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Form 990

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

Denartment of the Treasury

Inter	nal Revenue	e Service	he organization	may have to use a copy of this r	return to satisfy	state report	ng requiren	nents	1 12	and the same	
Ā	For the 2	2011 calend	dar year, or tax year beginr		, 2011,	and endin	g Jun	30	,	2012	
В	Check if ap	plicable	C Name of organization OCE.	AN CONSERVANCY				D Employ	er Identific	ation Number	
	Addre	ss change	Doing Business As					23-	72451	52	
	Name	change	Number and street (or P O bo	x if mail is not delivered to street a	addr)	Room/s	uite	E Telepho	ne numbe	r	
	Initial	return	1300 19th STREET	, NW		8th	Floor	(20:	2) 42	9-5609	
	Termi	nated	City, town or country		State	ZIP code + 4					
	Amen	ded return	Washington		DC	20036		G Gross re	eceipts \$	28,108,32	3.
	Applic	ation pending		l officer			H(a) Is this	a group retur			
	<u> </u>		Lawrence J Amon Same a	as line C				affiliates incl		Yes	_
$\overline{\Gamma}$	Tax-exer	npt status	X 501(c)(3) 501(c) (4947(a)(1) or	527	If 'No,'	attach a list	(see instru	uctions) —	
i -	Websi		w.oceanconservan		10 17 (0)(1) 0.		H(c) Group	exemption nu	mher ►		
ĸ		organization	X Corporation Trust	Association Other►	1 4	ear of Format				al domicile DC	
		Summar		ASSOCIATION Other		cai oi i oimat	1011 1 2 7 7	2 107 3	tate or leg	ar domicile DC	
			be the organization's mission	on or most significant activ	vities Oc	ean Co	nserva	ncv le	ads t	he sear	ch
			tions for our wa							ziic_ scar	=11
ဋ			des policy and e								
T.			for future gene								
Ş.			x F if the organization		ns or dispos	ed of more	e than 25	% of its ne	t assets	 3.	
Ġ			oting members of the govern						3	_	17
98			dependent voting members			b)			4		16
₹			of individuals employed in	•	V, line 2a)	•			5		132
Activities & Governance			of volunteers (estimate if n	- ·					6	59	8,000
•			ed business revenue from P		12				7a 7b		0.
	D Ne	t unrelated	business taxable income fi	rom Form 990-1, line 34	·				76		
	9 Co	ntributions	and grants (Part VIII, line 1	15/10	130			rior Year , 138, 8	16	Current Y	
9			rice revenue (Part VIII, line		113 191		14			20,898	
Revenue			ncome (Part VIII, column (A)	Y1 (A)	ري		1	57,2 .,447,8			,954.
2			e (Part VIII, column (A), line	g ,	11e) ' "			384,0			,450. ,207.
, —			e – add lines 8 through 11 (1 - "	+	12)	16	,027,8		21,851	
			imilar amounts paid (Part I)	C D C		· - /		310,4			,097.
			to or for members (Part IX					010/	0.		0.
		· ·	er compensation, employee		(A) lines 5	-10)	7	,699,9		8,513	
ê			fundraising fees (Part IX, co	·	(10, 111100 0	,0,	<u> </u>	380,2			,552.
Expenses					0.50		September 1	300,2	02.	202	,332.
Š			sing expenses (Part IX, colu		2,53	<u>4,038.</u>		ander Mi			1
		•	es (Part IX, column (A), lin	•				,010,5		10,183	
			es. Add lines 13-17 (must e		line 25)			,401,2		19,502	
	19 Re	venue less	expenses. Subtract line 18	from line 12				<u>, 373, 3</u>	99.	2,349	<u>,048.</u>
5 8								ng of Curren		End of Yo	
Assets 1 Baland			(Part X, line 16)					,849,1		22,190	
Net A	21 To	tal liabilitie	s (Part X, line 26)	•			4	,243,9	187.	4,524	<u>,722.</u>
žŽ			fund balances Subtract lin	e 21 from line 20	<u> </u>		15	,605,1	20.	17,665	<u>,983.</u>
	及直播	Signatur	e Block								
Unde	r penalties	of perjury, I de	eclare that I have examined this retuirer (other than officer) is based on	m, including accompanying sched	lules and statem	nents, and to	the best of m	ny knowledge	and belief	, it is true, correc	t, and
		The d	- Correction of the Correction		as any relevice			-			
				1///			l_ Da	<u>Z-1</u>	/-/_	≥	
Sig	jn	_	re of officer								
He	re		rence J. Aftern				Chie:	f Fina	ncial	Officer	 _
			 	1		I			- 		
		Print/Type p	reparer's name	Preparer's signature		Date		Check] # P	TIN	
Pai		ļ	 	<u> </u>		<u> </u>		self-employ	ed		
	eparer	Firm's name	<u> </u>								
US	e Only	Firm's addre	ess •					Firm's EIN	<u> </u>		
		<u> </u>						Phone no			
May	the IRS	discuss thi	s return with the preparer s	shown above? (see instruc	ctions)		_			☐ Yes [No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Page 3

Form 990 (2011) OCEAN CONSERVANCY
Park V Checklist of Required Schedules

		-	V	
			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	_1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
l	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	11 b	Х	
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f	Х	
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
ı	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>x</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
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, Parts III and IV	16		х
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 (see instructions)	17	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	18		х
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	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
١	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 ь		

Form 990 (2011) OCEAN CONSERVANCY

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? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22_	_	Х
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>	23_	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		Х
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		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	و مس	X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X_
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
29	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
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_		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA	······································	Form	990 ((2011)

	t V Statements Regarding Other IRS Filings and Tax Compliance	23-124	<u> </u>		'	age
T al	Check if Schedule O contains a response to any question in this Part V					
	Check it ochequie o contains a response to any question in this rait v				Yes	No
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	62	77.23	2.4.44	Fig.
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	-02			
	•					
	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming		1 c	X	18 35 / P.
22	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	132			
t	fat least one is reported on line 2a, did the organization file all required federal employment in	ax returns?	L	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	tructions)	ļ	1		
32	Did the organization have unrelated business gross income of \$1,000 or more during the year	•		3a		Х
t	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O			3ь		
42	a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin-	r other authority over, a ancial account)?	Į	4a		Х
t	If 'Yes,' enter the name of the foreign country			썘		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fir	ancial Accounts	2			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year [?]		5a		X
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?	Ī	5b		Х
•	olf 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5с		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible?	d did the organization		6a		х
t	If 'Yes,' did the organization include with every solicitation an express statement that such con not tax deductible?	tributions or gifts were	1	6ь		
7	Organizations that may receive deductible contributions under section 170(c).					
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and paid services provided to the payor?	rtly for goods and		7a	X	
t	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		İ	7b	Х	
ć	Did the organization sell, exchange, or otherwise dispose of tangible personal property for white Form 8282?	ch it was required to file		7c		Х
c	f If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		THE STATE OF		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef	fit contract?		7f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization as required?			7g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the c Form 1098-C?	rganization file a		7h	****	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, has holdings at any time during the year?		1	8		
9	Sponsoring organizations maintaining donor advised funds.			258		, (°¢
ā	a Did the organization make any taxable distributions under section 4966?		F	9a		
t	Did the organization make a distribution to a donor, donor advisor, or related person?		Ī	9ь		
10	Section 501(c)(7) organizations. Enter		í			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				l I
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ъ				
11	Section 501(c)(12) organizations. Enter	·				
	Gross income from members or shareholders	11 a	ŀ		; ;	
Ŀ	Gross income from other sources (Do not net amounts due or paid to other sources				i i	
	against amounts due or received from them)	11 b				
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1		12a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			!	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		P			
ē	a Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule	U			ŀ	
t	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13Ь				
•	Enter the amount of reserves on hand	13c				
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		f	14a		Х
Ł	of If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sc	hedule O	[14b		

Section A. Governing Body and Management

1 a

1 b

Х

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

Check if Schedule O contains a response to any question in this Part VI

	_	x
 	Yes	No
17		

16

2

3

Δ

5

1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members
of the governing body, or if the governing body delegated broad
authority to an executive committee or similar committee, explain in Schedule O
b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

Did the organization become aware during the year of a significant diversion of the organization's assets?

Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

Is there any officer, director or 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

6		<u> X</u>
7a		х
7 b		х
8a	Х	
8b	Х	
9		х
	Yes	No
10 a		X
10b		
44.	37	

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

		Y
10 a Did the organization have local chapters, branches, or affiliates?	10a	
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c	;
13 Did the organization have a written whistleblower policy?	13	
14 Did the organization have a written document retention and destruction policy?	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	15a	
b Other officers of key employees of the organization	15 b	7
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		

organization's exempt status with respect to such arrangements? Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed > See Form 990, Page 6, Line 17 (continued)

b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the

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

Another's website

X Upon request

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

taxable entity during the year?

► Kenneth Donaldson 1300 19th St., NW 8th Floor DC 20036 (202) 429-5609

16a

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organization	nor any r	elated	org	anız	atio	n com	pen	sated any current office	cer, director, or truste	е
(C)										
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (D) Reportable compensation from co						(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	(describe hours for related organiza- tions in Schedule O)	ੜਾਖ਼ਿਆਂਟੀ ਈ ਵਿਸ਼ਵਦ ਹਾਂ ਹੀਸਦੇ ਨਸ	anshitutional frustee	Offi 🖭	Key employee	Higl est coinกูษารอted employee	Funel	the organization (W-2/1099-MISC)	(W 2/1099 MISC)	from the organization and related organizations
_(1) Veronique Spruill										
President & CEO	40.00	Х		Х				325,510.	0.	33,033.
(2) E.U. Curtis Bohlen Chair	2.00	х		х				0.	0.	0.
(3) David Aldrich										
Vice Chair	2.00	Х		X				0.	0.	0.
_(4) Patrick Purcell Treasurer	2.00	X		х				0.	0.	0.
(5) Steven Moore										
Secretary	2.00	Х		Х				0.	0.	0.
_(6) Thomas Allen Board Member	2.00	х						0.	0.	0.
(7) Laura Burton Capps Board Member	2.00							0.	0.	0.
(8) Philippe Cousteau										
Board Member	2.00	Х						0.	0.	0.
(9) Nicole Luskey Board Member	2.00							0.	0.	0.
(10) Cecily Majerus Board Member	2.00							0.	0.	0.
(11) Will Martin	2.00	^	-		_					<u> </u>
Board Member	2.00	Х						0.	0.	0.
(12) Edward Miller Board Member	2.00	Х						0.	0.	0.
(13) Dane Nichols Board Member	2.00	x	_					0.	0.	0.
(14) Michael Orbach Board Member	2.00				,			0.	0.	0.

Form 990 (2011) OCEAN CONSERVANCY 23-7245152 Page 8 Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont) (C) Position (do not check more than one box, unless person is both an Estimated amount of other compensation from the (B) (A) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Name and title verage hours officer and a director/trustee) per week (describ Individual or director Highest Former Institutional trustee employee organization and related organizations employee hours compen related organı-zations Sch O) (15) Stephen Palumbi Board Member 2.00 X 0. 0 0. (16) Enric Sala Board Member 2.00 X 0. 0 0. (17) David Zaches 2.00 X 0. Board Member 0. 0. (18) Dennis Kelso 0 EVP 40 00 X 203,475. 28,298. (19) Lawrence Amon Х 0 106,323. 6,379. CFO 24.00 (20) Janis Jones VP Legal Affairs 40.00 Х 201,021. 0. 28,108. (21) Amelia Montjoy Х 180,658. 0. VP Resource Development 40.00 18,355. (22) Elizabeth Hallman___ 131,347 0 15,103. Dir. Corp. Giving 40.00 (23) Emily Woglom Х Dir. Gov. Relations 0 40.00 130,019 15,149.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation **►** 13 from the organization

Х

Х

124,317.

124,293.

110,869.

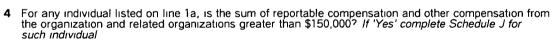
1,526,963.

1,637,832.

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*

40.00

40.00



Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Yes No 3 4 Х

23,534.

15,459.

14,216.

197,634.

183,418.

0.

0

0.

0.

0.

Section B. Independent Contractors

(24) Stanley Senner

(25) Chris Dorsett

d Total (add lines 1b and 1c)

1 b Sub-total

Dir. Conservation Science

c Total from continuation sheets to Part VII, Section A

Dir. Gulf Restoration

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

	(A) Name and busine	(B) Description of services	(C) Compensation			
Patty Debenham	917 Broderick S	St. San Francis	co CA	94115	Marine Debris Policy	211,900.
Sandra Whitehouse	175 Carroll Ave	e. Newport	RI	02840	Marine Spatial Planning	182,000.
Mal Warwick & Assoc.	2550 9th St.#10	03 Berekeley	CA	94710	Fundraising	172,963.
Alaska Stratagies	4810 Lakes Edge P	lace Garden Cit	ty ID	83714	Gulf Restoration	139,500.
Watershed	P.O.Box 400278	Cambridge	MA	02140	Web Advc&Fundraising	114,427.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >

Total revenue	Pai	t VIII Statement of Revenue		,		
Table Tabl			(A) Total revenue	Related or exempt function	business	excluded from tax under sections
2	GRANTS	b Membership dues 1b 1,968,912.				
2	IS, GIFTS,	d Related organizations 1d 0.				
2	RIBUTION OTHER S	- 				
2	SS!	-				
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 543,900.		Total Add Inco Ta 11	20,898,891.			
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 543,900.	- 3	Business Code				
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 543,900.	<u> </u>	2a Environmental Consulting 541900	<u>157,766.</u>	157,766.	0.	0.
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 543,900.	#	b Speaker Honorariums 541900	3,000.	3,000.	0.	0.
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 543,900.	5	c Ocean Movie Night 512000	188.	188.	0.	0.
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 543,900.	Ę	d	·	7		
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 543,900.	ξ	e				
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 543,900.	₹	f All other program service revenue			-	
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 543,900.	وَدُ		160 954			
Second S		3 Investment income (including dividends, interest and		0.	0.	409,340.
(i) Real (ii) Personal (iii) Perso		4 Income from investment of tax-exempt bond proceeds				
Company Comp		5 Royalties	543,900.	0.	0.	543,900.
b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross arount from sales of assets other than inventory b Less cost or other basis and sales expenses (c Gain or (loss) d Net gain or (loss) 4 Net gain or (loss) 5 A Gross income from fundraising events (not including \$ 0.0 of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities 9a Gross sneome from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a List Rental 900099 17,034. 0. 0. 27,034. 0. 0. 43. 0. 0. 43. 0. 0. 43.		(i) Real (ii) Personal				
C Rental income or (loss)		6a Gross rents				
C Rental income or (loss) d Net rental income or (loss) Mode the rental income		b Less rental expenses				
d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Cain or (loss) 6,253,486194,890. 6,253,486194,890. 7a Gross income from fundraising events c Cain or (loss) 7a Gross income from fundraising events a Gross income from fundraising events (not including \$ 0.0 of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 b Less direct expenses c Net income or (loss) from garning activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from garning activities See Part IV, line 19 c Net income or (loss) from sales of inventory All a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 8 Business Code 11a List Rental 900099 27,034. 0. 0. 27,034. b Miscellaneous C d All other revenue e Total. Add lines 11a-11d 27,077.						
7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 7a Gross ancome from fundraising events a Gross income from fundraising events b Less direct expenses c Net income or (loss) from gaming activities a b Less direct expenses c Net income or (loss) from gaming activities a b Less direct expenses c Net income or (loss) from gaming activities a b Less cost of goods sold b 3, 335. b Less cost of goods sold b 3, 335. c Net income or (loss) from sales of inventory Miscellaneous Revenue 8usiness Code 11a List Rental 900099 27, 034. 0. 0. 27, 034. b Miscellaneous c d All other revenue e Total. Add lines 11a-11id (i) Other 6, 058, 596. b 0, 058, 5						
Table Tabl		·				
b Less cost or other basis and sales expenses 6, 253, 486. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b 3, 335. c Net income or (loss) from sales of inventory 6,230. 6,230. 0. 0. 0. Miscellaneous Revenue 8usiness Code 11a List Rental 900099 27,034. 0. 0. 27,034. b Miscellaneous 900099 43. 0. 0. 43. c d All other revenue e Total. Add lines 11a-11d		/a Gross amount from sales of				
The property of the property o		b Less cost or other basis				
d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 8usiness Code 11a List Rental 900099 17,034. b Miscellaneous 900099 43. 0. 0. 143. c Light Rental 900099 43. 0. 0. 0. 43. 0. 0. 0. 43. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.						
8a Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 8usiness Code 11a List Rental 900099 27,034. 0. 0. 27,034. b Miscellaneous 900099 43. 0. 0. 43. c d All other revenue e Total. Add lines 11a-11d		· · · · · · · · · · · · · · · · · · ·	104 900			104 000
C Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 9,565. b Less cost of goods sold b 3,335. c Net income or (loss) from sales of inventory 6,230. 6,230. 0. 0. 0. 0. 0. 0. 27,034. b Miscellaneous 900099 43. 0. 0. 43. c d All other revenue e Total. Add lines 11a-11d	w l	8a Gross income from fundraising events	-194,090.	0,	0.	-194,690.
C Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 9,565. b Less cost of goods sold b 3,335. c Net income or (loss) from sales of inventory 6,230. 6,230. 0. 0. 0. 0. 0. 0. 27,034. b Miscellaneous 900099 43. 0. 0. 43. c d All other revenue e Total. Add lines 11a-11d	REVEN	of contributions reported on line 1c)				
C Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 9,565. b Less cost of goods sold b 3,335. c Net income or (loss) from sales of inventory 6,230. 6,230. 0. 0. 0. 0. 0. 0. 27,034. b Miscellaneous 900099 43. 0. 0. 43. c d All other revenue e Total. Add lines 11a-11d	监					
9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a List Rental 900099 27,034. 0. 0. 27,034. b Miscellaneous 900099 43. 0. 0. 43. c d All other revenue e Total. Add lines 11a-11d	[등	· — · — · — · — · — · — · — · — · — · —				
b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a List Rental 900099 27,034. 0. 0. 27,034. b Miscellaneous 900099 43. 0. 0. 43. c d All other revenue e Total. Add lines 11a-11d						
c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory 6,230. 6,230. 0. 0. 0. 0. Miscellaneous Revenue 8usiness Code 11a List Rental 900099 27,034. 0. 0. 27,034. b Miscellaneous 900099 43. 0. 0. 43. c d All other revenue e Total. Add lines 11a-11d						
and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a List Rental 900099 27,034. 0. 0. 27,034. b Miscellaneous 0. 0. 43. c d All other revenue e Total. Add lines 11a-11d 27,077.		· · · · · · · · · · · · · · · · · · ·				
c Net income or (loss) from sales of inventory ► 6,230. 6,230. 0. 0. Miscellaneous Revenue Business Code 0. 0. 27,034. 11a List Rental 900099 27,034. 0. 0. 27,034. b Miscellaneous 900099 43. 0. 0. 43. c 0. 43. 0. 0. 43. d All other revenue 27,077. 27,077.		10a Gross sales of inventory, less returns and allowances a 9,565.				
Miscellaneous Revenue Business Code 11a List Rental 900099 27,034. 0. 0. 27,034. b Miscellaneous 900099 43. 0. 0. 43. c 0. 43. 0. 43. 0. 43. d All other revenue 27,077. 27,077. 0		b Less cost of goods sold b 3,335.				
Miscellaneous Revenue Business Code 11a List Rental 900099 27,034. 0. 0. 27,034. b Miscellaneous 900099 43. 0. 0. 43. c d All other revenue 27,077. 27,077.			6,230.	6,230.	0.	0.
b Miscellaneous 900099 43. 0. 0. 43. c d All other revenue 27,077. 27,077.	Ī					
b Miscellaneous 900099 43. 0. 0. 43. c d All other revenue 27,077. 27,077.	Ī	11a List Rental 900099	27,034.	0.	0.	27,034.
c d All other revenue e Total. Add lines 11a-11d 27, 077.						
e Total. Add lines 11a-11d ► 27,077.		c				
e Total. Add lines 11a-11d ► 27,077.		d All other revenue				· · · · · · · · · · · · · · · · · · ·
		\ <u></u>	27.077			<u> </u>
				167,184	Ω.	785.427

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)

	Check if Schedule O contains a response to any question in this Part IX								
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	586,912.	586,912.						
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,000.	2,000.						
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	14,185.	14,185.						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0. 1,131,161.	0. 795,687.	171,355.	164,119.				
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	5,602,618.	4,355,352.	676,623.	570,643.				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	237,413.	186,009.	28,007.					
9	Other employee benefits				23,397.				
-	, ,	1,081,972.	834,053.	133,354.	114,565.				
10	Payroll taxes	460,591.	353,542.	57,401.	49,648.				
11	Fees for services (non-employees)				_				
	a Management	0.	0.	0.	0.				
	Legal	37,491.	37,491.	0.	0.				
	Accounting	125,212.	0.	125,212.	0.				
	Lobbying	0.	0.	0.	0.				
	Professional fundraising services See Part IV, line 17	202,552.			202,552.				
	Investment management fees	84,834.	0.	84,834.	0.				
ç) Other	2,384,320.	2,221,893.	159,096.	3,331.				
12	Advertising and promotion	155,924.	154,073.	957.	894.				
13	Office expenses	3,943,588.	2,733,445.	188,241.	1,021,902.				
14	Information technology	151,655.	118,121.	7,413.	26,121.				
15	Royalties	0.	0.	0.	0.				
16	Occupancy	1,160,755.	866,879.	185,803.	108,073.				
17	Travel	669,067.	610,240.	18,830.	39,997.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.				
19	Conferences, conventions, and meetings	289,337.	248,811.	19,729.	20,797.				
20	Interest	120,930.	115.	120,799.	16.				
21	Payments to affiliates	0.	0.	0.	0.				
22	Depreciation, depletion, and amortization	176,318.	127,293.	30,996.	18,029.				
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e.	68,163.	51,692.	10,414.	6,057.				
_	expenses on Schedule O) List Rentals	160 051	100 503	070	F 0 47.0				
		162,951.	109,503.	978.	52,470.				
	Dues & Subscriptions	144,275.	116,249.	3,702.	24,324.				
	Telemarketing	152,062.	102,186.	912.	48,964.				
	Expensed Furniture & Equip	305,331.	254,697.	31,787.	18,847.				
	All other expenses	50,837.	25,198.	6,347.	19,292.				
25 26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	19,502,454.	14,905,626.	2,062,790.	2,534,038.				
	Check here ► X if following SOP 98-2 (ASC 958-720)	3,789,008.	2,546,213.	22,734.	1,220,061.				

		Balance Sheet					
,					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			600.	1	600.
	2	Savings and temporary cash investments			2,665,713.	2	1,231,912.
	3	Pledges and grants receivable, net		ĺ	1,770,628.	3	4,742,641.
	4	Accounts receivable, net			178,784.	4	271,686.
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	s, trustees I of Sched	s, key employees, dule L		5	
,	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)		6			
A	7	Notes and loans receivable, net			*	7	
Š	8	Inventories for sale or use				8	928.
ASSETS	9	Prepaid expenses and deferred charges			343,961.	9	263,532.
·	_	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,988,975.			
	h	Less accumulated depreciation	10b	1,456,793.	330,295.	10 c	532,182.
	11	Investments – publicly traded securities	100	1,430,733.	13,107,988.	11	14,351,960.
	12	Investments – other securities See Part IV, line 11			656,914.	12	11/001/001
	13	Investments – program-related See Part IV, line 11			000/311.	13	
	14	Intangible assets			5,614.	14	0.
	15	Other assets See Part IV, line 11			788,610.	15	795,264.
	16	Total assets. Add lines 1 through 15 (must equal line)	341		19,849,107.	16	22,190,705.
	17	Accounts payable and accrued expenses	<u> </u>	····	1,040,561.	17	1,153,825.
	18	Grants payable				18	209,420.
	19	Deferred revenue				19	12,928.
L	20	Tax-exempt bond liabilities				20	
A	21	Escrow or custodial account liability Complete Part I'	V of Sche	dule D		21	
ABILIT	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per of Schedule L		22			
- 1	23	Secured mortgages and notes payable to unrelated th	ird parties	s	2,222,210.	23	2,047,109.
E S	24	Unsecured notes and loans payable to unrelated third				24	, , , , , , , , , , , , , , , , , , ,
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com		ed third parties, X of Schedule D	981,216.	25	1,101,440.
	26	Total liabilities. Add lines 17 through 25			4,243,987.	26	4,524,722.
N		Organizations that follow SFAS 117, check here ▶	X and	complete lines			
Ť		27 through 29 and lines 33 and 34.					
Ş	27	Unrestricted net assets			8,495,050.	27	8,620,256.
ASSETS	28	Temporarily restricted net assets			5,517,900.	28	7,453,557.
	29	•	1,592,170.	29	1,592,170.		
Q R	ĺ	Organizations that do not follow SFAS 117, check he					
F UZD		lines 30 through 34.					
Ď	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, or equipm				31	
Ä	32	Retained earnings, endowment, accumulated income,	or other	funds		32	
BALANCES	33	Total net assets or fund balances			15,605,120.	33	17,665,983.
Š	34	Total liabilities and net assets/fund balances			19,849,107.	34	22,190,705.

BAA

Form **990** (2011)

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?

Х

3 a

3ь

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

allus of acros

Employer identification number

OCE.	ΑN	CONSERVANCY							23-72	245152	2		=
Parí	} []	Reason for Publ	ic Charity Status	(All organizations	must c	omple	te this	part.)	See II	nstruct	ions.		
The o	rgaı	nization is not a privat	e foundation because	it is (For lines 1 through	gh 11, ch	neck only	y one bo	ox)					
1		A church, convention	of churches or associ	ation of churches descr	ibed in s	section 1	170(b) (1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	\sqcup	A medical research of	rganızatıon operated ı	in conjunction with a ho	spital de	scribed	ın secti	on 170(Ь)(1)(А) ((iii) Ente	er the hospi	tal's	
_	name, city, and state												
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1XAXiv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(bX1XAXv) .												
6 7	X	An organization that r in section 170(b)(1)(A)	normally receives a si	ubstantial part of its sup	ea in se o port fron	n a gove	ernment	a)(v). al unit c	or from t	he gene	ral public de	escrib	ed
8		A community trust de	scribed in section 17 0	0(b)(1)(A)(vi). (Complete	e Part II)							
9		from activities related	l to its exempt function and unrelated business	more than 33-1/3% of and a subject to certain a taxable income (less supplete Part III)	exceptio	ns. and	(2) no r	nore tha	ın 33-1/3	3% of its	support fro	m arc	SS
10		An organization organ	nized and operated ex	clusively to test for pub	lic safet	y See s	ection 5	509(a)(4)).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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												
		a Type I	b Type II	c 💹 Type III		-	_			d 📙	Type III –	Othe	r
е		By checking this box, other than foundation section 509(a)(2)	I certify that the orga managers and other	nization is not controlle than one or more public	d directly	y or ındı orted orç	rectly by ganization	one or	more d cribed in	isqualifie i section	ed persons 509(a)(1) o	or	
f		If the organization red check this box	ceived a written deterr	mination from the IRS th	nat is a	Гуре I, Т	ype II o	r Type I	II suppo	rting org	anization,		
g		Since August 17, 200	6, has the organization	on accepted any gift or	contribu	tion fron	n any of	the foll	owing pe	ersons?			
												Yes	No
		(i) A person who d below, the gove	rectly or indirectly co	ntrols, either alone or to ported organization?	ogether v	with pers	sons des	scribed	ın (ıı) an	nd (III)	11 g (i)		
		(ii) A family member	er of a person describ	ed in (i) above ⁹							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person d	lescribed in (i) or (ii) ab	ove?						_11 g (iii)		
<u>h</u>		Provide the following	information about the	supported organization	(s)		r				_		
		(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	s the lation in) listed in overning ment?	the organ	ou notify iization in n (i) of upport?	organiz colur organize	s the cation in in in (i) ced in the S ?	(vii) Amour	t of sup	port
					Yes	No	Yes ′	No	Yes	No			
(A)							,				_		
(B)													
(C)													
(D)													
<u>(E)</u>													
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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support									
begi	endar year (or fiscal year inning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	18,467,534.	16,135,997.	11,219,447.	14,138,846.	20,898,89	91. 80,860,715.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	18,467,534.	16,135,997.	11,219,447.	14,138,846.	20,898,89	91. 80,860,715.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24,435,993.			
6	Public support. Subtract line 5 from line 4						56,424,722.			
Sec	ction B. Total Support			<u>'</u>			100/121/722.			
Cale beg	endar year (or fiscal year inning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
7	Amounts from line 4	18,467,534.	16,135,997.	11,219,447.	14,138,846.	20,898,89	1. 80,860,715.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	650,639.	407,949.	289,032.	690,536.	953,24	0. 2,991,396.			
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)	32,875.	195,358.	54,274.	138,884.	27,07	7. 448,468.			
11	Total support. Add lines 7 through 10						84,300,579.			
12	Gross receipts from related activ	ities, etc (see inst	ructions)			-	12			
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)			
	ction C. Computation of Pu									
	Public support percentage for 20	•	•	e 11, column (f))			14 66.93%			
	Public support percentage from 2	,	,			<u>-</u>	15 72.86%			
16	16a 33-1/3% support test − 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
b 33-1/3% support test − 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization										
17	17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ □									
	b 10%-facts-and-circumstances test — 2010. 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.									
	Private foundation. If the organiz	ation did not ched	k a box on line 13	3, 16a, 16b, 17a, o		•				
BAA	1				So	hedule A (For	m 990 or 990-EZ) 2011			

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

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

Sect	tion A. Public Support						
Calend	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge.						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	tion B. Total Support			I	I		1
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
-	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (Add Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and			d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 20	•		e 13, column (f))		15	- %
	Public support percentage from 2					16_	<u> </u>
	tion D. Computation of Inv				(6)	T	1 0
		•	= =	.	nn (t))	17	8
	Investment income percentage fr				od line 15 is in the	18 18	8 d lung 17
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies as	a publicly suppor	ted organization	▶ [_
	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organi	1/3%, and zation
20	Private foundation. If the organiz	zation did not ched	ck a box on line 1	4, 19a, or 19b, ch	eck this box and s		200 or 000 ET 2011

Park IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Other Income Part II, Line 10
Description: List Rental
2007: 28939.
2008: 80613.
2009: 54175.
2010: 38578.
2011: 27034.
Description: Lawsuit Settlement
2008: 78510.
2010: 100000.
2011: 0
Description: Miscellaneous Inc.
2007: 3936.
2008: 36235.
2009: 99.
2010: 306.
2011: 43.
·

OCEAN CONSERVANCY

Schedule A (Form 990 or 990-EZ) 2011

23-7245152

Page 4

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

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

Section 527 organizations Complete Part I-A only

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

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

	organization answered 'Yes,' section 501(c)(4), (5), or (6) or	to Form 990, Part IV, line 5 (Proxy Tax) or ganizations. Complete Part III	Form 990-EZ, Part V,	line 35a (Proxy Tax), th	en
	of organization	gamzatione complete are in	•	Employer identifica	ition number
OCE	AN CONSERVANCY			23-724515	2
		ganization is exempt under section	on 501(c) or is a s	section 527 organiz	zation.
1	Provide a description of the o	rganization's direct and indirect political ca	mpaign activities in P	art IV	=
	Political expenditures			► \$	
3	Volunteer hours			•	
Par	Complete if the or	ganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excis	se tax incurred by the organization under se	ection 4955	▶ \$	
2	Enter the amount of any excis	se tax incurred by organization managers u	nder section 4955	► \$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No
4a	Was a correction made?				Yes No
b	If 'Yes,' describe in Part IV				
Par	Complete if the or	ganization is exempt under section	on 501(c) , except	t section 501(c)(3).	
1	Enter the amount directly exp	ended by the filing organization for section	527 exempt function	activities ►\$	
2	Enter the amount of the filing function activities	organization's funds contributed to other or	ganizations for section	on 527 exempt ►\$	
3	Total exempt function expend line 17b	litures Add lines 1 and 2 Enter here and o	n Form 1120-POL,	► \$	
4	Did the filing organization file	Form 1120-POL for this year?		•	Yes No
5	organization made nayments	and employer identification number (EIN) or For each organization listed, enter the amous received that were promptly and directly action committee (PAC) If additional space	ount paid from the file	na organization's funds	Also enter the
	(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-
(1)					_
(2)					
(3)					
(4)					
(5)					
(6)			· ·		

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

Schedule C (Form 990 or 990-EZ) 2011

Part II-A Complete if the organizat section 501(h)).	ion is exempt under section 501(c)(3) a	nd filed Form 5768 (ele	ction under
A Check ► If the filing organization be	elongs to an affiliated group (and list in Part IV ea	ch affiliated group member's i	name,
address, EIN, expenses, a	and share of excess lobbying expenditures)	- '	
B Check ► I if the filing organization ch	necked box A and 'limited control' provisions apply	•	
	bying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence p	public opinion (grass roots lobbying)	4,612.	
b Total lobbying expenditures to influence a	a legislative body (direct lobbying)	257,380.	
c Total lobbying expenditures (add lines 1a	and 1b)	261,992.	
d Other exempt purpose expenditures		19,240,462.	
e Total exempt purpose expenditures (add	19,502,454.		
f Lobbying nontaxable amount Enter the a both columns	mount from the following table in	1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is		
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	<u> </u>	
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		
g Grassroots nontaxable amount (enter 259	% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-	0.	
i Subtract line 1f from line 1c If zero or les	ss, enter -0-	0.	
j If there is an amount other than zero on a section 4911 tax for this year?	either line 1h or line 1i, did the organization file Fo	rm 4720 reporting	Yes No
(Some organizations	4-Year Averaging Period Under Section 501(h) that made a section 501(h) election do not have t	o complete all of the five	

columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total			
2a Lobbying non-taxable amount	948,260.	697,414.	1,000,000.	1,000,000.	3,645,674.			
b Lobbying ceiling amount (150% of line 2a, column (e))					5,468,511.			
c Total lobbying expenditures	61,513.	96,672.	469,251.	257,380.	884,816.			
d Grassroots nontaxable amount	237,065.	174,354.	250,000.	250,000.	911,419.			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,367,129.			
f Grassroots lobbying expenditures	434.	6,171.	4,863.	4,612.	16,080.			

BAA

Schedule C (Form 990 or 990-EZ) 2011

Page 3

Schedule C (Form 990 or 990-EZ) 2011 OCEAN CONSERVANCY

Partition

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

Survey West responds to lines to through the below, arounds in Doubliff a detailed description		(a)		(b)		
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Am	ount		
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of						
a Volunteers?						
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 						
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities?			•			
i Total Add lines 1c through 1i						
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b If 'Yes,' enter the amount of any tax incurred under section 4912						
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
PartIII-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	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 carry over lobbying and political expenditures from the prior year?			3			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'	R (b)		II-A, line	3, is	; 	
1 Dues, assessments and similar amounts from members		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
a Current year		2a				
b Carryover from last year		2b				
c Total		2 c				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	al					
expenditure next year?		5				
5 Taxable amount of lobbying and political expenditures (see instructions) Part W Supplemental Information		5				
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part Also, complete this part for any additional information	II-A, a	and Part	II-B, line	1		
			 -			
		- -				
						
		- -				

Schedule C (Form 990 or 990-EZ) 2011 OCEAN CONSERVANCY	23-7245152	Page 4
Schedule C (Form 990 or 990-EZ) 2011 OCEAN CONSERVANCY Part W Supplemental Information (continued)		
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	- 	
		- -
		
	-	
	-	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 ento Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

OCEAN CONSERVANCY 23-7245152 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Partil Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2d structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section $170(h)(4)(B)(ii)^{2}$ Yes 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 Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 ▶\$ Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 S b Assets included in Form 990, Part X S

Pantlll® Organizations Mainta	ining Collect	ions of A	Art, Histo	<u>rical</u>	Treasures, o	r Other S	<u>Similar Ass</u>	ets (c	<u>ontınu</u>	<u>ed)</u>	
3 Using the organization's acquisiti items (check all that apply)											
a Public exhibition		d	Loan o	r excl	nange programs						
b Scholarly research	b Scholarly research e Other										
c Preservation for future gener	ations										
4 Provide a description of the organ Part XIV	nization's collecti	ons and ex	kplain how t	they fo	urther the organiz	zation's exe	mpt purpose	ın			
5 During the year, did the organiza assets to be sold to raise funds r								Yes		No	
Escrow and Custodia line 9, or reported an	il Arrangemer amount on Fo	nts. Com orm 990,	plete if the Part X, I	he or line 2	rganization ar	nswered '	Yes' to Fo	rm 990), Part	IV, 	
1 a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No											
b If 'Yes,' explain the arrangement	in Part XIV and	complete the	ne following	table							
								Amoun	<u> </u>		
c Beginning balance						1c	_				
d Additions during the year						1d	<u> </u>	_			
e Distributions during the year						1e					
f Ending balance						1f				₹	
2a Did the organization include an a		990, Part X	., line 217					Yes	L	No	
b If 'Yes,' explain the arrangement		organiz	otion onc	14050	d 'Vos' to For	m 000 F	Part IV June	10			
Part V Endowment Funds. Co				were					<u> </u>		
1 - Deciment of wear belonce	(a) Current yea		(b) Prior year	<u> </u>	(c) Two years bac		hree years back		Four years	3 Dack	
1 a Beginning of year balance	2,121,976. 1,831,561. 1,915,018. 1,975,495.										
b Contributions		0.		0.	A844	0.	0				
c Net investment earnings, gains, and losses	ngs, gains, -20,588. 404,563. 6,244. 50,658.										
d Grants or scholarships		0.		0.	·,	0.	0				
 Other expenditures for facilities and programs 	97,6		101,99		78,37	0.	98,000				
f Administrative expenses	11,3	26.	12,15	53.	11,33	1.	13,135				
g End of year balance	1,992,3	90. 2	2,121,9°	76.	1,831,56	1. 1,	915,018				
2 Provide the estimated percentage	e of the current y	ear end ba	lance (line	1g, co	olumn (a)) held a	S					
a Board designated or quasi-endow	vment ►		8								
b Permanent endowment ►	80.00%										
c Temporarily restricted endowmer	nt ►2	0.00 %									
The percentages in lines 2a, 2b,	and 2c should ed	ual 100%									
3a Are there endowment funds not ii	n the possession	of the ora	anization th	at are	held and admini	stered for t	he	r			
organization by	·	J							Yes	No	
(i) unrelated organizations								3a(i)		X	
(ii) related organizations								3a(ii)		X	
b If 'Yes' to 3a(II), are the related of	rganizations liste	ed as requi	red on Sche	edule	R ⁷			3b			
4 Describe in Part XIV the intended uses of the organization's endowment funds											
Pan VII Land, Buildings, and											
Description of property	(a	Cost or of ((investn			Cost or other asis (other)		umulated eciation	(d) i	Book va	lue ———	
1 a Land	ļ										
b Buildings	<u> </u>	-									
c Leasehold improvements	<u> </u>				100,694.		34,982.			712.	
d Equipment	<u> </u>				1,532,854.	1,3	36,556.			298.	
e Other					355,427.		85,255.			<u>172.</u>	
Total. Add lines 1a through 1e (Column	n (d) must equal	Form 990,	, Part X, co	lumn	(B), line 10(c))		<u> </u>			182.	
BAA							Sched	lule D (F	orm 99	0) 2011	

Schedule D (Form 990) 2011 OCEAN CONSERVANCY			245152 Page
Part VII Investments - Other Securities. See F			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	uation narket value
(1) Financial derivatives	·		
(2) Closely-held equity interests			·- <u>·</u>
(3) Other			
(A)			
(B)			
(C)			
(C)			
(E)			
(F)			
(G) (H)			
(1)			
Total (Column (b) must equal Form 990 Part X, column (B) line 12)			
Part VIII Investments - Program Related. See F	orm 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of val	uation
		Cost or end-of-year m	narket value
(1)			
(2)			·
(3)		· · · · · · · · · · · · · · · ·	
(5)			
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(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ►			
Part IX Other Assets. See Form 990, Part X, III			
	cription		(b) Book value
(1)			
(2)			
(3) (4)			
(5)		.=	
(6)			
(7)			
(8)	· 		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B),			>
Part X Other Liabilities. See Form 990, Part X			
(a) Description of liability	(b) Book value		
(1) Federal income taxes	1	I	

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Deferred Lease Obligations	277,044.
(3) Gift Annuity Payment Liability	824,396.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	► 1,101,440.
Q FINI 40 (ACC 740) Francis In Dark VIV are used the head of t	be feelests to the overse

2 FIN 48 (ASC 740) Footnote 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 (ASC 740)

		-/24:	515Z Page
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
,1	Total revenue (Form 990, Part VIII, column (A), line 12)	L	21,851,502
2	Total expenses (Form 990, Part IX, column (A), line 25)	L	19,502,454
3	Excess or (deficit) for the year Subtract line 2 from line 1	L	2,349,048.
4	Net unrealized gains (losses) on investments	L	-288,185
5	Donated services and use of facilities	L	
6	Investment expenses		
7	Prior period adjustments	L	
8	Other (Describe in Part XIV)		0.
	Total adjustments (net) Add lines 4 through 8	_	-288,185.
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		2,060,863.
u	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1	21,566,652.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a -288, 185.		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants 2c		
	d Other (Describe in Part XIV) 2d 3,335.		
	e Add lines 2a through 2d	2e	-284 , 850.
	Subtract line 2e from line 1	3	21,851,502.
	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		
	Other (Describe in Part XIV)		
-	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	21,851,502.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per		
	Total expenses and losses per audited financial statements	1	19,505,789.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	COther losses 2c		
	d Other (Describe in Part XIV) 2d 3, 335.	2-	2 225
	e Add lines 2a through 2d Subtract line 2e from line 1	2e	3,335.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	19,502,454.
	a Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	19,502,454.
	Supplemental Information		
any a	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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 the additional information		and 2b, to provide
<u> P</u> <u> </u>	V Line 4 Donors' intent in contributing to the endowment fund		
	to provide an ongoing source of funding for the gener	al_	
	operations of the organization. There are no donor		
	restrictions as to how income generated from the endo	wmen	<u>t</u>
	may be used. In order to honor donor intent, the Boa	rd_	
	of Directors has authorized an annual distribution of	:	
	5% of the fair market value of the fund annually. The	<u>е</u>	
	distribution is meant to fund the general operations		
BAA	TEEA3304 05/25/11	Schedi	ule D (Form 990) 201

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| Schedule D (Form 990) 2011 OCEAN CONSERVANCY    | 23-1245152 | Page 5  |
|-------------------------------------------------|------------|---------|
| Part XIV   Supplemental Information (continued) |            |         |
|                                                 |            |         |
| of the organization.                            |            |         |
|                                                 |            |         |
|                                                 |            |         |
| Pt_XII_Line_2dCost_of_goods_sold                |            |         |
|                                                 |            |         |
|                                                 |            |         |
| Pt_XIII Line 2d Cost of goods sold              |            |         |
|                                                 |            |         |
|                                                 |            | <b></b> |
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| <b>-</b>                                        |            |         |
|                                                 |            |         |

## Schedule F (Form 990)

#### Statement of Activities Outside the United States

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. 
► Attach to Form 990. 
► See separate instructions.

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OMB No 1545-0047

Name of the organization

Employer identification number

|             | EAN CONSERVANCY                                           | _                                          |                                                                        |                                                                                                                                             | 23-72451                                                                                           |                                                               |
|-------------|-----------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Pa          | General Informat<br>to Form 990, Part                     | ion on Activiti<br>t IV, line 14b.         | es Outside the                                                         | e United States. Complete                                                                                                                   | te if the organization                                                                             | n answered 'Yes'                                              |
| 1           | For grantmakers. Does the the grantees' eligibility for t | organization mail<br>the grants or assis   | ntain records to se<br>tance, and the se                               | ubstantiate the amount of its gr<br>lection criteria used to award th                                                                       | ants and other assistance?                                                                         | e, Yes No                                                     |
| 2           | For grantmakers. Describe United States                   | in Part V the orga                         | anızatıon's proced                                                     | ures for monitoring the use of i                                                                                                            | ts grants and other assis                                                                          | tance outside the                                             |
| 3           | Activities per Region (The                                | following Part I, Iii                      | ne 3 table can be                                                      | duplicated if additional space i                                                                                                            | s needed)                                                                                          |                                                               |
|             | (a) Region                                                | <b>(b)</b> Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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<br>expenditures for<br>and investments<br>in region |
| (1)         |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    |                                                               |
|             |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    |                                                               |
| (3)         |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    |                                                               |
| (4)         |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    | ·                                                             |
| (5)         |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    | ···                                                           |
| (6)         |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    |                                                               |
| <u>(7)</u>  |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    |                                                               |
| (8)         |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    |                                                               |
| (9)         |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    |                                                               |
| <u>(10)</u> |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    |                                                               |
| <u>(11)</u> |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    |                                                               |
| <u>(12)</u> |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    |                                                               |
| (13)        |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    |                                                               |
| <u>(14)</u> |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    |                                                               |
| <u>(15)</u> |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    |                                                               |
| <u>(16)</u> |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    |                                                               |
| <u>(17)</u> |                                                           |                                            |                                                                        |                                                                                                                                             |                                                                                                    | <u> </u>                                                      |
|             | a Sub-total                                               |                                            |                                                                        |                                                                                                                                             |                                                                                                    |                                                               |
|             | b Total from continuation<br>sheets to Part I             |                                            |                                                                        |                                                                                                                                             |                                                                                                    | <del></del>                                                   |
| (           | c Totals (add lines 3a and 3b)                            | 1                                          | I                                                                      |                                                                                                                                             |                                                                                                    |                                                               |

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Schedule F (Form 990) 2011 OCEAN CONSERVANCY

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 Part II can be duplicated if additional space is needed.

| -                                                                        | € | 8 | 9 | € | 6 | 9 | 6 | <b>6</b> | ව | 9 | G) | (12) | (13) | (4) | (15) | (16) |
|--------------------------------------------------------------------------|---|---|---|---|---|---|---|----------|---|---|----|------|------|-----|------|------|
| (a) Name of organization                                                 |   |   |   |   |   |   |   |          |   |   |    |      |      |     |      |      |
| (b) IRS code<br>section and EIN<br>(if applicable)                       |   |   |   |   |   |   |   |          |   |   |    |      |      |     |      |      |
| (c) Region                                                               |   |   |   |   |   |   |   |          |   |   |    |      |      |     |      |      |
| (d) Purpose<br>of grant                                                  |   |   |   |   |   |   |   |          |   |   |    |      |      |     |      |      |
| (e) Amount of cash grant                                                 |   |   |   |   |   |   |   |          |   |   |    |      |      |     |      |      |
| (f) Manner<br>of cash<br>disbursement                                    |   |   |   |   |   |   |   |          |   |   |    |      |      |     |      |      |
| (g) Amount of non-cash assistance                                        |   |   |   |   |   |   |   |          |   |   |    |      |      |     |      |      |
| (g) Amount of (h) Description of non-cash non-cash assistance assistance |   |   |   |   |   |   |   |          |   |   |    |      |      |     |      |      |
| (I) Method<br>of valuation<br>(book, FMV,<br>appraisal, other)           |   |   |   |   |   |   |   |          |   |   |    |      |      |     | ļ    |      |

the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities BAA

Schedule F (Form 990) 2011

Page 3

Schedule F (Form 990) 2011 OCEAN CONSERVANCY

Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (g) Description of non-cash assistance (book, FMV, appraisal, other) |     |     |     |     |     |   |   |     |     |      |     |      |      |      |      |      |     |    |
|----------------------------------------------------------------------|-----|-----|-----|-----|-----|---|---|-----|-----|------|-----|------|------|------|------|------|-----|----|
| (f) Amount of non-cash assistance non-                               |     |     |     |     |     |   |   |     |     |      |     |      |      |      |      |      |     |    |
| (e) Manner of cash disbursement                                      |     |     |     |     |     |   |   |     |     |      |     |      |      |      |      |      |     |    |
| (d) Amount of cash grant                                             |     |     |     |     |     |   |   |     |     |      |     |      |      |      |      |      |     |    |
| (c) Number of recipients                                             |     |     |     |     |     |   |   |     |     |      |     |      |      |      |      |      |     |    |
| (b) Region                                                           |     |     |     |     |     |   |   |     |     |      | :   |      |      |      |      |      |     |    |
| (a) Type of grant or assistance                                      | (1) | (2) | (3) | (4) | (5) | 9 | 6 | (8) | (6) | (10) | (1) | (12) | (13) | (14) | (15) | (16) | رn) | 66 |

| Sche | edule F (Form 990) 2011 OCEAN CONSERVANCY                                                                                                                                                                                                                                                                                                                     | 23-7245152         | Page 4 |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------|
| Pa   | ₹¶VA Foreign Forms                                                                                                                                                                                                                                                                                                                                            |                    |        |
| ì    | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)                                                                                                    | the Yes            | X No   |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization marequired to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Conforming Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) |                    | X No   |
| 3    | Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Corporations (see Instructions for Form 5471)                                                                                                  | e<br>ertain<br>Yes | X No   |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qual electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)              |                    | X No   |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' th organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreig Partnerships (see Instructions for Form 8865)                                                                                                | e<br>n<br>Yes      | X No   |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instruction for Form 5713)                                                                                                                            | ns Yes             | X No   |

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Schedule **F** (Form 990) 2011

| Schedule F | (Form 990) 2011                                                                      | OCEAN CONSE                                                                                 | RVANCY                                                     |                                                                         |                                                                                          | 23-7245152                                                                      | Page <b>5</b>                               |
|------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------|
| Part V.    | Supplemental<br>Complete this<br>3, column (f) (<br>(accounting m<br>recipients), as | Information<br>part to provide<br>accounting metl<br>ethod); Part III (<br>applicable, Also | the information and; amounts accounting more complete this | n required by F<br>of investments<br>ethod); and Pa<br>s part to provid | Part I, line 2 (moni<br>vs expenditures r<br>rt III, column (c) (<br>le any additional i | toring of funds), Paper region); Part II, estimated number information (see ins | art I, line<br>line 1<br>of<br>structions). |
|            |                                                                                      |                                                                                             |                                                            |                                                                         |                                                                                          |                                                                                 |                                             |
|            |                                                                                      | <del>-</del>                                                                                |                                                            |                                                                         |                                                                                          |                                                                                 | <del>-</del> -                              |
|            |                                                                                      |                                                                                             |                                                            |                                                                         |                                                                                          | <b></b>                                                                         |                                             |
|            |                                                                                      |                                                                                             |                                                            |                                                                         | - <b></b>                                                                                |                                                                                 | - <b>-</b>                                  |
|            |                                                                                      |                                                                                             |                                                            |                                                                         | <b></b>                                                                                  |                                                                                 | - <b></b>                                   |
|            |                                                                                      |                                                                                             | <del>-</del>                                               |                                                                         |                                                                                          |                                                                                 | <b>-</b>                                    |
|            |                                                                                      |                                                                                             |                                                            |                                                                         |                                                                                          |                                                                                 |                                             |
|            |                                                                                      |                                                                                             |                                                            |                                                                         |                                                                                          | . <b></b>                                                                       |                                             |
|            |                                                                                      |                                                                                             |                                                            |                                                                         |                                                                                          |                                                                                 |                                             |
|            |                                                                                      |                                                                                             |                                                            |                                                                         |                                                                                          |                                                                                 |                                             |
|            |                                                                                      |                                                                                             |                                                            |                                                                         |                                                                                          |                                                                                 |                                             |
|            |                                                                                      |                                                                                             |                                                            |                                                                         |                                                                                          | . <b></b>                                                                       |                                             |
|            |                                                                                      |                                                                                             |                                                            |                                                                         |                                                                                          | ·                                                                               |                                             |
|            |                                                                                      |                                                                                             | ·                                                          |                                                                         |                                                                                          |                                                                                 |                                             |
|            |                                                                                      |                                                                                             |                                                            |                                                                         |                                                                                          |                                                                                 |                                             |
|            |                                                                                      |                                                                                             |                                                            |                                                                         |                                                                                          | ·                                                                               |                                             |
|            |                                                                                      |                                                                                             |                                                            |                                                                         |                                                                                          | . – – – – – – –                                                                 |                                             |
|            |                                                                                      | <del>_</del>                                                                                |                                                            | <del>-</del>                                                            |                                                                                          |                                                                                 |                                             |
|            |                                                                                      | <del></del>                                                                                 |                                                            |                                                                         |                                                                                          | . – – – – – – – –                                                               |                                             |
|            |                                                                                      |                                                                                             |                                                            |                                                                         |                                                                                          |                                                                                 |                                             |
|            |                                                                                      |                                                                                             |                                                            |                                                                         |                                                                                          |                                                                                 |                                             |
| BAA        |                                                                                      |                                                                                             | TEEA3504 (                                                 | 05/26/11                                                                |                                                                                          | Schedule <b>F</b> (F                                                            | Form 990) 2011                              |

## SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2011

ગીતિષ્ય જોલ્લા વ્યક્રિસ્તુરતી

Department of the Treasury Internal Revenue Service

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

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

| Name o | of the organization                                                         |                                       |                           |                              |                                                          | Employer identifica                      | ition number                     |
|--------|-----------------------------------------------------------------------------|---------------------------------------|---------------------------|------------------------------|----------------------------------------------------------|------------------------------------------|----------------------------------|
| OCE    | AN CONSERVANCY                                                              |                                       |                           |                              |                                                          | 23-724515                                | 2                                |
| Pari   | Fundacione Activitica Const                                                 | ete if the organi<br>uired to complet | zation ans<br>te this par | swered 'Ye<br>t              | s' to Form 990, Part IV,                                 | line 17                                  |                                  |
| 1      | Indicate whether the organization ra                                        | aised funds thro                      | ugh any o                 | of the follow                | ving activities. Check al                                | I that apply                             |                                  |
| а      | X Mail solicitations                                                        |                                       |                           | е                            | X Solicitation of non-g                                  | jovernment grants                        |                                  |
| b      | X Internet and email solicitations                                          |                                       |                           | f                            | X Solicitation of gover                                  | nment grants                             |                                  |
| С      | X Phone solicitations                                                       |                                       |                           | g                            | Special fundraising                                      | events                                   |                                  |
| d      | X In-person solicitations                                                   |                                       |                           | _                            |                                                          |                                          |                                  |
| 2a     | Did the organization have a written employees listed in Form 990, Part      | or oral agreeme<br>VII) or entity in  | ent with a<br>connection  | ny individu<br>on with pro   | ial (including officers, di<br>ifessional fundraising se | rectors, trustees or key ervices?        | X Yes No                         |
| b      | If 'Yes,' list the ten highest paid ind compensated at least \$5,000 by the | lividuals or entiti<br>e organization | ies (fundra               | aisers) pur                  | suant to agreements ur                                   | nder which the fundraise                 | r is to be                       |
| (i)    | Name and address of individual                                              | (ii) Activity                         |                           | fundraiser                   | (iv) Gross receipts                                      | (v) Amount paid to                       | (vi) Amount paid to              |
|        | or entity (fundraiser)                                                      |                                       |                           | ly or control  <br> butions? | from activity                                            | (or retained by)<br>fundraiser listed in | (or retained by)<br>organization |
|        |                                                                             |                                       |                           | j                            |                                                          | column (i)                               | •                                |
|        | <del></del>                                                                 |                                       | Yes                       | No                           |                                                          |                                          |                                  |
| 1      |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
| •      | Mal Warwick & Associates                                                    | Direct Mail                           |                           | Х                            | 3,897,939.                                               | 247,670.                                 | 3,650,269.                       |
| 2      |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
| _      | Brodeur Partners                                                            | Internet Fundra                       |                           | X                            | 170,108.                                                 | 20,000.                                  | <u> </u>                         |
| 3      | · <u>· · · · · · · · · · · · · · · · · · </u>                               |                                       |                           |                              |                                                          |                                          |                                  |
| 3      | Watershed                                                                   | Internet Fundra                       |                           | Х                            | 96,503.                                                  | 63,705.                                  | 32,798.                          |
| 4      |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
|        | Donor Services Group                                                        | Telemarketing                         |                           | Х                            | 69,738.                                                  | 121,289.                                 | -51,551.                         |
| 5      |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
|        | Public Interest Com.                                                        | Telemarketing                         |                           | Х                            | 28,612.                                                  | 24,136.                                  | 4,476.                           |
| 6      |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
|        | Aria                                                                        | Telemarketing                         |                           | X                            | 19,825.                                                  | 44,654.                                  | -24,829.                         |
| 7      |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
|        |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
| 8      |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
|        |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
| 9      |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
|        |                                                                             |                                       |                           |                              |                                                          |                                          | -                                |
| 10     |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
|        |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
|        |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
| Total  |                                                                             | ···                                   |                           | ▶                            | 4,282,725.                                               | 521,454.                                 |                                  |
| 3      | List all states in which the organiza or licensing                          | ition is registere                    | d or licen                | sed to solu                  | cit contributions or has l                               | been notified it is exemp                | ot from registration             |
|        | 71-1                                                                        |                                       |                           |                              |                                                          |                                          |                                  |
|        |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
|        |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
|        | 7-konoo                                                                     |                                       |                           |                              |                                                          |                                          |                                  |
|        | _ <del> </del>                                                              |                                       |                           |                              |                                                          |                                          |                                  |
|        | California Colorado                                                         |                                       |                           |                              |                                                          |                                          |                                  |
|        | Connections                                                                 |                                       |                           |                              |                                                          |                                          |                                  |
|        | Connecticut                                                                 |                                       | . – – – -                 |                              |                                                          |                                          |                                  |
|        | District of Columbia                                                        |                                       | . – – – -                 |                              |                                                          |                                          |                                  |
|        | - ·                                                                         |                                       |                           |                              |                                                          |                                          |                                  |
|        |                                                                             |                                       |                           |                              |                                                          |                                          |                                  |
|        | Hawaii                                                                      |                                       |                           |                              |                                                          |                                          |                                  |
|        | See Part I, Line 3 List of States Re                                        | gistered or Lice                      | nsea to S                 | olicit rund                  | 5                                                        |                                          |                                  |

Schedule G (Form 990 or 990-EZ) 2011 OCEAN CONSERVANCY 23-7245152 Partill Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) through column (c)) REVENUE (total number) (event type) (event type) 1 Gross receipts 2 Less Charitable contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes DIRECT 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a **(b)** Pull tabs/Instant bingo/progressive bingo (d) Total gaming (add column (a) through column (c)) (c) Other gaming (a) Bingo REVENUE 1 Gross revenue 2 Cash prizes DIRECT S 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes ક Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

**b** If 'Yes,' explain

| Schedule <b>G</b> (Form 990 or 990-EZ) 2011 OCEAN CONSERVANC                                                                                       | CY 2                                               | 3-7245152                               | Page 3       |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|--------------|
| 11 Does the organization operate gaming activities with nonmem                                                                                     | ibers?                                             | Yes                                     | No           |
| 12 Is the organization a grantor, beneficiary or trustee of a trust administer charitable gaming?                                                  | or a member of a partnership or other entity form  | ned to Yes                              | No           |
| 13 Indicate the percentage of gaming activity operated in                                                                                          |                                                    | 1 1                                     |              |
| a The organization's facility                                                                                                                      |                                                    | 13a                                     | 8            |
| <b>b</b> An outside facility                                                                                                                       |                                                    | 13b                                     | 8            |
| 14 Enter the name and address of the person who prepares the                                                                                       | organization's gaming/special events books and     | records                                 |              |
| Name •                                                                                                                                             |                                                    |                                         |              |
| Address •                                                                                                                                          |                                                    |                                         |              |
| 15a Does the organization have a contact with a third party from v                                                                                 | vhom the organization receives gaming revenue?     | Yes                                     | No           |
| <b>b</b> If 'Yes,' enter the amount of gaming revenue received by the                                                                              | organization > \$ and t                            | he amount                               | _            |
| of gaming revenue retained by the third party $\qquad \$$                                                                                          |                                                    |                                         |              |
| c If 'Yes,' enter name and address of the third party                                                                                              |                                                    |                                         |              |
| Name •                                                                                                                                             |                                                    |                                         |              |
| Address ►                                                                                                                                          |                                                    |                                         | 1            |
| 16 Gaming manager information                                                                                                                      |                                                    |                                         |              |
| Name ►                                                                                                                                             |                                                    |                                         |              |
| Gaming manager compensation ▶ \$                                                                                                                   |                                                    |                                         |              |
| Description of services provided                                                                                                                   |                                                    |                                         |              |
| Director/officer Employee                                                                                                                          | Independent contractor                             |                                         |              |
| 17 Mandatory distributions                                                                                                                         |                                                    |                                         |              |
| a is the organization required under state law to make charitable<br>state gaming license?                                                         | e distributions from the gaming proceeds to retai  | n the                                   | No           |
| <b>b</b> Enter the amount of distributions required under state law to be                                                                          | oe distributed to other exempt organizations or sp | pent in the                             |              |
| organization's own exempt activities during the tax year                                                                                           | \$                                                 |                                         |              |
| Part IV Supplemental Information. Complete this p columns (iii) and (v), and Part III, lines 9, 9t this part to provide any additional information | b, 10b, 15b, 15c, 16, and 17b, as applic           | d by Part I, line 2<br>cable. Also comp | 2b,<br>olete |
|                                                                                                                                                    |                                                    |                                         |              |
|                                                                                                                                                    |                                                    |                                         |              |
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|                                                                                                                                                    |                                                    |                                         |              |
|                                                                                                                                                    |                                                    | ·                                       |              |
|                                                                                                                                                    |                                                    | <del></del>                             |              |

# SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

CONSERVANCY

OCEAN

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

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

OMB No 1545-0047

Employer identification number 23-7245152 **%** □

X Yes

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

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. Partill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Dart II can be disclinated if additional enace to beeded

| Part II can be duplicated if additional space is needed                           | additional space     | s is needed                   |                           | וופכא מוווא מסא וו ווס            |                                                       |                                        | <b>▲</b>                           |
|-----------------------------------------------------------------------------------|----------------------|-------------------------------|---------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| 1 (a) Name and address of organization or government                              | (p) EIN              | (c) IRC section if applicable | (d) Amount of cash grant  | (e) Amount of non cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) University of California<br>SAASB Building, Rm 1212<br>Santa Barbara CA 93106 | 95-6006145           | 501(c)(3)                     | 355,488.                  |                                   |                                                       |                                        | Research fello                     |
| (2) Tides Foundation 812 NW 17th Ave Portland OR 97209                            | 94-3213100           | 501(c)(3)                     | 151,400.                  |                                   |                                                       |                                        | Research                           |
| (3) Rockefeller Philanthropy.  - 437 Madison Ave. 37th El. New York NY 10022      | 13-3615533           | 501(c)(3)                     | 50,000                    |                                   |                                                       |                                        | Media Outreach                     |
| (4) Florida Restaurant Assoc.  -230 S. Adams St.  Tallahassee FL 32301            | 59-6194391           | 501(c)(3)                     | 10,000.                   |                                   |                                                       |                                        | Event Sponsor                      |
| (5)                                                                               |                      |                               |                           |                                   |                                                       |                                        |                                    |
| <u>(6)</u>                                                                        |                      |                               |                           |                                   |                                                       |                                        |                                    |
| ල<br>                                                                             |                      |                               |                           |                                   |                                                       |                                        |                                    |
| (8)                                                                               |                      |                               |                           |                                   |                                                       |                                        |                                    |
| 2 Enter total number of section 501(c)(3) and government organizations            | 3) and government or | _                             | isted in the line 1 table |                                   |                                                       | <b>A</b>                               | 4                                  |

Schedule 1 (Form 990) (2011)

TEEA3901 06/01/11

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

3 Enter total number of other organizations listed in the line 1 table

· Page 2

Schedule I (Form 990) (2011) OCEAN CONSERVANCY

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

|                                                                                                    | Soli or sondo inilo                     | 5                        |                                         |                                                       | `                                      |
|----------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------|-------------------------------------------------------|----------------------------------------|
| (a) Type of grant or assistance                                                                    | (b) Number of recipients                | (c) Amount of cash grant | (d) Amount of non-cash assistance       | (e) Method of valuation (book, FMV. appraisal, other) | (f) Description of non-cash assistance |
| 1                                                                                                  |                                         |                          |                                         |                                                       |                                        |
| 2                                                                                                  |                                         |                          |                                         |                                                       |                                        |
| 3                                                                                                  |                                         |                          |                                         |                                                       |                                        |
| 4                                                                                                  |                                         |                          |                                         |                                                       |                                        |
| 5                                                                                                  |                                         |                          |                                         |                                                       |                                        |
| 9                                                                                                  |                                         |                          |                                         |                                                       |                                        |
| 7                                                                                                  |                                         |                          |                                         |                                                       |                                        |
| Partiw Supplemental Information. Complete this part to provide the information required in Part I, | olete this part to p                    | rovide the informat      | ion required in Par                     | line 2,                                               | and any other additional information.  |
|                                                                                                    | <br>                                    | <br>                     |                                         |                                                       |                                        |
|                                                                                                    | ;<br>;<br>;<br>;                        |                          |                                         |                                                       |                                        |
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|                                                                                                    |                                         |                          |                                         |                                                       |                                        |
|                                                                                                    | <br> <br> <br> <br> <br> <br>           | <br>                     | ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! |                                                       |                                        |
|                                                                                                    |                                         |                          | <br> <br> <br> <br> <br> <br>           |                                                       |                                        |

BAA

Schedule I (Form 990) (2011)

#### SCHEDULE J (Form 990)

#### **Compensation Information**

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 Attach to Form 990. ► See separate instructions.

Employer identification number

OCEAN CONSERVANCY 23-7245152
Part Questions Regarding Compensation

| 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?  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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                                                                                                                                                                                              |                                                                                                                                    |     | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| Travel for companions   Payments for business use of personal residence   Health or social club dues or initiation fees   Payments   Discretionary spending account   Payments   Personal services (e.g., maid, chauffeur, chef)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 a | Check the appropriate box(es) if the organization provided any VII, Section A, line 1a Complete Part III to provide any relevant                                                             | of the following to or for a person listed in Form 990, Part nt information regarding these items                                  |     |     |    |
| Tax indemnification and gross-up payments  Discretionary spending account    Personal services (e.g., maid, chauffeur, chef)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | First-class or charter travel                                                                                                                                                                | Housing allowance or residence for personal use                                                                                    |     |     |    |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain  1 b  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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III    Compensation committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | Travel for companions                                                                                                                                                                        | Payments for business use of personal residence                                                                                    |     |     |    |
| b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain  1 b  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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III    X   Compensation committee   X   Written employment contract   Independent compensation consultant   X   Compensation survey or study   X   Approval by the board or compensation committee   Independent compensation consultant   X   Compensation survey or study   X   Approval by the board or compensation or a related organization   X   Approval by the board or compensation committee   A   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   A   A   A   A   A   A   A   A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | Tax indemnification and gross-up payments                                                                                                                                                    | Health or social club dues or initiation fees                                                                                      |     |     |    |
| Positive presents for provision of all of the expenses described above? If "No," complete Part III to explain  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?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director (Explain in Part III  Compensation committee  Independent compensation consultant  Independent compensation committee  Independent compens |     | Discretionary spending account                                                                                                                                                               | Personal services (e g , maid, chauffeur, chef)                                                                                    |     |     |    |
| Positive presents for provision of all of the expenses described above? If "No," complete Part III to explain  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?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director (Explain in Part III  Compensation committee  Independent compensation consultant  Independent compensation committee  Independent compens |     |                                                                                                                                                                                              |                                                                                                                                    |     |     |    |
| Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.    Compensation committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | t   | If any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses described at                                                              | n follow a written policy regarding payment or bove? If 'No,' complete Part III to explain                                         | 1 b |     |    |
| CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III  X Compensation committee  X Written employment contract X Compensation consultant X Compensation survey or study X 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(cX3) and 501(cX4) 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? 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? 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 Regulations section 53 4958-4(a)(3)? 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 Regulations 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                                                                                                                                                         | 2   | Did the organization require substantiation prior to reimbursing trustees, and the CEO/Executive Director, regarding the items                                                               | or allowing expenses incurred by all officers, directors, checked in line 1a?                                                      | 2   |     |    |
| Independent compensation consultant    Compensation survey or study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3   | Indicate which, if any, of the following the filing organization us CEO/Executive Director Check all that apply Do not check an establish compensation of the CEO/Executive Director Explain | sed to establish the compensation of the organization's<br>by boxes for methods used by a related organization to<br>n in Part III |     |     |    |
| 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?  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?  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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | X Compensation committee                                                                                                                                                                     | X Written employment contract                                                                                                      |     |     |    |
| 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.  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  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  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  Were any amounts reported in Form 990, Part VII, and or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III  9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | Independent compensation consultant                                                                                                                                                          | X Compensation survey or study                                                                                                     |     |     |    |
| 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?  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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | X Form 990 of other organizations                                                                                                                                                            | X Approval by the board or compensation committee                                                                                  |     |     |    |
| 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?  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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | _                                                                                                                                                                                            |                                                                                                                                    |     |     |    |
| 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)(X) and 501(c)(X) organizations must complete lines 5-9.  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?  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  a The organization?  b Any related organization?  If 'Yes' to line 6a or 6b, describe in Part III  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  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III  9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4   | During the year, did any person listed in Form 990, Part VII, S or a related organization                                                                                                    | ection A, line 1a with respect to the filing organization                                                                          |     |     |    |
| 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(cX3) and 501(cX4) 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?  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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ā   | Receive a severance payment or change-of-control payment?                                                                                                                                    |                                                                                                                                    | 4a  |     | X  |
| If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ł   | Participate in, or receive payment from, a supplemental nonqu                                                                                                                                | ualified retirement plan?                                                                                                          | 4b  |     | X  |
| 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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (   |                                                                                                                                                                                              |                                                                                                                                    | 4c  |     | Х  |
| 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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | If 'Yes' to any of lines 4a-c, list the persons and provide the ap                                                                                                                           | oplicable amounts for each item in Part III                                                                                        |     |     |    |
| 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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |                                                                                                                                                                                              |                                                                                                                                    |     |     |    |
| 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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | Only section 501(c)(3) and 501(c)(4) organizations must comp                                                                                                                                 | plete lines 5-9.                                                                                                                   |     |     |    |
| 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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5   |                                                                                                                                                                                              | d the organization pay or accrue any compensation                                                                                  |     |     |    |
| 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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ä   | The organization?                                                                                                                                                                            |                                                                                                                                    | 5a  |     | Х  |
| 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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ŀ   | Any related organization?                                                                                                                                                                    |                                                                                                                                    | 5 b |     | X  |
| 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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | If 'Yes' to line 5a or 5b, describe in Part III                                                                                                                                              |                                                                                                                                    |     |     |    |
| 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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6   |                                                                                                                                                                                              | d the organization pay or accrue any compensation                                                                                  |     |     |    |
| 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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | í   | The organization?                                                                                                                                                                            |                                                                                                                                    | 6a  |     | Х  |
| 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 Regulations 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ı   | Any related organization?                                                                                                                                                                    |                                                                                                                                    | 6b  |     | X  |
| Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III  9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | If 'Yes' to line 6a or 6b, describe in Part III                                                                                                                                              |                                                                                                                                    |     |     |    |
| 9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7   | For persons listed in Form 990, Part VII, Section A, line 1a, didescribed in lines 5 and 6? If 'Yes,' describe in Part III                                                                   | d the organization provide any non-fixed payments not                                                                              | 7   |     | х  |
| 9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8   | Were any amounts reported in Form 990, Part VII, paid or accontract exception described in Regulations section 53 4958-4                                                                     | rued pursuant to a contract that was subject to the initial (a)(3)? If 'Yes,' describe in Part III                                 | 8   |     | х  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9   | If 'Yes' to line 8, did the organization also follow the rebuttable section 53 4958-6(c)?                                                                                                    | e presumption procedure described in Regulations                                                                                   | 9   |     |    |

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

Schedule J (Form 990) 2011

Page 2

OCEAN CONSERVANCY Schedule J (Form 990) 2011

23-7245152

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

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

|                     | F        | (B) Breakdown                           | (B) Breakdown of W-2 and/or 1099-MISC        | MISC compensation                            | (C) Retirement and                           | (D) Nontaxable                               | (F) Total of columns                         | (F) Compensation                          |
|---------------------|----------|-----------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|-------------------------------------------|
| (A) Name            | <u> </u> | (i) Base<br>compensation                | (ii) Bonus and incentive compensation        | (iii) Other reportable compensation          | other deferred compensation                  | benefits                                     | (d)·(i)(g)                                   | reported as deferred<br>in prior Form 990 |
|                     | (E)      | 285,000.                                | 41,500.                                      | .066-                                        | 17,100.                                      | 19,525.                                      | 362,135.                                     | 0                                         |
| 1 Veronique Spruill | (E)      | <br> <br>                               | 00                                           | <br>                                         |                                              | ,                                            |                                              | 0.                                        |
|                     | Θ        | 206,079.                                | 0                                            | -2,604.                                      | 12,365.                                      | $[.2^{-1}]^{-1}$                             | 232, 847.                                    | 0.                                        |
| 2 Dennis Kelso      |          |                                         | 0                                            | 0                                            |                                              | 0                                            |                                              | 0.                                        |
|                     | Θ        | 202,917.                                | 0                                            | -1,896.                                      | $\begin{bmatrix} 12,175. \end{bmatrix}$      | [-16,901.]                                   | 230,097                                      | 0                                         |
| 3 Janis Jones       | (ii)     | 0                                       | 0                                            | 0                                            | 0                                            |                                              |                                              | 0.                                        |
|                     | -]ω      | 180,200.                                | 0                                            | 458.                                         | 10,812.                                      | 8,458.                                       | 199, 928.                                    | 0                                         |
| 4 Amelia Montjoy    | (ii)     | 0                                       | 0                                            | 0                                            | 0                                            |                                              |                                              | 0.                                        |
|                     | Θ        | <br> <br> <br> <br> <br> <br>           | <br>   <br>   <br>   <br>   <br>             | <br> <br> <br> <br> <br> <br>                | <br> <br> <br> <br> <br> <br>                |                                              | 1 1 1                                        | <br> <br> <br> <br> <br> <br> <br>        |
| 5                   | (ii)     |                                         |                                              |                                              |                                              |                                              |                                              |                                           |
|                     | ω        |                                         |                                              |                                              |                                              |                                              |                                              |                                           |
| 9                   | (E)      | <br> <br> <br> <br> <br> <br> <br> <br> | <br> <br> <br> <br> <br> <br> <br> <br> <br> |                                              |                                              |                                              |                                              | l<br>I                                    |
|                     | ε        |                                         | ı                                            |                                              |                                              |                                              |                                              |                                           |
| 7                   | <u> </u> | <br> <br> <br> <br> <br> <br> <br> <br> | <br>                                         |                                              | <br> <br> <br> <br> <br> <br> <br> <br> <br> | . —<br>! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! | <br>   <br>   <br>   <br>   <br>             | <br>                                      |
|                     | Θ        |                                         |                                              |                                              |                                              |                                              |                                              |                                           |
| 8                   | <u> </u> | <br> <br> <br> <br> <br> <br> <br> <br> | <br> <br> <br> <br> <br> <br> <br> <br> <br> | <br> <br> <br> <br> <br> <br> <br> <br> <br> | -                                            | <br> <br>   <br>   <br>   <br>   <br>        | <br> <br> <br> <br> <br> <br> <br> <br> <br> | <br>                                      |
|                     | Θ        |                                         |                                              |                                              |                                              |                                              | :                                            |                                           |
| 6                   |          |                                         |                                              |                                              |                                              |                                              |                                              |                                           |
|                     | -]ω      |                                         |                                              |                                              |                                              |                                              |                                              |                                           |
| 10                  | (ii)     |                                         |                                              |                                              |                                              |                                              |                                              |                                           |
|                     | ((j)     |                                         |                                              |                                              |                                              |                                              |                                              |                                           |
| 11                  | Θ        |                                         |                                              |                                              |                                              |                                              |                                              |                                           |
|                     | (C)      | <br>   <br>   <br>   <br>               | <br>   <br>   <br>   <br>   <br>             | <br> <br> <br> <br> <br> <br>                | <br>   <br>   <br>   <br>                    | <br>   <br>   <br>   <br>                    |                                              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| 12                  | (II)     |                                         |                                              |                                              |                                              |                                              |                                              |                                           |
|                     | (E)      | <br>   <br>   <br>   <br>               | <br>   <br>   <br>   <br>                    |                                              | <br>   <br>   <br>   <br>                    |                                              | 1                                            |                                           |
| 13                  | €        |                                         |                                              |                                              |                                              |                                              |                                              |                                           |
|                     | Θ        | <br> <br> <br> <br> <br> <br>           |                                              |                                              |                                              |                                              |                                              |                                           |
| 14                  | (E)      |                                         |                                              |                                              |                                              |                                              |                                              |                                           |
|                     | <u></u>  |                                         |                                              |                                              | <br> <br> <br> <br> <br> <br> <br>           | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1      |                                              |                                           |
| 15                  | (II)     |                                         |                                              |                                              |                                              |                                              |                                              |                                           |
| 21                  | € €      | <br>   <br>   <br>   <br>               | 1 1 1 1 1 1                                  | <br>   <br>   <br>   <br>                    |                                              |                                              |                                              |                                           |
| A                   |          |                                         |                                              | TEEA4102 01/2                                | 01/24/12                                     |                                              | Sche                                         | Schedule J (Form 990) 2011                |

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

ગીતિત્ર જો લાંગ જોક્સ્ત્રુઓ

Employer identification number

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

| OCEAN CONSERVANCY | [23-7245152                                                 |
|-------------------|-------------------------------------------------------------|
| Pt_VI,_Line_lla_  | The Director of Finance prepares the 990, and the           |
|                   | Chief Financial Officer does a detailed review before       |
|                   | Presenting the 990 to the Executive Committee of the        |
|                   | Board. Once all Executive Committee member questions        |
|                   | have_been_answered_and_any_adjustments_made,_the_990        |
|                   | is distributed to all Board members in final form.          |
|                   | Afterwards, the 990 is filed with the IRS.                  |
| Pt_VI,_Line_12c_  | Conflict of interest policy disclosure statements are to    |
|                   | be prepared at least annually. In the case where a possible |
|                   | conflict by an employee other than the President of the     |
|                   | organization is identified, the President shall determine   |
|                   | whether an actual or potential conflict of interest         |
|                   | exists or can be reasonably construed to exist and how      |
|                   | the conflict of interest should be resolved. When a         |
|                   | conflict of interest is disclosed by a covered person       |
|                   | other than a covered employee or by the President, the      |
|                   | Chair shall disclose the confilict of interest to the       |
|                   | Board of Directors or a designated committee. Then by       |
|                   | majority vote of the disinterested directors (even if the   |
|                   | disinterested directors constitute less than a quorum)      |
|                   | it will be decided whether an actual or potential           |
|                   | conflict of interest exists or can be reasonably            |
|                   | construed to exist. Proposals to the full Board of          |
|                   | Directors as to how the conflict of interest should be      |
|                   | resolved will then be provided.                             |
| Pt VI. Line 15    | The Board sets the President's compensation based on its    |

| Schedule O (Form 990 or 99 | 0-EZ) 2011                                      | Page 2                                    |
|----------------------------|-------------------------------------------------|-------------------------------------------|
| Name of the organization   | ,                                               | Employer identification number 23-7245152 |
| OCEAN CONSERVANCY          | <del></del>                                     | 23-7243132                                |
|                            | evaluation of the President's performance. The  | Board                                     |
|                            | takes into account market surveys and the organ | nization's                                |
|                            | performance and its financial position. The Exe | ecutive                                   |
|                            | Committee of the Board of Directors reviews and | d_approves                                |
|                            | the compensation of other officers and key emp. | loyees                                    |
|                            | using externally prepared comparability data.   |                                           |
| Pt_VI,_Line_19             | Ocean Conservancy's audited financial statement | ts,                                       |
|                            | governing documents and conflict of interest po | oliy are                                  |
|                            | available upon request.                         |                                           |
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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

to the Gulf of Mexico to the halls of Congress, Ocean Conservancy brings people together to find solutions for our water planet. Through research, education and science-based advocacy, Ocean Conservancy informs, inspires and empowers people to act on behalf of the ocean. We focus on critical ocean conservation issues such as ecosystem protection and restoration, sustainable fisheries, marine debris prevention and education, wildlife protection, ocean acidification, marine conservation policy and ocean stewardship. Ocean Conservancy is shaping the agenda where decisions are made by addressing threats with sound practical approaches that protect the ocean and improve lives.

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

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

restoration that is a blueprint to restore the Gulf to its rightful place as a national treasure, and we are working to ensure that necessary funds for Gulf restoration are committed.

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

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

habitat, many of our nation's fisheries are producing sustainable yields that fuel a strong economy, support well-paying jobs, provide for ample recreational opportunities and supply Americans with healthy seafood. Recently Ocean Conservancy played an important role supporting the passage of the Restore Act which will distribute BP funds throughout the Gulf region; the Trash Free Seas Act which addresses the issue of ocean trash; and the National Endowment for for the Ocean which sets up a fund for long-term research and restoration. In addition, Ocean Conservancy testified on the Hill about the importance of offshore drilling safety and oil spill response.

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

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

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

| oudii pi          | grann co. moo rop          |                                                              |
|-------------------|----------------------------|--------------------------------------------------------------|
| Code <sup>.</sup> | Description:               | Marine debris education and prevention: Over the last 26     |
| Expenses          | 3,609,241.                 | years, Ocean Conservancy has been bringing together          |
| Grants Of         | 508, <u>9</u> 7 <u>9</u> . | passionate ocean lovers and helping them work for trash free |
| Revenue           | 157,054.                   | seas. We mobilize the International Coastal Cleanup -        |
|                   | ,                          | the world's largest volunteer effort to clean up waterways   |
|                   |                            | and the ocean. We research and share key details about       |
|                   |                            | what is trashing our ocean with the public, scientific       |
| Code <sup>.</sup> | Description:               | community and decision-makers. We also are bringing          |
| Expenses          |                            | together leaders from industry, government and academia      |
| Grants Of         |                            | through the Trash Free Seas Alliance to lead to innovative   |
| Revenue           |                            | solutions that stop trash at the source.                     |
|                   |                            | Marine protected areas: For more than a decade, Ocean        |
|                   |                            | Conservancy has helped design a visionary network of         |
|                   |                            | California marine protected areas, or underwater parks.      |

| Schedule O (Form 990), Supplemental Information to Form 99 | }0 |
|------------------------------------------------------------|----|
| Form 990, Page 2, Part III, Line 4d (continued)            |    |

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| Describe the exempt purpose achievements for each of the organization's other program               |  |  |  |  |
|-----------------------------------------------------------------------------------------------------|--|--|--|--|
| services Section 501(c)(3) and (4) organizations and 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.                                                                      |  |  |  |  |

| Code.     | Description | by collaborating with stakeholders from fishermen and       |
|-----------|-------------|-------------------------------------------------------------|
| Expenses  |             | divers to scientists. Our work supports the landmark Marine |
| Grants Of |             | Life Protection Act, the first state law in the country     |
| Revenue   |             | requiring the establishment of a science-based statewide    |
| _         |             | system of marine protected areas. The network was completed |
|           |             | in 2012.                                                    |
|           |             | Arctic protection: Ocean Conservancy is working to help     |
| Code.     | Description | citizens and decision-makers alike understand what is       |
| Expenses  |             | at stake in the Arctic region of the United States, where   |
| Grants Of |             | oil drilling and climate change are increasing threats.     |
| Revenue   |             | We are advocating for science-based solutions to prevent    |
|           |             | reckless drilling and ensure that Arctic wildlife thrives   |
|           |             | and its waters remain healthy and clean.                    |
|           |             |                                                             |

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

#### Form 990, Page 6, Line 17 (continued)

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

| Schedule O (Form 990), | Supplemental Information to Fe | orm 990 |
|------------------------|--------------------------------|---------|
| Form 990, Page 6, Line | 17 (continued)                 |         |

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| Con | tır | nued |
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| Vırginia      |  |
|---------------|--|
| Washington    |  |
| West Virginia |  |
| Wisconsin     |  |

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

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

#### **Supporting Statement of:**

Form 990 p 12/Part XI, Line 5

| Description                    | Amount    |
|--------------------------------|-----------|
| Unrealized loss on investments | -288,185. |
| Total                          | -288,185. |

#### **Supporting Statement of:**

Sch D, page 4/Part XII, Line 2d

| Description        | Amount |
|--------------------|--------|
| Cost of goods sold | 3,335. |
| Total              | 3,335. |

#### **Supporting Statement of:**

Sch D, page 4/Part XIII, Line 2d

| Description        | Amount |
|--------------------|--------|
| Cost of goods sold | 3,335. |
| Total              | 3,335. |

#### Form 990

#### **Continuation Sheet for Form 990**

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

OCEAN CONSERVANCY

Part VIII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| Employees            |                              |                                |                       |         |              |                              |        |                                                               |                                                                    |                                                                          |
|----------------------|------------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| (A)                  | (B)                          |                                |                       | (D)     | (E)          | (F)                          |        |                                                               |                                                                    |                                                                          |
| Name and Title       | Average<br>hours<br>per week |                                | т—-                   | Officer | 1            |                              |        | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated<br>amount of other<br>compensation                             |
|                      |                              | Individual trustee or director | Institutional trustee | cer     | Key employee | Highest compensated employee | Former | (W-2/1099-MISC)                                               | (W-2/1099-MISC)                                                    | compensation<br>from the<br>organization<br>and related<br>organizations |
|                      |                              | il trust                       | hal tru               |         | loyee        | ompe                         |        |                                                               |                                                                    | organizations                                                            |
|                      |                              | ee                             | stee                  |         |              | nsate                        |        |                                                               |                                                                    |                                                                          |
| 26 Kenneth Donaldson |                              |                                |                       |         |              | ä                            |        |                                                               |                                                                    |                                                                          |
| Dir. Finance         | 40.00                        |                                |                       |         |              | x                            |        | 110,869.                                                      | 0.                                                                 | 14,216.                                                                  |
|                      |                              |                                |                       |         |              |                              |        |                                                               |                                                                    |                                                                          |
| -                    |                              |                                |                       |         |              |                              |        | ,                                                             |                                                                    |                                                                          |
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|                      |                              | l                              |                       |         |              |                              |        | <u> </u>                                                      | <u> </u>                                                           | Form <b>990</b> Cont 2011                                                |

Form 990 Cont 2011