | 23-7  | 245152                                 |
|------|---|---------------------------------------|---|--|---|--|
|      |   |                                       |   | e the United States. Co  | mplete if the organizat   | tion answered                          |
| 1    | For grantmakers. Does t assistance, the grantees' the grants or assistance? | he organizatio<br>eligibility for the | n maintain rec<br>ne grants or a            | ssistance, and the select  | tion criteria used to awa   |  |
| 2    | For grantmakers. Describ<br>United States                                   | e in Part IV the                      | e organization's                            | s procedures for monitori  | ing the use of grant fund   | s outside the                          |
| 3    | Activities per Region (Use  | e Schedule F-1                        | (Form 990) if                               | additional space is needed   | )   |  |
|      | (a) Region  | (b) Number of offices in the region   | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is<br>a program service,<br>describe specific type of<br>service(s) in region | (f) Total<br>expenditures in<br>region |
| SOUT | TH AMERICA  | NONE                                  | NONE  | GRANTMAKING  | OCEAN GOVERNANCE  | 50,000.                                |
|      |   |                                       |   |  |   |  |
|      |   |                                       |   |  |   |  |
|      |   |                                       |   |  |   |  |
|      |   |                                       |   |  |   |  |
|      | · · · · · · · · · · · · · · · · · · ·                                       |                                       |   |  |   |  |
|      |   |                                       |   |  |   |  |
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|      |   |                                       |   |  |   |  |
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|      |   |                                       |   |  |   |  |
|      |   |                                       |   |  |   |  |
|      |   |                                       |   |  |   |  |
|      |   |                                       |   |  |   |  |
| Tot: | ale 🕨   | NONE                                  | NONE  |  |   | 50,000.                                |

Page 2

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

| <sub>5</sub> .  |                                       | 1 | 1     | 1        | 1       | ]           |          |          |      |              | 1     |            |   |       |   | 1                    |
|---|---------------------------------------|---|-------|----------|---------|-------------|----------|----------|------|--------------|-------|------------|---|-------|---|----------------------|
| (i) Method of valuation (book, FMV, appraisal, other) |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
| (E) (S) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A        |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   | · · · - · ·          |
| (h) Description of non-cash assistance                |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
| h) Des<br>of non<br>assist                            |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
|   |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
| ount of<br>cash<br>tance                              |                                       |   |       | <b>!</b> |         |             |          |          |      |              |       |            |   |       |   |                      |
| (g) Amount of<br>non-cash<br>assistance               |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
|   | _                                     |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
| (f) Manner of<br>cash<br>disbursement                 |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   | !                    |
| (f) Ma  |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   | :                    |
| 75  | !                                     |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
| (e) Amount of cash grant                              |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
| (e) Ar  |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
| 75  |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
| (d) Purpose of<br>grant                               |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
| (d) P <sub>L</sub>                                    |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
|   |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
| <u>c</u>  |                                       |   |       |          |         |             |          |          |      | ;            |       |            |   |       |   |                      |
| (c) Region  |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
| ٤   |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
|   | ,                                     |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
| ction<br>able)  |                                       |   |       |          |         |             |          | į        |      |              |       | ,<br>,,,,, |   |       |   |                      |
| (b) IRS code section<br>and EIN (if applicable)       | , , , , , , , , , , , , , , , , , , , |   |       |          | ٠,      |             | -<br>//^ |          | ٠, ٦ | William !    | ·/ ·. |            | , | · 100 |   |                      |
| IRS of  | 4.                                    |   |       |          | , diges |             | •        | , ",", , |      | 1847<br>1844 |       |            | • |       | - |                      |
| a a b   | •                                     | 5 |       | 1800 h   |         | )<br>-cr6(4 |          |          |      | -            |       |            |   |       |   | · .                  |
|   | اُو سي<br>2                           | · | گري ر |          |         |             |          |          | ·    | 3 77         | , -   |            |   | Mg.   | , | φ <sub>k</sub> ξ , i |
| _   |                                       |   |       | ,        |         |             |          |          |      | :            |       |            |   |       |   |                      |
| nizatior  |                                       |   |       | ,,       | ,       | ,<br>+      |          |          | s:   | <u> </u>     |       | عديمه      |   |       |   |                      |
| (a) Name of organization                              |                                       |   |       |          |         |             |          |          |      |              |       |            |   |       |   |                      |
| Name  |                                       | - |       |          |         | •,          |          |          |      | . 4.         |       | - 3        | ı |       |   | ~, -                 |
| (a) i   |                                       | ` | ,     | * •      |         |             |          |          |      |              |       |            |   |       |   | -                    |
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| Enter total number of organi  | rovided a section 501(c)(3) | Enter total number of other of |
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Schedule F (Form 990) 2008

Page 3

Schedule F (Form 990) 2008

Part III

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

| . a.,  |               |   |  |  |   |  |  |  |  |  |  |
|--|---------------|---|--|--|---|--|--|--|--|--|--|
| (h) Method of valuation (book, FMV, appraisal, other)        |               |   |  |  | 1 |  |  |  |  |  |  |
| (g) Description of non-cash assistance                       |               |   |  |  |   |  |  |  |  |  |  |
| (f) Amount of<br>non-cash<br>assistance                      |               |   |  |  |   |  |  |  |  |  |  |
| (e) Manner of cash disbursement                              | EFF           |   |  |  |   |  |  |  |  |  |  |
| (d) Amount of cash grant                                     | 50,000.       | - |  |  |   |  |  |  |  |  |  |
| (c) Number of recipients                                     | 1             |   |  |  |   |  |  |  |  |  |  |
| (b) Region   | SOUTH AMERICA |   |  |  |   |  |  |  |  |  |  |
| (a) Type of grant or assistance (b) Region (c) Numb recipien | RESEARCH      |   |  |  |   |  |  |  |  |  |  |

| chedule F    | (Form 990) 2008                   | 23-7245152  | Page 4  |
|--------------|-----------------------------------|---|---------|
| Part IV      | Supplemental Information          | on required in Part I, line 2, and any other additional inf |         |
| MONIT        | DRING PROCESS OF GRANTS           |   |         |
| FORM S       | 990, SCHEDULE F, PART I           |   |         |
| OCEAN        | CONSERVANCY MONITORS GRANTEES BY  | REQUIRING FULL FINANCIAL REPORTS                            |         |
| ALONG        | WITH SPECIFIC PROJECT DELIVERABLE | § <u>.</u>  |         |
|              |                                   |   |         |
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#### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

| ame or the organization   |                       |  |              |                                   | Employer Identification   | ii iidiiibei  |
|---|-----------------------|--|--------------|-----------------------------------|---|---|
| CEAN CONSERVANCY  | <del> </del>          |  |              |                                   | 23-724515   | 2   |
| Part I Fundraising Activities. Co   | omplete if the orgar  | nization ar                              | nswered '    | "Yes" to Form 9                   | 90, Part IV, line   | 17.   |
| 1 Indicate whether the organization r   | aised funds through a | any of the                               | following    | activities. Check a               | ill that apply.   |   |
| a X Mail solicitations  | е                     | X Solic                                  | itation of r | non-government g                  | rants   |   |
| b X Email solicitations   | f                     |  |              | government grants                 |   |   |
| c X Phone solicitations   | g                     | Spec                                     | ial fundrai  | ising events                      |   |   |
| d X In-person solicitations   |                       |  |              |                                   |   |   |
| 2a Did the organization have a written<br>or key employees listed in Form 99    |                       |  |              |                                   |   | X Yes No  |
| b If "Yes," list the ten highest paid inc<br>to be compensated at least \$5,000 |                       |  |              |                                   |   |   |
| (i) Name of individual or entity (fundraiser)                                   | (ii) Activity         | (iii) Did fund<br>custody of<br>contribu | control of   | (Iv) Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|   |                       | Yes                                      | No           |                                   | - 17  |   |
| 4AL WARWICK & ASSOCIATES  | DIRECT MAIL           |  | x            | 3,453,048.                        | 154,123.  | 2,803,540.  |
|   |                       |  |              |                                   |   |   |
|   |                       |  |              |                                   |   |   |
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|   |                       |  |              |                                   |   |   |
| Total <u></u>   |                       |  | ▶            | 3,453,048.                        | 154,123.  | 2,803,540.  |
| 3 List all states in which the organiz registration or licensing                |                       |  |              |                                   |   |   |
| AL, AK, AZ, AR, CA, CO, CT, DC, FL,   | GA, IL,               |  |              |                                   |   |   |
| (S, KY, LA, ME, MD, MA, MI, MN, MS,   | YN, MN, LN, OM        | NC, ND,                                  | OH,          |                                   |   |   |
| OK, OR, PA, RI, SC, TN, TX, YT, WA,   |                       |  |              |                                   |   |   |
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| Pa              | rt II | more than \$15,000 on Form               |                                       |           |  |                                       |                           | eporte               | a                  |
|-----------------|-------|--|---------------------------------------|-----------|--|---------------------------------------|---------------------------|----------------------|--------------------|
|                 |       |  | (a) Event #1                          |           | (b) Event #2                                     | (c) Other Events                      | (d) Total Ev<br>(a) throu | ents (A              | .dd col.<br>(c))   |
|                 |       |  | (event type)                          |           | (event type)                                     | (total number)                        |                           |                      |                    |
| Revenue         | 4     | Grace receipts                           |                                       |           |  |                                       |                           |                      |                    |
| Reve            |       | Gross receipts                           |                                       |           | ·  |                                       |                           |                      |                    |
|                 |       | contributions                            |                                       |           |  |                                       | ļ                         |                      |                    |
|                 | 3     | Gross revenue (line 1 minus line 2)      |                                       |           |  |                                       |                           |                      |                    |
|                 |       | minus inte 2)                            |                                       |           | <del></del>                                      |                                       |                           |                      |                    |
|                 | 4     | Cash prizes                              |                                       |           |  |                                       |                           |                      |                    |
| enses           | 5     | Non-cash prizes                          |                                       |           |  |                                       |                           |                      |                    |
| Direct Expenses | 6     | Rent/facility costs                      |                                       |           |  |                                       |                           |                      |                    |
| Dire            | 7     | Other direct expenses                    |                                       |           |  |                                       |                           |                      |                    |
|                 | 8     | Direct expense summary Add lines 4       | through 7 in colum                    | n (d)     |  |                                       | (                         |                      | )                  |
| Pa              | 9     | Net income summary. Combine lines        | 3 and 8 in column (                   | <u>d)</u> |  | <u> </u>                              |                           |                      |                    |
| Γd              | i t i | than \$15,000 on Form 990-               |                                       | eu        | res to Form 990, Fa                              | irt IV, line 19, or rep               | ontea moi                 | Е                    |                    |
| ne              |       |  | (a) Bingo                             |           | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming                      | (d) Total g               |                      |                    |
| Revenue         |       |  |                                       |           | bingo/progressive bingo                          |                                       | 001 (4) 1111              |                      |                    |
| ď               | 1     | Gross revenue                            | · · · · · · · · · · · · · · · · · · · |           |  | - · · · · ·                           | <u> </u>                  |                      |                    |
| SES             | 2     | Cash prizes                              |                                       |           |  |                                       |                           |                      |                    |
| Direct Expenses | 3     | Non-cash prizes                          |                                       |           |  | - <del></del>                         | :                         |                      |                    |
| Direct          | 4     | Rent/facility costs                      |                                       |           |  |                                       |                           |                      |                    |
|                 | 5     | Other direct expenses                    |                                       |           | <del></del>                                      |                                       |                           |                      |                    |
|                 | 6     | Volunteer labor                          | Yes                                   | %         | Yes%   | Yes%                                  | · 2                       | * , *\$ <sup>†</sup> | , 't • ; i         |
|                 | Ü     | Volunteer labor                          | 1 1 10                                |           |  | II INO                                |                           |                      |                    |
|                 | 7     | Direct expense summary Add lines 2       | through 5 in colum                    | n (d)     |  |                                       | (                         |                      | )                  |
|                 | 8     | Net gaming income summary Comb           | ine lines 1 and 7 in                  | colun     | nn (d)   | <u> </u>                              |                           | <del></del>          |                    |
| 9               | F,    | nter the state(s) in which the organizat | ion operates gamin                    | a act     | vaties.  |                                       | 55.                       | Yes                  | No<br>GROS         |
| а               |       | the organization licensed to operate g   |                                       |           |  |                                       | 9a                        | - 3-1-82 "           | 2026] "X           |
| b               | lf    | "No," Explain                            |                                       |           |  |                                       | 21 300<br>12 1            |                      | 10.50              |
|                 |       |  |                                       |           |  |                                       | jär, š                    | -                    |                    |
| 10 a            | w     | ere any of the organization's gaming I   | icenses revoked, si                   | uspe      | nded or terminated duri                          | ng the tax year?                      | 10a                       |                      |                    |
| b               | lf    | "Yes," Explain                           |                                       |           |  |                                       | ·                         | ,                    | sit in             |
|                 |       |  |                                       |           |  |                                       | S                         | 22                   | ن . با<br>ا ر ب با |
| 11              |       | pes the organization operate gaming a    |                                       |           |  |                                       | 11                        | 1 2 2 2 2 2 2        |                    |
| 12              |       | the organization a grantor, beneficiary  |                                       |           |  |                                       | 4.2                       |                      | , . ' , ans,<br>'  |
|                 | to    | rmed to administer charitable gaming?    | <u> </u>                              | <u></u>   | <del> </del>                                     | · · · · · · · · · · · · · · · · · · · | 12                        | 1                    |                    |

Schedule G (Form 990 or 990-EZ) 2008

17

Mandatory distributions

in the organization's own exempt activities during the tax year ▶\$

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization OCEAN CONSERVANCY

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

OMB No 1545-0047

Open to Public Inspection 2008

Employer identification number

23-7245152

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

X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? . . . . . . . Part I General Information on Grants and Assistance

å

**A** Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Part II

| 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or | (b) EIN      | (c) IRC section  | 1 73     | ash grant (e) Amount of non-cash (f) Method of valuation | (f) Method of valuation | (g) Description of  | (h) Purpose of grant |
|---|--------------|------------------|----------|--|-------------------------|---------------------|----------------------|
| or government   |              | if applicable    |          | assistance   | other)                  | non-cash assistance | or assistance        |
| THE NATIONAL MARINE SANCTUARY FOUNDATION  |              |                  |          |  |                         |                     |                      |
| SILVER SPRING, MD 20910   | 94-3370994   | 501 (C) (3)      | 10,000.  |  |                         |                     | SEE PART IV          |
| SMITHSONIAN INSTITUTE   |              |                  |          |  |                         |                     |                      |
|   | 53-0206027   | 501 (C) (3)      | 500,000. |  |                         |                     | SEE PART IV          |
| THE NATURE CONSERVANCY  |              |                  |          |  |                         |                     |                      |
| ARLINGTON, VA 22203-1606  | 53-0242652   | 501(C)(3)        | 350,000. |  |                         |                     | SEE PART IV          |
|   | ;            |                  |          |  |                         |                     |                      |
|   | ,            |                  |          |  |                         |                     |                      |
|   |              |                  |          |  |                         |                     |                      |
|   |              |                  |          |  |                         |                     |                      |
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|   |              |                  |          |  |                         |                     |                      |
|   |              |                  |          |  |                         |                     |                      |
| 2 Enter total number of section 501(c)(3) and government organizations          | and governme | nt organizations |          |  |                         | <b>A</b>            | 3                    |
| 3 Enter total number of other organizations                                     | , "          | •                |          |  |                         | •                   |                      |

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) OCEAN CONSERVANCY MONITORS GRANTEES BY REQUIRING FULL FINANCIAL REPORTS (d) Amount of non-cash assistance (c) Amount of cash grant Use Schedule I-1 (Form 990) if additional space is needed. PURPOSE OF GRANT OR ASSISTANCE (SEE NEXT PAGE) (b) Number of recipients ALONG WITH SPECIFIC PROJECT DELIVERABLES. FORM 990, SCHEDULE I, PART I. FORM 990, SCHEDULE I, PART II MONITORING PROCESS OF GRANTS (a) Type of grant or assistance Part IV Part III

23-7245152

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) TO IMPROVE ENGAGEMENT WITH SPECIFIC STAKEHOLDER NETWORKS (BOTH WITHIN THE DEVELOP SUPPORTIVE TOOLS TO PROMOTE THE NEED FOR A FEDERAL MARINE SPATIAL THE PURPOSE OF THE NATURE CONSERVANCY GRANT WAS TO DEVELOP A PARTNERSHIP THE PURPOSE OF THE SMITHSONIAN INSTITUTE GRANT WAS TO CONTRIBUTE TOWARDS THE PURPOSE OF THE NATIONAL MARINE SANCTUARY FOUNDATION GRANT WAS TO ADMINISTRATION AND WITH A VARIETY OF STAKEHOLDERS ON THE GROUND) AND (d) Amount of non-cash assistance (c) Amount of cash grant Use Schedule I-1 (Form 990) if additional space is needed. (b) Number of recipients SPONSOR THE CAPITAL HILL OCEAN WEEK. (a) Type of grant or assistance THE NEW OCEAN HALL. Part IV Part III

Page 2

23-7245152

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (cl) Amount of non-cash assistance (c) Amount of cash grant PLANNING FRAMEWORK AND SUPPORTIVE FUNDING MECHANISMS. (b) Number of recipients (a) Type of grant or assistance Part III

### SCHEDULE J (Form 990)

# **Compensation Information**

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

OCEAN CONSERVANCY

Employer identification number

23-7245152

| Part | Questions Regarding Compensation  |          |            |               |
|------|---|----------|------------|---------------|
|      |   |          | Yes        | No            |
|      | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form | 4.5      | 1 5        |               |
|      | 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items     |          | - 192      | 15.           |
|      | First-class or charter travel Housing allowance or residence for personal use                                     | -43 fg / | 27 77      | 15, cm.       |
|      | Travel for companions Payments for business use of personal residence   | ,        |            |               |
|      | Tax indemnification and gross-up payments Health or social club dues or initiation fees                           |          | , , ,      | 3.33          |
|      | Discretionary spending account Personal services (e.g., maid, chauffeur, chef)                                    | , , ,    |            |               |
|      |   |          | , ( ) \$   | 1.46.3        |
| b    | If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or         | 314      | -          | 31.15         |
|      | provision of all of the expenses described above? If "No," complete Part III to explain                           | 1b       |            |               |
| 2    | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all             |          |            |               |
|      | officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?            | 2        |            |               |
|      |   | , C , T  | <u> </u>   |               |
| 3    | Indicate which, if any, of the following the organization uses to establish the compensation of the               | -1,\$ 40 | 4 25       | 12,5 47 12    |
|      | organization's CEO/Executive Director. Check all that apply.  |          | .#         |               |
|      | X Compensation committee X Written employment contract  |          | ****       | - 1           |
|      | Independent compensation consultant X Compensation survey or study  | 1 +      | ~ ; ·      |               |
|      | X Form 990 of other organizations X Approval by the board or compensation committee                               |          |            |               |
|      |   | 22,55x   | 3. 10.     |               |
| 4    | During the year, did any person listed in Form 990, Part VII, Section A, line 1a                                  | اساد     | ar<br>Toye | - 9 5         |
| а    | Receive a severance payment or change of control payment?   | 4a       |            | Х             |
|      | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                             | 4b       |            | Х             |
|      | Participate in, or receive payment from, an equity-based compensation arrangement?                                | 4 c      |            | х             |
|      | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.     |          | «» ، بي    |               |
|      |   | ,-( *    | ,          | N             |
|      | Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.   | 128      | <i>:</i> . | , ·           |
|      | 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  |          |            | 35.1<br>25.80 |
|      | The organization?   | 5a       | 3L 1 AM    | x             |
| b    | Any related organization?   | 5b       |            | х             |
|      | If "Yes" to line 5a or 5b, describe in Part III   |          |            |               |
|      | 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  |          | 15.        |               |
|      | The organization?   | 6a       |            | X             |
| b    | Any related organization?   | 6b       |            | х             |
|      | If "Yes" to line 6a or 6b, describe in Part III   | ``.      | ,. '. 33   | 3.            |
|      | 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        |            | x             |
|      | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was                  |          |            | T             |
|      | subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe          |          |            |               |
|      | in Part III   | 8        |            | x             |

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Schedule J (Form 990) 2008

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

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

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

|                   |      | (B) Breakdown of W                       | of W-2 and/or 1099-MISC compensation    | compensation                              | (C) Deferred                            | (D) Nontaxable                          | (E) Total of columns                    | (F) Compensation                                |
|-------------------|------|--|---|---|---|---|---|---|
| (А) Nате          |      | (r) Base<br>compensation                 | (ii) Bonus & incentive compensation     | (iii) Other<br>reportable<br>compensation | compensation                            | benefils                                | (B)(ı)-(D)                              | reported in prior<br>Form 990 or<br>Form 990-EZ |
|                   | ε    | 232,094.                                 | 23,400.                                 | NONE                                      | 13,878.                                 | 10,543.                                 | 279,915.                                |   |
| VERONIQUE SPRUILL | Ξ    |  |   |   |   |   |   |   |
| DENNIS KELSO      | 33   | 178,237                                  | 2027_6.                                 | NONE                                      | NONE                                    | 15,204.                                 | 213,717.                                |   |
|                   | Ξ    | 153,717.                                 | 1,500.                                  | NONE                                      | 7,116.                                  | 4,029.                                  | 166,362.                                |   |
| AMELIA MONTJOY    | (E)  |  |   |   |   |   |   |   |
|                   | Ξ    | 142,661.                                 | 1,500.                                  | NONE                                      | NONE                                    | 6,558.                                  | 150,719.                                |   |
| LAURA CAPPS       | Ξ    |  |   |   |   |   |   |   |
|                   | Ξ    | 151,573.                                 | NONE                                    | ENON                                      | 6,738.                                  | 3,399.                                  | 161,710.                                | 1         |
| WARNER CHABOT     | 3    |  |   |   |   |   |   |   |
|                   | 3    |  |   |   |   |   |   |   |
|                   |      |  |   |   |   |   |   |   |
|                   | Ξ    | 1  | 1 |   |   |   |   |   |
|                   | Ξ    |  |   |   |   |   |   |   |
|                   | 3    | 1<br>1<br>1<br>1<br>1<br>1               | 1                                       | 1   | <br>   <br>   <br>   <br>   <br>        |   |   | 1         |
|                   | Ξ    |  |   |   |   |   |   |   |
|                   | Ξ    |  |   |   |   | 1 | 1 | 1         |
|                   | Ξ    |  | i                                       |   |   |   |   |   |
|                   | Ξ    |  |   |   |   |   |   |   |
|                   | Ξ    | <br>                                     | <br>                                    |   |   |   |   |   |
|                   | Ξ    |  |   |   |   |   | 1 | <br>  |
|                   | (11) |  |   |   |   |   |   |   |
|                   | Ξ    |  |   |   | <br>   <br>   <br>   <br>               | 1 | 1 | 1         |
|                   | Ξ    |  |   |   |   |   |   |   |
|                   | Ξ    |  |   |   |   |   |   |   |
|                   | Ξ    | 1<br> <br> <br> <br> <br> <br> <br> <br> |   | ı   |   |   |   |   |
|                   | Ξ    |  |   |   |   |   | <br>   <br>   <br>   <br>   <br>        | 1         |
|                   | Ξ    |  |   |   |   |   |   |   |
|                   | 3    |  |   | 1   | 1 | 1 |   | 1         |
|                   | (11) |  |   |   |   |   |   |   |
|                   | Ξ    |  | 1                                       | 1   |   |   |   | 1         |
|                   | (11) |  |   |   |   |   |   |   |
|                   |      |  |   |   |   |   | Sche                                    | Schedule J (Form 990) 2008                      |

### **SCHEDULE J-2** (Form 990)

## **Continuation Sheet for Form 990**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

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

Name of the Organization

Employer Identification number

23-7245152

OCEAN CONSERVANCY Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

| Employees                               |                           |                                |                       |         |               |                              |                |                                       |  |  |
|---|---------------------------|--------------------------------|-----------------------|---------|---------------|------------------------------|----------------|---------------------------------------|--|--|
| (A)                                     | (B)                       |                                |                       | -       | C)            |                              |                | (D)                                   | (E)  | (F)  |
| Name and Title                          | Average hours<br>per week |                                | <del></del>           |         | $\overline{}$ | that ap                      | <del>, "</del> | Reportable compensation               | Reportable compensation                    | Estimated<br>amount of   |
|   | por week                  | Individual trustee or director | Institutional trustee | Officer | Key employee  | Highest compensated employee | Former         | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| VERONIQUE SPRUILL PRESIDENT & CEO       | 40.                       | x                              |                       | х       |               |                              |                | 255,494.                              |  | 24,421.  |
| CECILY MAJERUS CHAIR                    | 2.                        | x                              |                       |         |               |                              |                | NONE                                  |  | NONE   |
| CURTIS BOHLEN VICE CHAIR                | 2.                        | x                              |                       |         |               |                              |                | NONE                                  |  | NONE   |
| BARBARA PAUL ROBINSON TREASURER         | 2.                        | x                              |                       |         |               |                              |                | NONE                                  |  | NONE   |
| PATRICK B. PURCELL SECRETARY            | 2.                        | x                              |                       |         |               |                              |                | NONE                                  |  | NONE   |
| PHILIPPE COUSTEAU BOARD MEMBER          | 2.                        | x                              |                       |         |               |                              |                | NONE                                  |  | NONE   |
| NICOLE_LUSKEYBOARD MEMBER               | 2.                        | x                              |                       |         |               |                              |                | NOŅE                                  |  | NONE   |
| STEVEN_MOOREBOARD MEMBER                | 2                         | x                              |                       |         |               |                              |                | NONE                                  |  | NONE   |
| MICHAEL ORBACH<br>BOARD MEMBER          | 2.                        | x                              |                       |         | :             |                              | ı              | NONE                                  |  | NONE   |
| STEPHEN PALUMBI BOARD MEMBER            | 2.                        | x                              |                       |         |               |                              |                | NONE                                  |  | NONE   |
| DAVID_ZACHESBOARD_MEMBER                | 2.                        | x                              |                       |         |               |                              |                | NONE                                  |  | NONE   |
| DAVID ALDRICH BOARD MEMBER              | 2.                        | x                              |                       |         |               |                              |                | NONE                                  |  | NONE   |
| THOMAS ALLEN BOARD MEMBER               | 2.                        | x                              |                       |         |               |                              |                | NONE                                  |  | NONE   |
| DANE_NICHOLSBOARD_MEMBER                | 2.                        | x                              |                       |         |               |                              |                | NONE                                  |  | NONE   |
| DENNIS_KELSOEVP/COO                     | 40.                       |                                |                       | x       |               |                              |                | 198,513.                              |  | 15,204.  |
| LAWRENCE AMON CFO                       | 24.                       |                                |                       | х       |               |                              |                | 101,700.                              |  | NONE   |
| AMELIA MONTJOY  VP RESOURCE DEVELOPMENT | 40.                       |                                |                       |         |               | х                            |                | 155,217.                              |  | 11,145.  |
| LAURA CAPPS  VP COMMUNICATIONS          | 40.                       |                                |                       |         |               | х                            |                | 144,161.                              |  | 6,558.   |
| WARNER CHABOT VP CAMPAIGNS              | 40.                       |                                |                       |         |               | х                            |                | 151,573.                              |  | 10,137.  |
| JANIS JONES  VP LEGAL AFFAIRS           | 40.                       |                                |                       |         |               | x                            |                | 134,814.                              |  | 8,105.   |
| MARK POWELL VP SUSTAINABILITY           | 40.                       |                                |                       |         |               | х                            |                | 122,240.                              |  | 16,093.  |

### SCHEDULE M (Form 990)

# **Non-Cash Contributions**

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

OMB No 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

| OCE  | AN CONSERVANCY                        |                               |  |   | <u>23-7245152</u>                  |
|------|---------------------------------------|-------------------------------|--|---|------------------------------------|
|      | tl Types of Property                  |                               |  |   |                                    |
|      |                                       | (a)<br>Check if<br>applicable | (b)<br>Number of contributions   | (c)<br>Revenues reported on<br>Form 990, Part VIII, line 19 | (d) Method of determining revenues |
| 1    | Art-Works of art                      |                               |  |   |                                    |
| 2    | Art-Historical treasures              |                               |  |   |                                    |
| 3    | Art-Fractional interests              |                               |  |   |                                    |
| 4    | Books and publications                |                               |  |   |                                    |
| 5    | Clothing and household                |                               |  |   |                                    |
|      | goods                                 | X                             | Control of the Contro | 150.  | FAIR MARKET VALUE                  |
| 6    | Cars and other vehicles               |                               |  |   | <del></del>                        |
| 7    | Boats and planes                      |                               |  |   |                                    |
| 8    | Intellectual property                 |                               |  |   | <u> </u>                           |
| 9    | Securities-Publicly traded            | X                             | 8  | 125,099.  | FAIR MARKET VALUE                  |
| 10   | Securities-Closely held stock         |                               |  |   | <del> </del>                       |
| 11   | Securities-Partnership, LLC,          |                               |  |   |                                    |
|      | or trust interests                    |                               |  |   | <del></del>                        |
| 12   | Securities-Miscellaneous              |                               |  |   |                                    |
| 13   | Qualified conservation                |                               |  |   |                                    |
|      | contribution (historic                |                               |  |   |                                    |
|      | structures)                           |                               |  |   |                                    |
| 14   | Qualified conservation                |                               |  |   |                                    |
|      | contribution (other)                  |                               |  |   | <del></del>                        |
| 15   | Real estate-Residential               |                               |  |   |                                    |
| 16   | Real estate-Commercial                |                               |  |   | <u> </u>                           |
| 17   | Real estate-Other                     |                               |  |   | <del></del>                        |
| 18   | Collectibles                          |                               |  |   | <del> </del>                       |
| 19   | Food inventory                        | 1                             |  |   | <del></del>                        |
| 20   | Drugs and medical supplies            |                               |  |   |                                    |
| 21   | Taxidermy                             |                               |  |   |                                    |
| 22   | Historical artifacts                  |                               |  |   |                                    |
| 23   | Scientific specimens                  |                               |  |   |                                    |
| 24   | Archeological artifacts               |                               |  |   | <u> </u>                           |
| 25   | Other ►( MISC. SUPPLIES )             | <u> </u>                      | 300  | 11,759.   | FAIR MARKET VALUE                  |
| 26   | Other ►()                             |                               |  |   |                                    |
| 27   | Other ►()                             |                               |  |   | <del></del>                        |
| 28   | Other ►()                             |                               |  |   |                                    |
| 29   | Number of Forms 8283 received by      |                               | •  |   |                                    |
|      | which the organization completed F    | Form 8283,                    | Part IV, Donee Acknowledge   | gement  | . [29]                             |
|      |                                       |                               |  |   | Yes No                             |
| 30 a | During the year, did the organiza     |                               |  |   |                                    |
|      | it must hold for at least three yea   |                               |  |   |                                    |
|      | used for exempt purposes for the e    | ntire holding                 | g period?  |   | 30a X                              |
| b    | If "Yes," describe the arrangement i  |                               |  |   |                                    |
| 31   | Does the organization have a          |                               |  |   | 1 - 4 1 1                          |
| • •  | contributions?                        |                               |  |   |                                    |
| 32 a | Does the organization hire or use     |                               |  |   | 1 1                                |
| _    | contributions?                        |                               |  |   | 32a X                              |
|      | If "Yes," describe in Part II         |                               |  | marky for which a live - /                                  | 14,                                |
| 33   | If the organization did not report re | evenues in o                  | column (c) for a type of pro   | perty for which column (                                    | a) is checked,  -                  |

| chedule M (  | Form 990) 2008  | 23-7245152   | Page 2   |
|--------------|---|--|----------|
| Part II      | Supplemental Information. C<br>32b, and 33. Also complete the | Complete this part to provide the information required by Part I, lines 3 his part for any additional information. |          |
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### **SCHEDULE O** (Form 990)

# **Supplemental Information to Form 990**

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

| OMB No 1545-0047 |
|------------------|
| 2008             |
| Open to Public   |
| Inspection       |

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

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Open to Public

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

► See separate instructions.

Employer identification number

(F)
Direct controlling
entity Schedule R (Form 990) 2008 (F)
Direct controlling
entity N/A 23-7245152 (E)
Public chanty status
(if section 501(c)(3)) 7,153 (E) End-of-year assets NONE (C)
Legal domicile (state Exempt Code section or foreign country) (D) Total income (C) Legal domicile (state or foreign country) BLDG HLDG ENT DC (B) Primary activity Primary activity <u>@</u> 54-2164045 DC 20006 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Identification of Related Tax-Exempt Organizations WASHINGTON, (A)Name, address, and EIN of related organization (A)
Name, address, and EIN of disregarded entity Identification of Disregarded Entities 2029 K STREET, LLC OCEAN CONSERVANCY 2029 K STREET, Part II Part I

Identification of Related Organizations Taxable as a Partnership Schedule R (Form 990) 2008

Part III Identification

| (A) Name, address, and EiN of related organization | (B)<br>Primary activity | (C) Legal domicile (state or foreign | (D)  Orect controlling entity | (E) Predominant income (related, investment, unrelated) | (F)<br>Share of total income | (G)<br>Share of end-of-year<br>assets | (H)<br>Disproportionals<br>altocatora? | Code V-UBI Ger<br>amount in box 20 of mai<br>Schedule K-1 pa<br>(Form 1065) | (J)<br>General or<br>managing<br>partner? |
|--|-------------------------|--------------------------------------|-------------------------------|---|------------------------------|---------------------------------------|--|---|---|
|  |                         | country)                             | :                             |   |                              |                                       | Yes No                                 | <b></b>   | Yes No                                    |
|  |                         |                                      |                               |   |                              |                                       |  |   |   |
|  |                         |                                      |                               |   |                              |                                       |  |   |   |
|  |                         |                                      |                               |   |                              |                                       |  |   |   |
|  |                         |                                      |                               |   |                              |                                       |  |   |   |
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| <b>□</b>         | Identification of Related Organizations Taxable as a |                      | Corporation or Trust                          |                               |  |                             |                                       |                                |
|------------------|--|----------------------|---|-------------------------------|--|-----------------------------|---------------------------------------|--------------------------------|
| Name, address, a | (A) Name, address, and EIN of related organization   | (B) Primary activity | (C) Legal donicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp., S corp. or trust) | (F)<br>Share of total mcome | (G)<br>Share of<br>end-of-year assets | (H)<br>Percentage<br>ownership |
|                  |  |                      |   |                               |  |                             |                                       |                                |
|                  |  |                      |   |                               |  |                             |                                       |                                |
|                  |  |                      |   |                               |  |                             |                                       |                                |
|                  |  |                      |   |                               |  |                             |                                       |                                |
|                  |  |                      |   |                               |  |                             |                                       |                                |
|                  |  |                      |   |                               |  |                             |                                       |                                |
|                  |  |                      |   |                               |  |                             |                                       |                                |
|                  |  |                      |   |                               |  |                             |                                       |                                |

# **Transactions With Related Organizations** Part V

| Next Composition but if any settle of the opparation regarder in the ordinary in the following transactions with one or more related organizations lessed in Parts II-V7 11-   |   |
|--|---|
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| ther organization(s)  there organization(s)  there organization(s)  there organization(s)  there organization(s)  the organization(s)   | Loans or loan guarantees by other organization(s)           |
| the organization(s) ther organization(s) ther organization(s) ther organization(s) ther organization(s) ther organization(s) ther organization(s) ther organization(s) ther organization(s) the organization(s |   |
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| for information on who must complete this line, including covered relationships and transaction thresholds  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C)   | :   |
| for information on who must complete this line, including covered relationships and transaction thresholds  Transaction  T | :   |
| for information on who must complete this line, including covered relationships and transaction  Transaction  Transaction  Transaction  Transaction  Transaction  Transaction  Transaction  Transaction  Transaction  Transaction  Transaction  Transaction  Transaction  Transaction  Transaction   | Other transfer of cash or property to other organization(s) |
| ganization(s) Transaction type (a-r)   |   |
| Transaction type (ar)  |   |
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23-7245152

Page 4

4

Unrelated Organizations Taxable as a Partnership Part VI

Schedule R (Form 990) 2008

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

(H) General or managing partner? Yes No Schedule R (Form 990) 2008 (G)
Code V-UBI
amount in box 20
of Schedule K-1
(Form 1065) (F)
Disproportionate
allocations? ŝ Yes (E)
Share of
end-of-year
assets Are all partners section 501(c)(3) organizations? (C)
Legal domicile
(state or foreign
country) (B) Primary activity Name, address, and EIN of entity

• • •

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

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

OCEAN CONSERVANCY 23-7245152

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

o • •

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