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DLN: 93493318024132

## 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

Open to Public

Department of the Treasury

		lendar year, or tax year beginning ( C Name of organization	07-01-2011 and ending 06-30-20:	12	D Employer i	dentification number
Check if Address	applicable	THE OCEAN FOUNDATION			71-08639	
_		Doing Business As			E Telephone	
Name ch	-				(202)887	-8992
Initial re Termina		Number and street (or P O box if mail 1990 M STREET NW	is not delivered to street address) Room/s	suite	<b>G</b> Gross receipt	
Amende Applicati	ed return ion pending	City or town, state or country, and ZIP WASHINGTON, DC 20036	+ 4			
		F Name and address of princip	oal officer	<b>H(a)</b> Is th	■ is a group retu	rn for
		MARK J SPALDING 1990 M STREET NW SUITE 25	50		ites?	⊤Yes ▼ No
		WASHINGTON, DC 20036	,,,	H(b) Are a	II affiliates inclu	ıded?
						st (see instructions)
	empt status	▼ 501(c)(3)	ert no ) 4947(a)(1) or 527	H(c) Grou	ıp exemption r	number ►
Websi	ite:► www	oceanfdn org		<u> </u>		
		Corporation Trust Association	Other 🟲	<b>L</b> Year of fo	rmation 2001	<b>M</b> State of legal domicile D
Part I	Sumi	mary				
2 covernance	The Ocea	d to reversing the trend of destruct	dation with a mission to support, st tion of ocean environments around to e Rest " We work with donors who c	the world Our	slogan ıs "Tell	Us What You Want To
2	Chack th	us how Mar if the organization discr	antinuad its aparations or disposed	of more than 3	E% of its not	accate
5 2		•	ontinued its operations or disposed body (Part VI, line 1a)		25% of its net   3	assets 
0			the governing body (Part VI, line 1t			
5			endar year 2011 (Part V, line 2a)		5	2
<b>[</b> 6		nber of volunteers (estimate if nece	, , , , , ,		6	2.5
7	<b>a</b> Total unr	elated business revenue from Part	VIII, column (C), line 12		7a	
t	<b>b</b> Net unrel	ated business taxable income from	ո Form 990-T, line 34		7b	
				Pric	or Year	Current Year
8	Contrib	outions and grants (Part VIII, line	1h)	·	4,766,405	4,687,890
Ĭ 9	_		2g)		228,159	368,842
Bayenue 10			(A), lines 3, 4, and 7d)	•	9,601	3,027
11 12		revenue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e) nust equal Part VIII, column (A), lır	ne		6,102
12		· · · · · · · · · · · · · · · · · · ·			5,004,165	5,065,86
13	Grants	and similar amounts paid (Part IX	, column (A), lines 1-3)		730,713	1,478,051
14		s paid to or for members (Part IX,				(
15 seps seps seps seps seps seps seps sep	Salarıe 5-10)	s, other compensation, employee b	benefits (Part IX, column (A), lines		1,477,486	1,178,005
<b>⊕</b> 16a	<b>a</b> Profess	sional fundraising fees (Part IX, co	lumn (A), line 11e)			(
품   년		ndraısıng expenses (Part IX, column (D), lıı				
17			es 11a-11d, 11f-24e)	•	3,429,965	2,409,771
18			equal Part IX, column (A), line 25)		5,638,164	5,065,829
<b>19</b> පිදී	Kevenu	ue less expenses Subtract line 18	from line 12	I	-633,999 g of Current	End of Year
9 g g 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Totala	seets (Part Y line 16)			<b>/ear</b> 4 169 155	3,568,98!
学出   <sup>20</sup> で   21					-	162,947
						3,406,038
Part II						
Part II	Total li  Net ass  Signal  nalties of pere and belief					162, 3,406, to the best of my
	***** Signat	** ture of officer			012-11-07 ate	
7:	MARK	J SPALDING PRESIDENT or print name and title			· <del>-</del>	
Sign Here			Date	Check If		payer identification number
Here Paid	Preparer's	JERRY LOPEZ	2012-11-13	self- employed •	(see instructio	ns) 
Here Paid Preparer'	signature  S Firm's na	me (or yours KRONZEK FISHER & LOP			(see instructio	ns)
Paid	signature  S Firm's na if self-em	me (or yours KRONZEK FISHER & LOP			EIN Þ	(202) 547-2727

Par		nt of Program Servi hedule O contains a resp	-			\r
1	Briefly describe th	ne organization's mission				
The	O cean Foundation's	mission is to support, st	rengthen, and prom	note those organiza	ations	
2	Did the organization the prior Form 990	on undertake any significa or 990-EZ?	-	es during the year		Yes ✓ No
	If "Yes," describe t	these new services on Sc	hedule O			
3	services?	on cease conducting, or n		anges in how it cor	ducts, any program	Yes V No
	If "Yes," describe t	these changes on Schedu	ıle O			
4	expenses Section	501(c)(3) and 501(c)(4	) organizations and	section 4947(a)(	ee largest program services, a 1) trusts are required to repor n program service reported	
4a	(Code	) (Expenses \$	1,868,765 ınclı	ıdıng grants of \$	806,533 ) (Revenue \$	208,164 )
	HOME WHETHER IT I MAW OF A GREAT WH	BE THE AWE INSPIRED BY A GI HITE SHARK, THESE ANIMALS A	ENTLÉ HUMPBACK WHA ARE MORE THAN JUST T	LE, THE UNDENIABLE ( THE AMBASSADORS OF	BEGAN WITH AN INTEREST IN THE L CHARISMA OF A CURIOUS DOLPHIN, THE SEA THESE APEX PREDATORS AS AN INDICATOR FOR THE HEALTH	OR THE FEROCIOUS GAPING AND KEYSTONE SPECIES KEEP
4b	(Code	) (Expenses \$	1,378,916 ınclı	uding grants of \$	178,520 ) (Revenue \$	76,283 )
	LACK OF REAL UNDER UNLIMITED SOURCES	RSTANDING ABOUT THE VULNE	RABILITY AND CONNEC VITH ABUNDANT ANIMA	TIVITY OF OCEAN SYS LS, PLANTS, AND PRO	ERS TO PROGRESS IN THE MARINE TEMS IT IS EASY TO THINK OF THE FECTED SPACES THUS, IT CAN BE DEACE THIS LACK OF	OCEANS AS VAST, ALMOST
<b>4</b> c	(Code	) (Expenses \$	•	iding grants of \$	221,107 ) (Revenue \$	1,059)
	PROTECTING AND PR SKILL OR COMPETEN	ESERVING OUR OCEANS THE	OCEAN FOUNDATION POING OF PERFORMANCE	ROVIDES ASSISTANCE ABILITY THE OCEAN	STANDING CONSERVATION ORGANIZ TO THESE ENTITIES, WHICH HAVE A FOUNDATION WAS CREATED IN PAR SE ORGANIZATIONS TO P	NEED TO DEVELOP A CERTAIN
	(0-1-	) (F	720 455	.d	274 004 \ / D +	24.442.\
	(Code	) (Expenses \$	,	iding grants of \$	271,891 ) (Revenue \$ es, from the bustling vibrancy Our oc	34,143 )
	places, from the bust	ling vibrancy Our oceans are a	mosaic of special place	s, from the bustling vi	brancy Our oceans are a mosaic of s mosaic of special places, from the bi	special places, from the bustling
4d		ervices (Describe in Sch		27.	0.0.1\	24.4.4.2.\
	(Expenses \$	729,455 inc	luding grants of \$	2/1,8	391 ) (Revenue \$	34,143)
4e	Total program sei	rvice expenses <b>⊁</b> \$	4,525,789			

art IV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💋	2	Yes	
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		N o
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	Yes	
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		No
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	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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.	11c		No
	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.	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I	14b	Yes	
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 U S? <i>If "Yes," complete Schedule F, Part II and IV</i>	15	Yes	
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 U S ? If "Yes," complete Schedule F, Part III and IV	16	Yes	
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? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M®	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $$			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 60			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	
Zu	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	) n.	V	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
2-				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4a		NI -
	account)?			No_
D	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	ОВ		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
a	services provided to the payor?	/ a		NO
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		<u>No</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		N o
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )			
12=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		
U	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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										
---	--	--	--	--	--	--	--	--	--	--

Se	ction A. Governing Body and Management							
							Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a				5		
b	Enter the number of voting members included in line 1a, above, who are independent	1b				5		
2	Did any officer, director, trustee, or key employee have a family relationship or a buother officer, director, trustee, or key employee?					2	Yes	
3	Did the organization delegate control over management duties customarily perform supervision of officers, directors or trustees, or key employees to a management c	ed by	orι	under the	dırect	3		No
4	Did the organization make any significant changes to its governing documents since filed?	•	•	•		4		No
5	Did the organization become aware during the year of a significant diversion of the	organız	zatı	on's ass	ets? .	5		No
6	Did the organization have members or stockholders?					6		No
7a	Did the organization have members, stockholders, or other persons who had the pomore members of the governing body?	werto	ele •	ct or app	oint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approvor persons other than the governing body?	al by)			tockholders	, <b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written act year by the following		ınde	ertaken d	luring the			
а	The governing body?					8a	Yes	
b	Each committee with authority to act on behalf of the governing body?					8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A organization's mailing address? If "Yes," provide the names and addresses in Sche					e <b>9</b>		No
	ction B. Policies (This Section B requests information about policies no	t requ	ııre	d by th	e Internal			•
Re	venue Code.)						V	l Na
10-	Did the organization have local chapters, branches, or affiliates?					10a	Yes	No No
	If "Yes," did the organization have written policies and procedures governing the ac				· ·	100		INO
_	affiliates, and branches to ensure their operations are consistent with the organization purposes?				арсего,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of the form?	ıts gov	verr	ning body	before filin	g <b>11a</b>	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the $$	Form 9	90					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13					12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annuarise to conflicts?					12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance wit in Schedule O how this was done	h the p	ooli	cy? If "Y	es," describ	e <b>12c</b>	Yes	
13	Did the organization have a written whistleblower policy?					13	Yes	
14	Did the organization have a written document retention and destruction policy? .					14	Yes	
15	Did the process for determining compensation of the following persons include a reindependent persons, comparability data, and contemporaneous substantiation of t							
а	The organization's CEO, Executive Director, or top management official					15a	Yes	
b	Other officers or key employees of the organization					15b	Yes	
	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 taxable entity during the year?					16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and tall	nizatior ke step	n to ps t	evaluat o safegu	e its ard the	200	16	110
	organization's exempt status with respect to such arrangements?					1 4 6 1		I
	ction C. Disclosure					16b		

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA , FL , ME , SC , WA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
  - Own website Another's website V Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization MARK J SPALDING

1990 M STREET NW SUITE 250 WASHINGTON, DC 20036 (202) 887-8992

## <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

(A)  Name and Title	(B) A verage hours per week (describe	Position more unless	on (d thai	C) o not n one son er ar	t che e bo: is bo	eck x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) J THOMAS MCMURRAY PHD Treasurer & Director	1 00	х		Х				0	0	0
(2) WOLCOTT HENRY Secretary & Director	1 00	Х		Х				0	0	0
(3) ANGEL BRAESTRUP Director	2 00	Х						0	0	0
(4) LISA HOOK Director	1 00	Х						0	0	0
(5) ANN LUSKEY Director	1 00	Х						0	0	0
(6) SAMANTHA CAMPBELL Director	1 00	Х						0	0	0
(7) MARK J SPALDING President	60 00			Х				227,640	0	21,398
(8) KAREN MUIR Chief Operating Officer	40 00			Х				144,083	0	7,315

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e tha	n on son er ai	e bo ıs bo nd a	x, oth )		(D) Reportate compensa from the organization 2/1099-M	tion e n (W-	(E) Reportable compensatior from related organizations (W- 2/1099- MISC)		(F) Estima amount o compens from t organizati	ited f other sation the on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former			11136)		organiza	
14	Sub-Total							<u> </u> ▶-				_		
1b c	Total from continuation sheets	to Part VII. Sec	tion A	· ·	<u> </u>	•		<u>-</u>						
d	Total (add lines 1b and 1c) .			•	•			<b> </b>	37	1,723				28,713
2	Total number of individuals (incl \$100,000 of reportable compen					ted	above	) who	received mo	ore tha	n	•	_	
3	Did the organization list any <b>fori</b> on line 1a? <i>If "Yes," complete Sch</i>					ey e	mploy	ee, o	or highest cor	npens •	ated employee	3	Yes	No No
4	For any individual listed on line corganization and related organization.											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz								_			5		No
Se	ction B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	Nar	<b>(A)</b> ne and business add	dress							Desci	( <b>B)</b> ription of services	-	( <b>C</b> Comper	
	Total number of independent cont	ractors (includir	a but n	ot len	nitor	1 +0 4	thoco	licto	d = h = v = \ v v h =		and manual than			

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part v		Statement of Revenue					
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campaigns 1a	13,663				
<b>∃ ∃</b>	ь	Membership dues 1b					
声		·					
के हैंद इंटर	C   .	Fundraising events 1c					
<u>ਡੂਰ</u>	d	Related organizations 1d					
≨ં≣	e	Government grants (contributions) <b>1e</b>	307,423				
<u>`</u> ≧ ~	f	All other contributions, gifts, grants, and <b>1f</b>	4,366,804	İ			
<u> </u>	   g	similar amounts not included above  Noncash contributions included in					
± ο Ξ ο	9	lines 1a-1f \$ 40,902					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	4,687,890			
<u> </u>			Business Code				
Ξe	3-	Construction and Constructs					
E.	2a	Government Contracts	541900	34,143			
22	b	Fees for Services	541900	334,445			
9	c	Other Program Revenue	900099	254			
er M	d						
Ď	e						
Program Serwce Revenue	f	All other program service revenue					
Š 2	-						
Δ	g	Total. Add lines 2a-2f		368,842			
	3	Investment income (including dividend	ds, interest				
		and other similar amounts)	<u> </u>	3,027			3,027
	4	Income from investment of tax-exempt bond p	proceeds 🕨				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents					
	ь	Less rental					
	<sub>c</sub>	expenses Rental income					
		or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
<u>Φ</u>		events (not including					
둤		\$					
Š		of contributions reported on line 1c) See Part IV, line 18					
Other Revenue		a					
i e	ь	Less direct expenses b					
₹		Net income or (loss) from fundraising	events ►				
_	9a	Gross income from gaming activities	·				
		See Part IV, line 19					
		а					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activ	vities►				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold <b>b</b>					
	°	Net income or (loss) from sales of inve	entory 🕨				
	Ť	Miscellaneous Revenue	Business Code				
	11a	O ther income	900099	6,102	6,102		
	ь	o ther medile		-,-, <del>-</del>	-,		
	C .						
	d	All other revenue					
	е	Total. Add lines 11a-11d		6,102			
	12	<b>Total revenue.</b> See Instructions	▶	5,065,861	374,944		3,027

## 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 no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations			,	· · · · · · · · · · · · · · · · · · ·
	in the United States See Part IV, line 21	850,251	850,251		
2	Grants and other assistance to individuals in the				
	United States See Part IV, line 22	31,800	31,800		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the United States See Part IV, lines 15 and 16	596,000	596,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
	key employees	361,906	97,983	213,881	50,042
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	652,105	604,373	9,337	38,395
8	Pension plan contributions (include section 401(k) and section	132,233	22.,22	2,22.	,
_	403(b) employer contributions)	33,280	25,353	4,891	3,036
9	Other employee benefits	54,239	53,127	763	349
10	Payroll taxes	76,475	52,568	17,930	5,977
11	Fees for services (non-employees)				
а	Management				
b	Legal	28,413	16,492	8,941	2,980
С	Accounting	55,785	31,999	17,840	5,946
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,276,559	1,229,749	33,008	13,802
12	Advertising and promotion	8,138	8,082	42	14
13	Office expenses	202,824	186,546	12,455	3,823
14	Information technology	96,894	88,127	6,575	2,192
15	Royalties				
16	Occupancy	74,528	45,318	21,908	7,302
17	Travel	395,395	366,653	10,799	17,943
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	95,816	89,864	3,212	2,740
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,868	10,006	5,897	1,965
23	Insurance	30,378	17,011	10,025	3,342
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Project & field expenses	120,635	120,591	33	11
b	Licenses, taxes & fees	6,540	3,896	1,983	661
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,065,829	4,525,789	379,520	160,520
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	, 5	•	•		rm <b>990</b> (2011)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	66,655		79,142
	2	Savings and temporary cash investments	1,275,224	2	1,476,736
	3	Pledges and grants receivable, net	2,687,724	3	1,880,141
	4	Accounts receivable, net	17,392	4	40,444
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of	ı		
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of	d		
		Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
80	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	100,257	9	74,665
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	348		
	b	Less accumulated depreciation 10b 78,8	332 21,903	10c	17,516
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	341
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,169,155	16	3,568,985
	17	Accounts payable and accrued expenses .	138,149	17	157,547
	18	Grants payable		18	
	19	Deferred revenue		19	5,400
	20	Tax-exempt bond liabilities		20	
ø	21	Escrow or custodial account liability		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	625,000	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	763,149	++	162,947
es —		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.	· ·		
ğ	27	Unrestricted net assets	706,759	27	1,474,711
<u> </u>	28	Temporarily restricted net assets	2,699,247	28	1,931,327
	29	Permanently restricted net assets	, ,	29	· · ·
r Fund Balance		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
ASS	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,406,006	33	3,406,038
Net	34	Total liabilities and net assets/fund balances	4 169 155	34	3 568 985

Ра	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5.0	065,86
2	Total expenses (must equal Part IX, column (A), line 25)	2			065,82
3	Revenue less expenses Subtract line 2 from line 1	3			3
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,4	106,00
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,4	106,03
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		20	163	
u	on a separate basis, consolidated basis, or both	issueu			
	▼ Separate basis				
За	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?	ie	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **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.

Inspection **Employer identification number** 

THE OCEAN FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions

1				blie charity sta		•				3tractions			
	organı:			te foundation becaus			-		x )				
1	<u> </u>	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).											
2	<u> </u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	<u> </u>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>											
4	ı	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state											
5	Г	An orga	anızatıon op	erated for the benefi	t of a college	or universit	ty owned or o	perated by a	government	al unit descr	ıbed ın		
		sect ion	170(b)(1)(	(A)(iv). (Complete P	art II )								
6		A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).				
7	<u>~</u>	describ	ed in	at normally receives		al part of its	support from	a governme	ntal unit or fr	om the gene	ral public		
	_			(A)(vi) (Complete P		A Muil (Con	anlata Bart II						
8 9	<u>'</u>			described in <b>sectior</b> at normally receives					utions mam	harabın faac	and gross		
9	'	_		rities related to its ex	` '		• •		•	•	_		
				oss investment inco									
				ganızatıon after June						iax y mom bas			
10	$\vdash$			ganized and operated									
11	, —			ganized and operated						o carry out th	ne purposes of		
	,	one or the box	more public	ly supported organiz bes the type of supp <b>b</b> Type I	ations descr orting organ	ıbed ın sectı ı <u>za</u> tıon and o	on 509(a)(1)	) or section 5 s 11e throug	509(a)(2) Se jh 11h	ee section 50			
e	$\vdash$			ox, I certify that the									
•	'			on managers and otl									
		section	509(a)(2)										
f			rganızatıon :hıs box	received a written de	etermination	from the IR	S that it is a	Type I, Type	II or Type I	II supportin	g organization,		
g				2006, has the organi	ızatıon accer	ted any gift	or contribution	on from any	of the		,		
•			g persons?	, <b>.</b>		, <b>.</b> ,		· · · · · · · · · · · · · · · · · · ·					
				rectly or indirectly c				persons des	cribed in (ii)		Yes No		
		•		governing body of th		<del>-</del>	ation?			11g(	<del></del>		
			-	er of a person descri						11g(			
_				led entity of a perso						<b>11g</b> (i	ii)		
h		Provide	the followi	ng information about	the supporte	ed organizati	ion(s)						
organization or IRC section document?							<b>(vii)</b> A mount of support?						
				(see instructions))	Yes	No	Yes	No	Yes	No			

Total

Support Schedule for Organizations Described in IRC 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.)

5	ection A. Public Support	. organization	idiis to quality t	macr the tests	isted below, pie	asc com	piete	rait III.
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 201	1	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,435,84	8 3,981,056	5,673,864	4,766,405	4,7	17,934	23,575,107
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	<b>Total.</b> Add lines 1 through 3	4,435,84	8 3,981,056	5,673,864	4,766,405	4,7	17,934	23,575,107
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included							4,279,530
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5							19,295,577
	from line 4 ection B. Total Support							
	endar year (or fiscal year		43.222		(1) 22/2			
	beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 201	1	<b>(f)</b> Total
7	Amounts from line 4	4,435,848	3,981,056	5,673,864	4,766,405	4,7:	17,934	23,575,107
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	26,329	30,461	11,682	9,601		3,027	81,100
9	Net income from unrelated business activities, whether or not the business is regularly							
10	carried on Other income (Explain in Part IV ) Do not include gain or loss						6,102	6,102
11	from the sale of capital assets  Total support (Add lines 7						-+	
	through 10)							23,662,309
12	Gross receipts from related activiti		•			12		939,890
	First Five Years If the Form 990 is check this box and stop here			, third, fourth, or f	ifth tax year as a !	501(c)(3)	organi	zation, <b>▶</b>
	ection C. Computation of Pul			d d = -1 (C)				
14	Public Support Percentage for 201	-		11 column (f))		14		81 550 %
15	Public Support Percentage for 2010	·	•			15		78 470 %
16a	<b>33 1/3% support test—2011.</b> If the and <b>stop here.</b> The organization qua				ine 14 is 33 1/3%	or more, o	:heck t	this box
	33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organiza	n qualifies as a p — <b>2011.</b> If the org	ublicly supported janization did not	organization check a box on lin	e 13, 16a, or 16b	and line 1	.4	check this ▶
	in Part IV how the organization mee							· —
b	organization  10%-facts-and-circumstances test	<b>-2010.</b> If the arc	ianization did not i	check a box on lin	e 13,16a.16b o	r 17a and	line	►l
_	15 is 10% or more, and if the organ	nization meets th	ne "facts and circu	mstances" test, o	heck this box and	stop here	≥.	
18	Explain in Part IV how the organiza supported organization <b>Private Foundation</b> If the organizat				-	•	-	′ ▶□
	instructions	ion ala not checi	Ca box on file 15	, 100, 100, 1700	I , D, CHECK HIS I	SOA GIIG SE	_	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 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 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a 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 C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 0 % 15 Public support percentage from 2010 Schedule A, Part III, line 15 16

Section D.	. Computation	of Investment	Income	Percentage
------------	---------------	---------------	--------	------------

17 Investment income percentag	e for <b>2011</b> (line 10c co	lumn (f) divided by !	line 13 column (f))
--------------------------------	--------------------------------	-----------------------	---------------------

18 Investment income percentage from 2010 Schedule A, Part III, line 17

17	0 %
18	

- 19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
  - b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
  - Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

	<b>Part IV Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	OTHER INCOME PART II, LINE 10, DESCRIPTION MISCELLANEOUS REVENUE, 2007 0 , 2008 0 , 2009 0 , 2010 0 , 2011 6102 ,
4	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493318024132

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

## Political Campaign and Lobbying Activities

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.

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

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

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	e orgai	nızatıon
THE OC	EAN FO	DUNDAT	ION

Employer identification number

71-0863908

Part I-A	Complete if	the organization i	s exempt under s	ection 501(c) (	or is a section 527	organization.

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

Part I-B	Comp	lete if	the or	ganization	is exem	pt under	section	501(	c)(3)	

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

#### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	<b>(b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

☐ Yes ☐ No

chicadic c (i	om 550 of 550 L2/2011	raye
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768	(election
	under section 501(h)).	

4	Check	$\sqcap$	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		_	expenses, and share of excess lobbying expenditures)

3 Check  $\Gamma$  if the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
a	Total lobbying expenditures to influence public of	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	117,900	
c	Total lobbying expenditures (add lines 1a and 1	o)	117,900	
d	Other exempt purpose expenditures		4,947,929	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	5,065,829	
f	Lobbying nontaxable amount Enter the amount columns	403,291		
	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		
	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		
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	100,823	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		
_				

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

**Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a) 2008 **(b)** 2009 (d) 2011 (c) 2010 (e) Total beginning in) 368,160 377,438 403,291 Lobbying non-taxable amount 431,908 1,580,797 Lobbying ceiling amount 2,371,196 (150% of line 2a, column(e)) 125,400 90,000 117,000 117,900 450,300 Total lobbying expenditures Grassroots non-taxable amount 92,040 94,360 107,977 100,823 395,200 Grassroots ceiling amount 592,800 (150% of line 2d, column (e)) Grassroots lobbying expenditures

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 
		(	a)	(	b)
		Yes	No	Am	ount
1	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				
а	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?				
е	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	O ther activities? If "Yes," describe in Part IV				
j	Total 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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion
			_	Y	es 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?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493318024132

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

Interna	al Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspec	tion
Name of the organ				Employer identification	tion numb	er
IH	E OCEAN FOUNDALIO	JN .		71-0863908		
Pa	rt I Organ	izations Maintaining Donor A	dvised Funds or Other Similar Fu		Comple	te if the
	organiz	zation answered "Yes" to Form 99				
			(a) Donor advised funds	<b>(b)</b> Funds and o	ther accou	
1	Total number a	·	5			4
2	33 3	tributions to (during year)	894,399			31,323
3		nts from (during year)	4,000			350,092
4	55 5	ue at end of year	697,370			259,447
5	_		sors in writing that the assets held in dono organization's exclusive legal control?	or advised	✓ Yes	┌ No
6	used only for c conferring imp	haritable purposes and not for the ben ermissible private benefit	donor advisors in writing that grant funds efit of the donor or donor advisor, or for an	y other purpose	✓ Yes	┌ No
Pa	rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV	, lıne 7.	
2	Preservat Protection Preservat Complete lines	conservation easements held by the or tion of land for public use (e g , recreati n of natural habitat tion of open space s 2a–2d if the organization held a quali the last day of the tax year	on or pleasure) $\Gamma$ Preservation of an	historically important ertified historic struct of a conservation	=	a
		,	Γ	Held at the	End of the	Year
а	Total number o	of conservation easements		2a		
b	Total acreage	restricted by conservation easements		2b		
c	Number of con	servation easements on a certified his	storic structure included in (a)	2c		
d	Number of con	servation easements included in (c) a	cquired after 8/17/06	2d		
3	the taxable ye	ar ▶	erred, released, extinguished, or terminated	d by the organization o	during	
4		tes where property subject to conserva		_		
5		nization have a written policy regarding fthe conservation easements it holds:	g the periodic monitoring, inspection, hand ?	ling of violations, and	☐ Yes	┌ No
6	Staff and volur	nteer hours devoted to monitoring, insp	pecting and enforcing conservation easeme	ents during the year 🕨		
7	A mount of exp ► \$		ng, and enforcing conservation easements	during the year		
8		nservation easement reported on line 2 i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	tion	┌ Yes	┌ No
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial neats			
Pai	tt IIII Organ	nizations Maintaining Collectio	ons of Art, Historical Treasures, on "Yes" to Form 990, Part IV, line 8.	or Other Similar A	Assets.	
1a	If the organiza art, historical t	tion elected, as permitted under SFAS treasures, or other similar assets held	116, not to report in its revenue statement for public exhibition, education or research nancial statements that describes these ite	h in furtherance of pul		e,
b	historical treas		116, to report in its revenue statement ai public exhibition, education, or research in s			
	(i) Revenues I	included in Form 990, Part VIII, line 1		<b>►</b> \$		
	(ii) Assets inc	luded in Form 990, Part X		<b>►</b> \$		
2	If the organiza	·	orical treasures, or other similar assets for S 116 relating to these items			
а	_	uded in Form 990, Part VIII, line 1		<b>►</b> \$		

**b** Assets included in Form 990, Part X

ar	<b>TITLE</b> Organizations Maintaining Co	liections of Art, H	<u>ıstor</u>	<u>icai ireasui</u>	res, or Otne	er Similar	Asse	ts (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any of	the fo	lowing that are	e a significant i	use of its co	llection	1	
а	Public exhibition	d	Γ	Loan or exch	nange program:	5			
b	Scholarly research	e	$\vdash$	Other					
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain h	ow the	y further the o	rganızatıon's e	xempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t					mılar	Г	Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar				answered "	es" to For	m 990	),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermedia	ry for a	contributions o	r other assets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the follo	owing t	able			Amou	ınt	
c	Beginning balance				1c		711104		
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fe	orm 990. Part X. line 21	7				$\overline{}$	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\						,		,
	rt V Endowment Funds. Complete		nswer	ed "Yes" to F	orm 990, Pa	rt IV, line	10.		
	·		( <b>b)</b> Prior			Three Years B		<b>)</b> Four Ye	ears Back
.a	Beginning of year balance								
b	Contributions								
C	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
!	Provide the estimated percentage of the year	r end balance held as							
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment 🕨								
c	Term endowment ▶								
a	Are there endowment funds not in the posse organization by	ssion of the organization	n that	are held and a	dmınıstered foı	the		V	Nie
	(i) unrelated organizations						3a(i)	Yes	No
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(II), are the related organization						3b		
	Describe in Part XIV the intended uses of th	ie organization's endowi	ment f	unds		•			
aı	t VI Land, Buildings, and Equipme	<b>ent.</b> See Form 990, F	art X	, line 10.		_			
	Description of property			(a) Cost or other asis (investment)	( <b>b)</b> Cost or othe basis (other)	r <b>(c)</b> Accum deprecia		( <b>d)</b> Bo	ook value
a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment				94,30	7	76,791		17,516
	Other				2,04		2,041		
ota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, column (	B), line	= 10(c).)					17,516

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talac	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,065,861
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,065,829
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	32
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	30,044
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	30,044
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	30,076
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	5,095,905
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	30,044
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,065,861
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)	_	
с _	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,065,861
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	 	5,095,873
-	statements	1	3,033,073
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 30,044		
b	Prior year adjustments		
c	Other losses	_	
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	30,044
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,065,829
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	4	
С	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	5,065,829

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

#### Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Pt X		The organization is exempt from income taxes under
		INTERNAL REVENUE CODE 501(C)(3) AND APPLICABLE DC STATUTES NO PROVISION FOR INCOME TAXES IS REQUIRED AT JUNE 30, 2012, AS THE ORGANIZATION HAD NO NET UNRELATED BUSINESS INCOME THE ORGANIZATION FOLLOWS FASB ASC 740-10, INCOME TAXES THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THESE PROVISIONS
		PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINITY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2012, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE AN

DLN: 93493318024132

OMB No 1545-0047

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection** 

Name of the organization

SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

**Employer identification number** 

INC	OCEAN FOUNDATION				71-0863908	
Pa	"Yes" to Form 990, Pa			he United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the	organization n	naıntaın record	ls to substantiate the	amount of the grants	or
	assistance, the grantees' el the grants or assistance? .		_	·		ard  Yes No
2	<b>For grantmakers.</b> Describe in P United States	art V the organiz	ration's procedu	res for monitoring the us	e of grant funds outsıde tl	ne
3	Activites per Region (Use Part	V if additional s	pace is needed	)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	North America	0	0	program service	research	363,557
	North America	0	0	grantmakıng	grants to recipients	207,719
	Central America	0	0	program service	research & conferences	110,472
	Central America	0	0	grantmakıng	grants to recipients	60,995
	South America	0	0	program service	research	6,970
	South America	0	0	grantmakıng	grants to recipients	15,000
	Sub-Saharan Africa	0	0	program service	research	60,580
	Sub-Saharan Africa	0	0	grantmakıng	grants to recipients	41,202
	East Asia and Pacific	0	0	program service	research & conferences	118,628
	East Asia and Pacific	0	0	grantmakıng	grants to recipients	53,332
	 Europe	0	0	program service	research & conferences	136,040

Europe	0	0	grantmakıng	grants to recipients	112,644
Mıddle East	0	0	grantmakıng	grants to recipients	1,710
South Asia	0	0	program service	research	5,528

0 1,294,377 3a Sub-total

**b** Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

Cat No 50082W

Schedule F (Form 990) 2011

1,294,377

Schedule f	F (Form 990	)2011							Page <b>2</b>
Part II	Part IV, I	ine 15, for any	sistance to Organ recipient who rece space is needed.	izations or Entitions or Entitions (1) in the contract of the	es Outside the Un 000. Check this box	i <b>ted States.</b> Comp of no one recipient	plete if the organization of the received more than	tion answered "Yes' n \$5,000	' to Form 990, ▶ ┌
	ame of nization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
<u>Data</u>	see Add'l a								

!	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country,	recog	nızed	d as
	tax-exempt by the IRS, or for which the grantee or counsel has provided a section $501(c)(3)$ equivalency letter .			. •

18

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Part V If a	additional space is ne	<u>eaea.</u>					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	( <b>f)</b> A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Comcaac Scholarship	North America	2	4,750	Wires		N/A	Actual
Research & education	Sub-Saharan Africa	3	21,636	Wires		N/A	Actual
Research	East Asia and Pacific	1	6,300	Wire		N/A	Actual
	1						

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	[·	. 1	۷o
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	<b>▽</b>	· N	۷o
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 Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	<b>⊳</b>	. 1	۷o
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	<b>⊡</b>	- N	۷o
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	V	· N	۷o
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 instructions for Form 5713).	Г	Yes	<u>ح</u> ا		۷o

Schedule F (Form 990) 2011

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

I dentifier Pt I Line 2	ReturnReference	Explanation  PART I, LINE 2 - THE OCEAN FOUNDATION'S FUND AND  PROJECT MANAGERS WORK VERY CLOSELY WITH FOREIGN
		GRANTEES ON PUBLIC EDUCATION, OCEAN PRESERVATION, AND ACHIEVING THE ORGANIZATION'S PROGRAMMATIC GOALS IN ADDITION TO REGULAR REPORTING, THE RELATIONSHIP BETWEEN THE FOUNDATION'S VARIOUS FUNDS & PROJECTS AND FOREIGN GRANTEES IS CLOSER TO THAT OF A PARTNERHSHIP THAN A PASSIVE GRANTOR RELATIONSHIP FREQUENT VISITS AND DIRECT INVOLVEMENT IN ALL CASES CONTRIBUTE TO DIRECT OVERSIGHT OVER FOREIGN GRANT REC

#### **Additional Data**

**Software ID:** 11000175

**Software Version:** 

**EIN:** 71-0863908

Name: THE OCEAN FOUNDATION

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sea Turtle Conservation	20,400	Wire		N/A	Actual
		North A merica	Gulf of Mexico	8,250	Check		N/A	Actual
		North A merica	General Support	33,588	Wire		N/A	Actual

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North	Shark	84,848	Wire		N/A	Actual
		A merica	Conserv					
		North	Ваја СА	51,728	Wire		N/A	Actual
		A merica	Conserv					
		Central	Belize Shark	20,000	Check		N/A	Actual
]		A merica						

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central	Little Cayman	9,574	Check		N/A	Actual
		A merica						
		Central	Gulf A na	16,000	Check		N/A	Actual
		A merica	Maria					
		Central	General	5,421	Wire		N/A	Actual
		A merica	Support					

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Confon MMPAs	10,000	Check		N/A	Actual
		South America	Sea Turtle Cons	15,000	Wire		N/A	Actual
			Sea Turtle Cons	10,000	Wire		N/A	Actual

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			General Support	6,022	Wire		N/A	Actual
		East Asıa and Pacıfıc	Coral Mariculture	29,000	Wire		N/A	A ctual
		East Asıa and Pacıfıc	Sea Turtle Cons	18,032	Wire		N/A	Actual

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	GRID-A rendal	10,022	Wire		N/A	Actual
		Europe	Tropical Seagrass	12,622	Wire		N/A	A ctual
			General Support	90,000	Check		N/A	Actual

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

▶ Attach to Form 990

OMB No 1545-0047

2011

DLN: 93493318024132

Open to Public Inspection

Name of the organization Employer identification number THE OCEAN FOUNDATION 71-0863908 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . .

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Boyd Lyon Sea Turtle Scholarship	1	2,500		Actual	N/A
(2) Sea Turtle Conservation	1	23,000		A ctual	N/A
(3) Research on Mantas & Whale Sharks	1	6,300		A ctual	N/A

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

Identifier	Return Reference	Explanation
Pt I Line 2		The Ocean Foundation works closely with most all of its grantees to solve
Pt I Line 2		Ocean preservation issues It requires reports when a grant is to an entity
Pt I Line 2		other than one to a public charity for general operating support Foundation
Pt I Line 2		staff travel widely and attend many of the same policy conferences with grantees
Pt I Line 2		and are closely involved and aware of grantees' work in this manner

**Software ID:** 11000175

**Software Version:** 

**EIN:** 71-0863908

Name: THE OCEAN FOUNDATION

(a) Name and ac of organizati or governme	on	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA CENT FOR THE ENVE 807 G STREET SUITE 100 ANCHORAGE, 99501	RNMT	23- 7380045	501(c)(3)	18,000		Actual	N/A	General op sup
ALASKA MARI CONSERV CL3 WEST 4TH AVI ANCHORAGE, 99501	333 E 306	92- 0155875	501(c)(3)	13,300		A ctual	N/A	General op sup

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA SEALIFE CENTER301 RAILWAY AVE SEWARD,AK 99664	92- 0132479	501(c)(3)	90,605		Actual	N/A	Humpback Whale tagging techniques
CTR FOR ALASKA COASTAL STUDIESPO BOX 2225 HOMER,AK 99603	92- 0086250	501(c)(3)	7,500		Actual	N/A	Coastal cleanup

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOK INLET KEEPER3734 BEN WALTERS LANE HOMER,AK 99603	92- 0156450	501(c)(3)	10,000		Actual	N/A	General op sup
DUKE UNIVERSITY PO BOX 90328 DURHAM, NC 27708	56- 0532129	501(c)(3)	100,000		Actual	N/A	Humpback Whale feeding ecology comparisons

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
or government		п аррпсавіе		assistance	appraisal, other)	assistance	oi assistance
FLORIDA AQUARIUM701 CHANNELSIDE DRIVE TAMPA,FL 33602	59- 2807815	501(c)(3)	9,975		Actual	N/A	Public educ
FRESNO CHAFFE ZOO894 WEST BELMONT AVE FRESNO,CA 93728	42- 1661145	501(c)(3)	15,000		A ctual	N/A	Teen LEADERS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IUCN1630 CONNECTICUT AVE NW 3RD FL WASHINGTON, DC 20009	52- 1443147	501(c)(3)	8 ,2 5 0		other) Actual	N/A	Gulf of Mexico working grp
JUNEAU WATERSHED PTNSHPPO BOX 20649 JUNEAU.AK 99802	92- 0171846	501(c)(3)	5,070		A ctual	N/A	Int'l Coastal Clean-Up Day

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN PARK ZOOLOGICAL SOCIETY2001 NORTH CLARK STREET CHICAGO,IL 60614	36- 2512404	501(c)(3)	15,000		A ctual	N/A	Public educ
MARINE CONSERVATION ALLIANCE FDN431 N FRANKLIN 305 JUNEAU.AK 99801	68- 0567328	501(c)(3)	8,000		A ctual	N/A	Study/clean-up

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAT'L MARINE SANCTUARY FDN 8601 GEORGIA AVE STE 501 SILVER SPRING, MD 20910	94- 3370994	501(c)(3)	10,000		A ctual	N/A	Intl Conf MMPAs
NEW ENGLAND AQUARIUM CENTRAL WHARF BOSTON, MA	04- 2297514	501(c)(3)	135,000		A ctual	N/A	Humpback Whales research & Teen Envir

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCEAN CHAMPIONS202 SAN JOSE AVE CAPITOLA,CA 95010	37- 1502415	501(c)(4)	117,900		Actual	N/A	Dir lobby ocn pres
OCEAN DISCOVERY INSTITUTE2211 PACIFIC BEACH DR SAN DIEGO,CA 92109	33- 0862531	501(c)(3)	10,000		Actual	N/A	O cean Leaders initiative

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCEANGATE FDN 911 WESTERN AVE SEATTLE, WA 98104	27- 2857478	501(c)(3)	22,500		Actual	N/A	General op sup
UCSD9500 GILMAN DRIVE LA JOLLA,CA 92093	95- 2872494	501(c)(3)	15,000		Actual	N/A	Marine Mammal wkshp

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY340 PANAMA STREET STANFORD,CA 94305	94- 1156365	1 501(c)(3)	79,997		Actual	N/A	Atlantic BlueFin Tuna project
STANFORD UNIVERSITY HOPKINS MARINE STATION PACIFIC GROVE, CA 93950	94- 1156365	1 501(6)(3)	91,935		A ctual	N/A	Tuna accoustics & improving access to ocean observations

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
					appraisal, other)	assistance	
SYLVIA EARLE ALLIANCE100 PINE STREET STE 1550 SAN FRANCISCO,CA 94111	26- 1892969	501(c)(3)	6,397		A ctual	N/A	General op sup
TEENS40 CEANS 3015 BLUFF STREET BOULDER, CO 80301	27- 4333453	501(c)(3)	6,248		A ctual	N/A	General op sup

(a) Name and address	<b>(b)</b> EIN	(c) IRC Code	(d) A mount of	(e) A mount of	(f) Method of	(g) Description	(h) Purpose of
of organization or government		section if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	of non-cash assistance	grant or assistance
UNIV OF SOUTHERN MAINEPO BOX 9300 PORTLAND, ME 04104	04- 3350930	I 501(c)(3)	9,574		Actual	N/A	Field research lab in Caribbean
VALLEY ZOOLOGICAL SOCIETY500 RINGGOLD STREET BROWNSVILLE,TX 78520	74- 2438003	I 501(c)(3)	15,000		A ctual	N/A	Public educ

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDLIFE CONSERVATION SOCIETY2300 SOUTHERN BLVD BRONX,NY 10460	13- 1740011	501(c)(3)	20,000		A ctual	N/A	Belize Shark
WORLD DIGITAL DATA11654 PLAZA AMERICA DR RESTON, VA 20190	22- 3821872		10,000		Actual	N/A	Fishery project planning

DLN: 93493318024132

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization	Employer identification number
THE OCEAN FOUNDATION	
	71-0863908

Рa	rt I Questions Regarding Compensation					
			Yes	Νo		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form					
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	First-class or charter travel  Housing allowance or residence for personal use					
	Travel for companions  Payments for business use of personal residence					
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2				
3	Indicate which, if any, of the following the organization uses to establish the compensation of the					
	organization's CEO/Executive Director Check all that apply					
	▼ Compensation committee					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations  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					
а	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 501(c)(3) and 501(c)(4) organizations only 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					
а	The organization?	5a		No		
b	Any related organization?	5b		Νo		
	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					
а	The organization?	6a		Νo		
b	<b>b</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	7		No		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		INU		

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

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

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

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	(E) Total of columns	<b>(F)</b> Compensation reported in prior	
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		compensation	Deficits	(B)(ı)-(D)	Form 990 or Form 990-EZ	
(1) MARK J SPALDING	(I) (II)	227,640			15,891	7,303	250,834		
(2) KAREN MUIR	(I) (II)	144,083			7,315	1,162	152,560		

Schedule J (Form 990) 2011 Page **3** 

#### Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

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DLN: 93493318024132

OMB No 1545-0047

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**SCHEDULE M** (Form 990)

Department of the Treasury

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

**NonCash Contributions** 

Internal Revenue Service Name of the organization THE OCEAN FOUNDATION

**Employer identification number** 

Pa	rt I Types of Property			L	/1-0863908			
	- The second sec	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d</b> ) Method of de contribution	etermii	_	
1	Art—Works of art			-				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	1	40,902	Market quotation			
	Securities—Closely held stock $ . $							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	O ther ►()							
	Other ►()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization compl				29	ı	Yes	No No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I lines	1-28 that it		162	140
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
h	If "Yes," describe the arrangement					Sua		-110
31	Does the organization have a gif			review of any non-standard	contributions?	31		No
32a	Does the organization hire or us	e third parti	es or related organizations	to solicit, process, or sell i	non-cash		Ī	
	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?							
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493318024132

OMB No 1545-0047

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

Name of the organization THE OCEAN FOUNDATION	Employer identific	ation number
	71-0863908	

ldentifier	Return Reference	Explanation
Pt VI, Line 2		RELATIONSHIPS AMONG DIRECTORS, OFFRS & KEY EMPLOYEES -
		Angel Braestrup, Director & Mark Spalding, President/
		Officer, own real estate together, unrelated to the
		business of the Foundation
Pt VI, Line 11a		PROCESS FOR REVIEW OF FORM 990 -
		Prior to filing, a complete copy of the Form 990 was e-mailed
		to all Foundation directors calling their attention to
		sections most likely to be of interest to contributors
		and the public and seeking comments on any part of the Form
		990
Pt VI, Line 12c		CONFLICT OF INTEREST MONITORING & ENFORCEMENT -
		The Foundation's conflict of interest policy covers all
		directors, officers & staff Any conflict of interest
		is to be reported to either the Chair or President
		The "cure" is full disclosure, and recusal by the
		conflicted person from participating in a decision that
		could lead to a personal gain
Pt VI, Line 15		REVIEW OF COMPENSATION OF CEO -
		An independent director annually surveys the field of
		ıntl NGOs marine philanthropic orgs & community

ldentifier	Return Reference	Explanation
		foundations This director also is on the compensation
		committee of the Board of a comparable size international
		NGO which receives a report by an independent compensation
		consultant based on a compensation survey Based on
		this research and experience, the director reports
		his finding to the Foundation Board The Board approves
Form 990, Part III, Line 4d		CONSERVING MARINE HABITATS AND SPECIAL PLACES - 729455 271891 34143
		Mr Spalding's (CEO/President) compensation, with Ms
		Braestrup (Director) abstaining
Pt VI, Line 19		DISCLOSURE -
		The Foundation considers all requests for disclosure
		of documents on a case by case basis It annually posts
		a copy of its audit to Guidestar in the section which allows
		additional information, and as a California nonprofit
		public benefit corporation, makes its audited financials
		available to the public on request It also publishes
		on its website an annual report containing summary
		information derived from the audited financial statements

#### **Additional Data**

**Software ID:** 11000175

**Software Version:** 

**EIN:** 71-0863908

Name: THE OCEAN FOUNDATION

#### Form 990, Special Condition Description:

#### **Special Condition Description**

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code ) (Expenses \$ 729,455 including grants of \$ 271,891 ) (Revenue \$ 34,143 )

CONSERVING MARINE HABITATS AND SPECIAL PLACES - Our oceans are a mosaic of special places, from the bustling vibrancy Our oceans are a mosaic of special places, from the bustling vibrancy Our oceans are a mosaic of special places, from the bustling vibrancy Our oceans are a mosaic of special places, from the bustling vibrancy Our oceans are a mosaic of special places, from the bustling vibrancy Our oceans are a mosaic of special places, from the bustling vibrancy