



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Island Conservation
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 100 Shaffer Road, Center for Ocean Health
 City or town, state or country, and ZIP + 4
 Santa Cruz CA 95060

D Employer identification number
91-1839907

E Telephone number
(831) 359-4787

G Gross receipts \$ 4,488,662

F Name and address of principal officer
William Waldman 100 Shaffer Road, Long Manne Lab, Center for Ocean Health, Santa Cruz, CA 95060

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? N/A Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status 501(c) (3) (insert no) 4947(a)(1) or 527

J Website: www.islandconservation.org

K Form of organization Corporation Trust Association Other

L Year of formation 1997 **M State of legal domicile** CA

H(c) Group exemption number N/A

Part I Summary

| | | | | |
|-----------------------------|---|--|--|-------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities | Island Conservation's mission is to prevent extinctions by removing invasive species from islands. Together with partners, Island Conservation removes invasive species from islands, builds local capacity to restore islands, develops invasive species removal techniques, and conducts research—conservation measures to understand the ecosystem changes and benefits from our work to inform future conservation action. | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 10 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| | 5 | Total number of employees (Part V, line 2a) | 5 | 27 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 15 |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 5,822,745 | 4,297,841 |
| | 9 | Program service revenue (Part VIII, line 2g) | 15,843 | 138,392 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 9,965 | 20,454 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -24,648 | 3,531 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 5,823,905 | 4,460,218 |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 887,431 |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 1,055,878 | 1,637,569 |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b | | Total fundraising expenses (Part IX, column (D), line 25) | 242,573 | |
| 17 | | Other expenses (Part IX, column (A), lines 11a–11d, 11f, 24f) | 2,170,350 | 2,023,867 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 4,113,659 | 4,163,436 | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 1,710,246 | 296,782 | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 3,138,197 | 3,286,900 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 384,205 | 236,126 |
| | | 2,753,992 | 3,050,774 | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Joseph Beem* Date: 1/10/26/10
 Type or print name and title: JOSEPH BEEM COO

Paid Preparer's Use Only
 Preparer's signature: *Ghaffari Zaragoza LLP* Date: 10/21/10
 Firm's name (or yours if self-employed), address, and ZIP + 4: Ghaffari Zaragoza LLP, 1330 Broadway, Suite 430, Oakland, CA 94612
 Check if self-employed:
 Preparer's identifying number (see instructions): 57-1155648
 EIN: 57-1155648
 Phone no: (510) 834-6542

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

Island Conservation's mission is to prevent extinctions by removing invasive species from islands. Together with partners, Island Conservation removes invasive species from islands, builds local capacity to restore islands, develops invasive species removal techniques, and conducts research—conservation measures—to understand the ecosystem changes and benefits from our work to inform future conservation action.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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? Yes 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

4a (Code:) (Expenses \$ 3,414,089 including grants of \$ 502,000) (Revenue \$ 134,807)

Island Conservation partners with government agencies, island communities and other stakeholders to remove invasive species from islands and to build local capacity and support to manage islands. Over the past 16 years, Island Conservation and our partners have removed 54 invasive animal populations from 35 islands. These activities have resulted in 224 species protected from the threat of extinction; 258 seabird nesting colonies protected; and 129,451 acres freed from damaging invasive animals. During 2009, Island Conservation removed invasive species from three islands to protect 63 species and subspecies of birds, mammals and reptiles, and 261 species of plants. Specifically, this work protected two imperiled species: the Critically Endangered Waved Albatross (Isla de la Plata, Ecuador) which breeds on two islands globally, and the Island Fox (San Nicolas Island) found in California's Channel Islands. Islands make up only 3% of the earth's land area, but harbor 20% of all bird, reptile and plant species. Extinction rates are much greater on islands. 95% of bird, 90% of reptile, 69% of mammal and 68% of plant extinctions have been island species, with most extinctions caused by invasive animals.

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

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

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 3,414,089

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | N/A | |
| 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? | N/A | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | N/A | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | 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? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. | | |
| | 1a 5 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | | |
| | 1b 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | | |
| | 2a 27 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | N/A | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country: N/A 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? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | N/A | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | N/A | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | N/A | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | | |
| | 7d N/A | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | N/A | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | N/A | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | N/A | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | N/A | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | N/A | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | N/A | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | N/A | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders. | N/A | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | N/A | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | N/A | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | |
| | 12b N/A | | |

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

Section A. Governing Body and Management

| | | Yes | No |
|----|---|-----|----|
| 1a | Enter the number of voting members of the governing body | | |
| 1a | | | 10 |
| b | Enter the number of voting members that are independent | | |
| 1b | | | 10 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| 8a | | | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 8b | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |
| 9a | | | |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|-----|--|-----|----|
| 10a | Does the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | N/A | |
| 10b | | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11 | | | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| 12a | | | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12b | | | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | X | |
| 12c | | | |
| 13 | Does the organization have a written whistleblower policy? | X | |
| 13 | | | |
| 14 | Does the organization have a written document retention and destruction policy? | X | |
| 14 | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| 15a | | | |
| b | Other officers or key employees of the organization | X | |
| 15b | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16a | | | |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | N/A | |
| 16b | | | |

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Joe Beek (831) 359-4787
 100 Shaffer Road, Long Marine Lab, Center for Ocean Health, Santa Cruz, CA 95060

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

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

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Walter Sedgwick Chair | 5 | X | | X | | | | 0 | 0 | 0 |
| Sergio Knaebel Vice Chair | 2 | X | | X | | | | 0 | 0 | 0 |
| John Dawson Treasurer | 5 | X | | X | | | | 0 | 0 | 0 |
| Stephanie McAuliffe Secretary | 1 | X | | X | | | | 0 | 0 | 0 |
| Donald Croll Director | 1 | X | | | | | | 0 | 0 | 0 |
| David Hartwell Director | 2 | X | | | | | | 0 | 0 | 0 |
| Jonathan Hoekstra Director | 1 | X | | | | | | 0 | 0 | 0 |
| John Mitchell Director | 1 | X | | | | | | 0 | 0 | 0 |
| James Sandler Director | 1 | X | | | | | | 0 | 0 | 0 |
| Dan Simberloff Director | 1 | X | | | | | | 0 | 0 | 0 |
| Michael Sweeney Director | 2 | X | | | | | | 0 | 0 | 0 |
| William Waldman Executive Director | 40 | | | X | | | | 150,000 | 0 | 4,500 |
| Joe Beek Chief Financial Officer | 40 | | | X | | | | 89,410 | 0 | 12,618 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Statement of Revenue

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | | |
|---|--|---|--|---|---|--------|-------|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a 0 | | | | | |
| | b Membership dues | 1b 0 | | | | | |
| | c Fundraising events | 1c 0 | | | | | |
| | d Related organizations | 1d 0 | | | | | |
| | e Government grants (contributions) | 1e 1,453,771 | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 2,844,070 | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 46,002 | | | | | |
| | h Total. Add lines 1a-1f | 4,297,841 | | | | | |
| | Program Service Revenue | 2a Contract income | Business Code 541900 | 138,392 | 138,392 | 0 | |
| b | | | 0 | 0 | 0 | | |
| c | | | 0 | 0 | 0 | | |
| d | | | 0 | 0 | 0 | | |
| e | | | 0 | 0 | 0 | | |
| f All other program service revenue | | | 0 | 0 | 0 | | |
| g Total. Add lines 2a-2f | | | 138,392 | | | | |
| Other Revenue | | 3 Investment income (including dividends, interest, and other similar amounts) | | 7,546 | 0 | 0 | 7,546 |
| | 4 Income from investment of tax-exempt bond proceeds | | 0 | 0 | 0 | 0 | |
| | 5 Royalties | | 0 | 0 | 0 | 0 | |
| | 6a Gross Rents | (i) Real | 0 | | | | |
| | | (ii) Personal | 0 | | | | |
| | | | 0 | | | | |
| | b Less: rental expenses | | 0 | | | | |
| | c Rental income or (loss) | | 0 | | | | |
| | d Net rental income or (loss) | | 0 | 0 | 0 | 0 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 25,452 | | | | |
| | | (ii) Other | 12,900 | | | | |
| | | | 25,444 | | | | |
| | b Less: cost or other basis and sales expenses | | 8 | | | | |
| | c Gain or (loss) | | 12,900 | | | | |
| | d Net gain or (loss) | | 12,908 | 0 | 0 | 12,908 | |
| | 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 | a | 0 | | | | |
| | | b Less: direct expenses | b | 0 | | | |
| c Net income or (loss) from fundraising events | | | 0 | 0 | 0 | 0 | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | 0 | | | | | |
| | b Less: direct expenses | b | 0 | | | | |
| | c Net income or (loss) from gaming activities | | 0 | 0 | 0 | 0 | |
| 10a Gross sales of inventory, less returns and allowances | a | 0 | | | | | |
| | b Less: cost of goods sold | b | 0 | | | | |
| | c Net income or (loss) from sales of inventory | | 0 | 0 | 0 | 0 | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a Gain/loss on foreign currency | 900099 | -3,585 | -3,585 | 0 | 0 | | |
| b Miscellaneous receipts | 900099 | 7,116 | 0 | 0 | 7,116 | | |
| c | | 0 | 0 | 0 | 0 | | |
| d All other revenue | | 0 | 0 | 0 | 0 | | |
| e Total. Add lines 11a-11d | | 3,531 | | | | | |
| 12 Total revenue. See instructions | | 4,460,218 | 134,807 | 0 | 27,570 | | |

Part IX Statement of Functional Expenses

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

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 0 | 0 | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0 | 0 | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 502,000 | 502,000 | | |
| 4 Benefits paid to or for members | 0 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 256,227 | 58,557 | 164,880 | 32,790 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 Other salaries and wages | 1,175,326 | 906,610 | 133,560 | 135,156 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 15,974 | 13,358 | 0 | 2,616 |
| 9 Other employee benefits | 102,818 | 71,316 | 21,698 | 9,804 |
| 10 Payroll taxes | 87,224 | 52,720 | 21,617 | 12,887 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | 0 | 0 | 0 |
| b Legal | 0 | 0 | 0 | 0 |
| c Accounting | 30,315 | 0 | 30,315 | 0 |
| d Lobbying | 0 | 0 | 0 | 0 |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f Investment management fees | 0 | 0 | 0 | 0 |
| g Other | 619,605 | 561,414 | 50,907 | 7,284 |
| 12 Advertising and promotion | 0 | 0 | 0 | 0 |
| 13 Office expenses | 618,298 | 550,162 | 62,192 | 5,944 |
| 14 Information technology | 0 | 0 | 0 | 0 |
| 15 Royalties | 0 | 0 | 0 | 0 |
| 16 Occupancy | 56,468 | 26,222 | 28,686 | 1,560 |
| 17 Travel | 532,939 | 481,499 | 27,033 | 24,407 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 Conferences, conventions, and meetings | 0 | 0 | 0 | 0 |
| 20 Interest | 2,405 | 2,405 | 0 | 0 |
| 21 Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 Depreciation, depletion, and amortization | 61,851 | 61,851 | 0 | 0 |
| 23 Insurance | 47,461 | 24,095 | 23,366 | 0 |
| 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.) | | | | |
| a Professional development | 25,131 | 22,567 | 535 | 2,029 |
| b Animal care | 16,162 | 16,162 | 0 | 0 |
| c Books and subscriptions | 6,366 | 1,999 | 3,701 | 666 |
| d Bank and payroll fees | 4,840 | 120 | 4,720 | 0 |
| e Licenses and fees | 1,711 | 1,258 | 453 | 0 |
| f All other expenses | 315 | 59,774 | -66,889 | 7,430 |
| 25 Total functional expenses. Add lines 1 through 24f | 4,163,436 | 3,414,089 | 506,774 | 242,573 |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 0 | 0 | 0 | 0 |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | | |
|------------------------------------|---|--|-----------|--------------------|-----------|---------|
| Assets | 1 | Cash—non-interest-bearing | 562,047 | 1 | 275,599 | |
| | 2 | Savings and temporary cash investments | 1,406,844 | 2 | 1,347,553 | |
| | 3 | Pledges and grants receivable, net | 343,743 | 3 | 1,125,000 | |
| | 4 | Accounts receivable, net | 736,971 | 4 | 389,051 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | 0 | 6 | 0 | |
| | 7 | Notes and loans receivable, net | 0 | 7 | 0 | |
| | 8 | Inventories for sale or use | 0 | 8 | 0 | |
| | 9 | Prepaid expenses and deferred charges | 12,279 | 9 | 33,940 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 197,984 | | |
| | b | Less: accumulated depreciation | 10b | 82,227 | 10c | 115,757 |
| | 11 | Investments—publicly traded securities | 0 | 11 | 0 | |
| | 12 | Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 | |
| | 13 | Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 | |
| | 14 | Intangible assets | 0 | 14 | 0 | |
| | 15 | Other assets. See Part IV, line 11 | 0 | 15 | 0 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 3,138,197 | 16 | 3,286,900 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | 384,205 | 17 | 200,271 | |
| | 18 | Grants payable | 0 | 18 | 0 | |
| | 19 | Deferred revenue | 0 | 19 | 0 | |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | 0 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest-compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 35,855 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 | |
| 25 | Other liabilities. Complete Part X of Schedule D | 0 | 25 | 0 | | |
| 26 | Total liabilities. Add lines 17 through 25 | 384,205 | 26 | 236,126 | | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | 912,552 | 27 | 1,523,964 | |
| | 28 | Temporarily restricted net assets | 1,841,440 | 28 | 1,526,810 | |
| | 29 | Permanently restricted net assets | 0 | 29 | 0 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| 33 | Total net assets or fund balances | 2,753,992 | 33 | 3,050,774 | | |
| 34 | Total liabilities and net assets/fund balances | 3,138,197 | 34 | 3,286,900 | | |

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| | | |
| 2a | | X |
| 2b | X | |
| 2c | X | |
| | | |
| 3a | X | |
| 3b | X | |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 921,842 | 1,050,282 | 2,559,451 | 5,822,745 | 4,297,841 | 14,652,161 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Total. Add lines 1 through 3 | 921,842 | 1,050,282 | 2,559,451 | 5,822,745 | 4,297,841 | 14,652,161 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 6,097,366 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 8,554,795 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 921,842 | 1,050,282 | 2,559,451 | 5,822,745 | 4,297,841 | 14,652,161 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 811 | 3,198 | 6,125 | 17,846 | 7,546 | 35,526 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0 | 0 | 286 | -32,529 | 16,431 | -15,812 |
| 11 Total support. Add lines 7 through 10 | | | | | | 14,671,875 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,229,287 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 58.31% |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 61.63% |
| 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

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

N/A

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 0 | 0 | | | | 0 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 0 | 0 | | | | 0 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | | | | 0 |
| 6 Total. Add lines 1 through 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0 |
| c Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 0 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | 0 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0 | 0 | | | | 0 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 0 | 0 | 0 | 0 | 0 | 0 |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|-------|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 0.00% |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | 0.00% |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-------|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.00% |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | 0.00% |

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

- Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

Island Conservation

91-1839907

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. N/A

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. N/A

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic structure), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. N/A

Table with 2 columns: \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with columns for Amount and rows for Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with columns for (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for various endowment fund metrics.

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with columns for Yes and No and rows for (i) unrelated organizations, (ii) related organizations, and 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with columns for (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for Land, Buildings, Leasehold improvements, Equipment, and Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

| Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements | | |
|---|--|-----------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 4,460,218 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 4,163,436 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 296,782 |
| 4 | Net unrealized gains (losses) on investments | 0 |
| 5 | Donated services and use of facilities | 0 |
| 6 | Investment expenses | 0 |
| 7 | Prior period adjustments | 0 |
| 8 | Other (Describe in Part XIV) | 0 |
| 9 | Total adjustments (net). Add lines 4 through 8 | 0 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 296,782 |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | |
|--|---|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 4,486,591 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | |
| a | Net unrealized gains on investments | 0 |
| b | Donated services and use of facilities | 26,373 |
| c | Recoveries of prior year grants | 0 |
| d | Other (Describe in Part XIV) | 0 |
| e | Add lines 2a through 2d | 26,373 |
| 3 | Subtract line 2e from line 1 | 4,460,218 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 0 |
| b | Other (Describe in Part XIV) | 0 |
| c | Add lines 4a and 4b | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 4,460,218 |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | |
|---|--|-----------|
| 1 | Total expenses and losses per audited financial statements | 4,189,809 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | |
| a | Donated services and use of facilities | 26,373 |
| b | Prior year adjustments | 0 |
| c | Other losses | 0 |
| d | Other (Describe in Part XIV) | 0 |
| e | Add lines 2a through 2d | 26,373 |
| 3 | Subtract line 2e from line 1 | 4,163,436 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 0 |
| b | Other (Describe in Part XIV) | 0 |
| c | Add lines 4a and 4b | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 4,163,436 |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

N/A

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Part XIV

Supplemental Information *(continued)*

N/A

Area with horizontal dashed lines for supplemental information.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Island Conservation

Employer identification number

91-1839907

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region. (Use 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 a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| North America | 0 | 1 | Grants to recipients | N/A | 502,000 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| | 0 | 0 | | | 0 |
| Totals | 0 | 1 | | | 502,000 |

Part IV Supplemental Information

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

Part I, Line 2

Grantees provide financial reports and narrative activity reports and summaries of results and/or deliverables. Financial reports are reviewed by the Chief Financial Officer. Narrative reports are reviewed by the Director of Conservation, Chief Financial Officer and Executive Director.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Island Conservation

Employer identification number

91-1839907

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | N/A | |

Part III Supplemental Information

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

Part I, line 1a

First class travel was not treated as taxable compensation. Following is the policy about premium travel:

- 1) Premium travel (Business or first class) is allowable only with the approval of the Executive Director, Chief Operating Officer or Chief Financial Officer.
- 2) Premium travel may be authorized for medical reasons, or if no other fare is available.
- 3) If premium travel is used, the expense for the premium must be recorded separately from the equivalent economy fare on the expense report.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2009

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Island Conservation

Employer identification number
91-1839907

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|-------------------------------|--------------------------------|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 11,795 | Selling price |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 2 | 25,452 | Market quotation |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (Software) | X | 1 | 3,000 | Selling price |
| 26 Other ▶ (Feline audio box) | X | 1 | 2,200 | Selling price |
| 27 Other ▶ (Buckets of bait) | X | 2 | 3,555 | Selling price |
| 28 Other ▶ () | | 0 | 0 | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

| | Yes | No |
|--|-----|----|
| 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | X | |
| 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

Employer identification number

Island Conservation

91-1839907

Form 990, Part VI, Section A, Line 1a

The organization's governing body delegated authority to act on its behalf to an executive committee which includes the following members:

1) Walter Sedgwick, Board Chair 2) Sergio Knaebel, Vice Chair 3) John Dawson, Treasurer 4) Stephanie McAuliffe, Secretary

The committee has and may exercise the powers of the Board in the management of the business and affairs of the corporation and may authorize the seal of the corporation to be affixed to all papers which may require it. The executive committee also has the power of general supervision, management and control of the business of the corporation and over its several officers.

Form 990, Part VI, Section B, Line 11A

Executive Director and Chief Financial Officer review the first draft of Form 990 and request revisions as appropriate. Board Treasurer reviews the second draft of Form 990 and requests revisions as appropriate. Chief Financial Officer provides the third draft of Form 990 to all board members including Finance Committee and Treasurer. Board members review and provide comments regarding concerns or issues. Finance Committee, Chief Financial Officer and board members meet to review the fourth draft of Form 990. Finance Committee votes to recommend approval of final 990. Board votes to approve 990.

Form 990, Part VI, Section B, Line 12c

Annually, each October the Accounting and Human Resources Manager sends the most current version of the conflict of interest policy to the Board/Philanthropy Manager for distribution to members of the Board of Directors. If a board member does not reply within a month, the chair of the Board is requested to assist. Following full disclosure of a possible conflict of interest, the Board of Directors shall determine whether a conflict of interest exists and, if so the Board shall vote to authorize or reject the transaction or take any other action deemed necessary to address the conflict and protect Island Conservation's best interests. Both votes shall be by a majority vote without counting the vote of any interested director, even if the disinterested directors are less than a quorum provided that at least one consenting director is disinterested.

A Board member or Committee member who is formally considering employment with Island Conservation must take a temporary leave of absence until the position is filled. Such a leave will be taken within the Board member's elected term which will not be extended because of the leave. A Board member or Committee member who is formally considering employment with Island Conservation must submit a written request for a temporary leave of absence to the Secretary of the Island Conservation Board, indicating the time period of the leave. The Secretary of Island Conservation will inform the Chair of the Board of such a request.

Name of the organization

Employer identification number

Island Conservation

91-1839907

The Chair will bring the request to the Board for action. The request and any action taken shall be reflected in the official minutes of Island Conservation. An interested Board member, officer, or staff member shall not participate in any discussion or debate of the Board of Directors, or of any committee or subcommittee thereof in which the subject of discussion is a contract, transaction, or situation in which there may be a perceived or actual conflict of interest. However, she or he may be present to provide clarifying information in such a discussion or debate unless objected to by any present board or committee member. Anyone in a position to make decisions about spending Island Conservation's resources (i.e., transactions such as purchases contracts) - who also stands to benefit from that decision - has a duty to disclose that conflict as soon as it arises (or becomes apparent); she or he should not participate in any final decisions.

Form 990, Part VI, Section B, Line 15a & 15b

Island Conservation periodically obtains relevant market data to ensure that compensation decisions are consistent with average market conditions. Island Conservation maintains job grade levels and assigns compensation ranges to each grade level based on the market data. Each position is assigned a grade level based on factors such as the amount of supervision required, the skills and variety of skills required, the level of original thinking required and the responsibility level of the position. Annually in the April time frame compensation is assessed against the market data within the constraints of the grade level salary ranges and each employee's personal performance compared to their peers and the expectations of the role. The Executive Committee makes a recommendation on any salary adjustment for the CEO or CFO to the full Board. Compensation was reviewed for all staff in 2009 and 2010.

Form 990, Part VI, Section C, Line 19

Governing documents, conflict of interest policy and Financial Statements are available to the public upon request

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|---|--|---|
| Type or print <small>File by the extended due date for filing the return See instructions</small> | Name of Exempt Organization Island Conservation | Employer identification number 91-1839907 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 100 Shaffer Road | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions Santa Cruz, CA 95060 | |

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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

- The books are in the care of **Island Conservation**
Telephone No. **(831) 359-4787** FAX No. **N/A**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2010

5 For calendar year 2009, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension Additional time is needed to gather sufficient information in order to file a complete Informational return

| | | | |
|--|-----------|----|---|
| 8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 0 |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior-year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0 |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. | 8c | \$ | 0 |

Signature and Verification

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

Signature A. Oshkari Title CPA Date 8/11/10