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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)

OMB No 1545-0047
2011
Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization: Heal The Ocean Inc
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address), (Room/suite/PO Box #): PO Box 90106
 City or town, state or country, and ZIP + 4: Santa Barbara, CA 93190

D Employer identification number: 77-0565183
E Telephone number: (805) 965-7570
G Gross receipts \$: 247,218

F Name and address of principal officer:
Hilary Hauser
PO Box 90106
Santa Barbara, CA 93190

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 1947(a)(1) or 527

J Website: www.healththeocean.org

K Form of organization: Corporation Trust Association Other ▶ _____
L Year of formation: 1998 **M** State of legal domicile: CA

COPY

Part I Summary

| | | | | |
|---|--|---|---|-----------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>Heal the Ocean focuses on wastewater infrastructure - sewers and septic systems as well as ocean dumping practices.</u> | | | |
| | 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 | 8 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8 | |
| | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 1 | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 3 | |
| | 7a Total 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 | | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year: <u>190,199</u> | Current Year: <u>240,445</u> | |
| | 9 Program service revenue (Part VIII, line 2g) | | <u>3,537</u> | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <u>26</u> | <u>185</u> | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9d, and 11e) | <u>190,850</u> | <u>1,528</u> | |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <u>381,075</u> | <u>245,695</u> | |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | <u>18,000</u> | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | <u>0</u> | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | <u>132,358</u> | <u>88,035</u> | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | <u>0</u> | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>17,997</u> | | | |
| Expenses | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | <u>275,726</u> | <u>156,895</u> | |
| | 18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25) | <u>408,084</u> | <u>262,930</u> | |
| | 19 Revenue less expenses—subtract line 18 from line 12 | <u>-27,009</u> | <u>-17,235</u> | |
| | Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year: <u>188,269</u> | End of Year: <u>135,712</u> |
| | | 21 Total liabilities (Part X, line 26) | <u>37,438</u> | <u>2,116</u> |
| 22 Net assets or fund balances—subtract line 21 from line 20 | | <u>150,831</u> | <u>133,596</u> | |

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: _____ Date: 2012-03-07
 Hilary Hauser, President
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Hilary Tentler Date: _____ Check if self-employed
 Preparer's taxpayer identification number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: Hilary Tentler CPA
735 State St Suite 676
 Phone no. (XXX) XXX-XXXX: _____

THIS IS A COPY OF A LIVE DATA RETURN. OFFICIAL USE ONLY.
 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization

HEAL THE OCEAN, INC

Employer identification number

77-0565183

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No). Rows 1-6.

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?. Rows 1-10.

Total \$ 1,500.

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount and type of assistance. Rows 1-10.

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

Schedule L (Form 990 or 990-EZ) 2011

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IRSOGDEN, UTAH

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