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Form 990

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2014 calen	dar year, or tax year beginning Jul 1 , 2014, and e	nding Ju	ın 30		, 2015
В	Check if app	plicable	C Name of organization OCEAN CONSERVANCY		D Employ		Ification number
	Addre	ss change	Doing business as		23-	7245	152
	\vdash	change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho		
	Initial	•	1300 19th STREET, NW	th Flo	~ / ·	2) 4	20 5000
			1300 19th STREET, NW 8 City or town, state or province, country, and ZIP or foreign postal code	ocii Fioc	20	<i>2)</i> 4	29-5609
	H	luristermnated	1				.
	H-1	ded return	Washington DC 200				\$ 54,697,082.
	Applica	etion pending	F Name and address of pnncapel officer	1	his a group return		
			Lawrence J. Amon Same as line C	(U) And	e all subordinates No, attach a list. (included see instr	? Yes No uctrons)
<u>L</u>	Tax-exe	mpt status	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 53	27			
J	Websi	te: ► ww	w.oceanconservancy.org	H(c) Gra	oup exemption nu	mber 🕨	-
K	Form of o	organization	X Corporation Trust Association Other ► L Year of to	ormation 19	972 M s	State of k	egal domicite DC
Pa		Summar					
							ing to protect
ø			n from today's greatest global challenges.		er with		
Governance			s, we create science-based solutions for a h	ealthy	ocean ar	nd	
틍			llife and comunities that depend on it.				
Š			x • I if the organization discontinued its operations or disposed of me				
ಿಶ			iting members of the governing body (Part VI, line 1a)			3	13
S			dependent voting members of the governing body (Part VI, line 1b)			4	12
Ě	5 10	tal number	of individuals employed in calendar year 2014 (Part V, line 2a) of volunteers (estimate if necessary)			5	143
Activities &						6 70	561,600
Q.			ed business revenue from Part VIII, column (C), line 12			7a 7b	0.
	- D 140	t unicialed	business taxable income from 1 onn 550-1, line 54			1 70	0.
	8 Co	untahu iti ono	and grants (Part VIII, line 1h)		Prior Year		Current Year
3			nice revenue (Part VIII, line 2g)	<u> </u>	18,460,8	_	30,924,938.
Revenue	1	-	come (Part VIII, column (A), lines 3, 4, and 7d)		22,5	$\overline{}$	2 006 440
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,224,4 315,8		2,906,440. 121,535.
	i e		a — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	 	20,023,7		33,952,913.
			milar amounts paid (Part IX, column (A), lines 1-3)		79,0		552,714.
			to or for members (Part IX, column (A), line 4)		79,0	0.	552,714.
			er compensation, employee benefits (Part IX, column (A), lines 5-10)		0 120 4		0 070 075
es S					9,132,4		8,978,975.
SE SE	16a Pr	oressional i	fundraising fees (Part IX, column (A), line 11e)		275,0	01.	330,092.
Expenses	b To	tal fundrais	sing expenses (Part IX, column (D), line 25) ► 3,685,59	96.			·
ш	17 Ot	her expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		9,927,1	31.	11,779,792.
	18 To	tal expense	es Add lines 13-17 (must equal Part IX, column (A), line 25)		19,413,6	60.	21,641,573.
	19 Re	venue less	expenses. Subtract line 18 from line 12		610,1	.02.	12,311,340.
8 8					nning of Curre	nt Year	End of Year
ğ <u>ā</u>	20 To	tal assets ((Part X, line 16)		27,591,1		37,001,578.
A 88	21 To	tal habilities	s (Part X, line 26)		3,981,9	96.	2,928,212.
35	22 Ne	t assets or	fund balances Subtract line 21 from line 20		23,609,1	43.	34,073,366.
Pa	rt II	Signatui	re Block				
Una			dare that I have examined this return, including econopanying schedules and statements, and to t ar (other than officer) is based on all information of ynich preparer has any knowledge	the best of my k	nowledge and bel	iof, it is t	rue, correct, and
com	olete Declar	ation of prepar	er (other than officer) is based on all information of which preparer has any knowledge		_		
			mul tok		Z-/	0-1	16
Sig	ın	Signaty	per of officer		Date		
He	re	Law	rence J. Amon CFO				
		Type or	r print name and title				· · · · · ·
		Print/Type p	preparer's name Preparer's signature Date		Check	ij	PTIN
Pa	id				self-employe	 sd	
	parer	Firm's name	, •		1		
	e Only	· Firm's addre	955		Firm's EIN	-	
	•		RECEIVE	:D	Phone rio		
Mar	the IRS	discuss the	s return with the preparer shown above? (see instructions)	10			. Yes X No
			Reduction Act Notice, see the separate instructions.	O TEEAO QT	05/28/14		Form 990 (2014)
		-p	E LB 1 7 2	1115			000 (2014)
			and start AV - FW in win				
			OGDEN.	UT			.

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Part IV | Checklist of Required Schedules Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election Х in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Х 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, Х Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х complete Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Х services? If 'Yes,' complete Schedule D, Part IV . 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Х permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule X D, Part VI. . . 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11 b Χ 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI, and XII. . . 12a Х 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 and XII is optional 12 b X Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.... 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If 'Yes,' complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х complete Schedule G, Part III 19 Х 20 b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 b

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II X 21 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J . . 23 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I....... 25a Х 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 . . Х . . 25b Did the organization report any amount on Part X, line 5, 6, or 22 for recewables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions) Χ a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Χ 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II X 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . Х 35a b If 'Yes' to line 35a, 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 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 38

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Form 990 (2014) OCEAN CONSERVANCY	23-7245152	1	Page 5
Pant W Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
Check if Schedule O contains a response or note to any line in this Part V			. \square
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	70		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	ļļ	ļ.
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable g (gambling) winnings to prize winners?		1 c X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2 a	143		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b Х	<u></u>
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	· · · · <u> </u>	3 a	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	· · · · · <u> </u>	3 b	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?	over, a	4 a	Х
b If 'Yes,' enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR)		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	· · · · · · · · · · <u> </u>	5 a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicity any contributions that were not tax deductible as charitable contributions?	zation	6 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	were	6 b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7 a X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	· · · · · · · · · · · · · · · · · · ·	7 b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require Form 8282?		7 c	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.		7 e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f	Х
g tf the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7 h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	sponsoring		بيبيا
organization have excess business holdings at any time during the year?	<i>.</i>	8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9	9 a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	(9 Ы	
10 Section 501(c)(7) organizations. Enter		!	!
a Initiation fees and capital contributions included on Part VIII, line 12			:
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders			1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		- (
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	[1:	2a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	1:	3 a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			7.
14a Did the organization receive any payments for indoor tanning services during the tax year?		4a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		4b	(0044)
BAA TEEA0105 05/28/14	⊢(orm 990	(2014)

Page 6 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? . . . 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х a The governing body?. Х b Each committee with authority to act on behalf of the governing body? 8 b is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O . . . Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12 t c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х Х 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х **b** Other officers or key employees of the organization 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ See Form 990, Page 6, Line 17 (continued) Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 20036 1300 19th St., NW (202) 429-5609

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

Check if Schedule O contains a response or note to any line in this Part VII . . .

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

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

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

ted organi	zatıo	n co	mpe	nsa	ted ar	ny c	current officer, dire	ctor, or trustee	
(C)									
(B) Average hours	is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
2.00									
	Х		Х				0.	0.	0.
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<u> </u>	X		Х				0.	0.	0.
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122.00			х				266,540.	0.	42,188.
	(B) Average hours per week (list any hours for related organizations below dotted line)	(B) Average hours per week (list any hours for related organizations below dotted line) -2.00	(B) Average hours per work (list any hours for related organizations below dolled line) 2.00	(B) Average hours per week (list any hours for related organizations below dotted line) -2.00	(B) Average hours per week (list any) hours for related organizations below dotted line) -2.00	(B) Average hours per week (list any hours for related organizations below dotted line) 2.00	(B) Average hours per week (list any hours for related organizations below dotted line) -2.00	C	Column Position (do not check more than one box, unless person is both an officer and a director/frustee) Position (do not check more than one box, unless person is both an officer and a director/frustee) Position (do not check more than one box, unless person is both an officer and a director/frustee) Position (do not check more is both an officer and a director/frustee) Position (do not check more is both an officer and a director/frustee) Position (do not check more is both an officer and a director/frustee) Position (do not check more is both an officer and a director/frustee) Position (do not check more is both an officer and a director/frustee) Position (do not check more is both an officer and a director/frustee) Position (do not check more is both an officer and a director/frustee) Position (do not check more is both an officer and a director/frustee) Position (do not check more is both an officer and a director/frustee) Position (do not check more is both and in the compensation from related organizations (w.2/1099-MISC) Position (do not check more is both and in the compensation from related organizations (w.2/1099-MISC) Position (do not check more is both and in the compensation from related organizations (w.2/1099-MISC) Position (do not check more in the compensation from related organizations (w.2/1099-MISC) Position (do not check more in the compensation from related organizations (w.2/1099-MISC) Position (do not check more in the compensation from related organizations (w.2/1099-MISC) Position (do not check more in the compensation from related organizations (w.2/1099-MISC) Position (do not check more in the compensation from related organizations (w.2/1099-MISC) Position (do not check more in the compensation from related organizations (w.2/1099-MISC) Position (do not check more in the check

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(B)			•	C)							
(A) Name and title	Average hours per	box	, unie	ss pe	rson i	than o s both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from		(F) timated int of oth	10.
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr orga and	pensation om the anization i related anization	n
(15) Lawrence Amon CFO	24.00			х				118,939.	0.		7,1	36.
(16) Dennis Kelso Senior Counsel	40.00				Х			224,075.	0.		40,2	286.
(17) Amelia Montjoy VP Resource Development	40.00				Х			207,620.	0.		21,0	
(18) Emily Woglom VP Conservation Policy	40.00				х			169,085.	0.		18,9	
(19) Chris Dorsett VP Conservation Policy	40.00				х			162,306.	0.		26,5	588.
(20) Elizabeth Hallman Dir. Corp. Giving	40.00					Х		148,921.	0.		17,6	583.
(21) Donna Hill VP HR & Admin	40.00					х		133,798.	0.	,	11,8	389.
(22) Marie Michelson VP, Digital Communications	40.00					Х		128,302.	0.		16,5	576.
Chief Scientist	40.00				_	Х	L	128,274.	0.		26,5	588.
C24) Kenneth Donaldson Director of Finance	40.00	_	_			Х		125,349.	0.		16,7	791.
(25)		<u> </u>										
1 b Sub-total							•	2,146,691.	0.	, 2	19,2	225.
d Total (add lines 1b and 1c)							•	2,146,691.	0.	. 2	79,2	225.
2 Total number of individuals (including but not limite								·	000 of reportable co	•		
from the organization ► 16												
											Yes	No
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such i							_	st compensated en	nployee · · · · · · ·	. 3		Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual	than \$150,	0007	'If 'Y	′es'	com	plete	Sci	hedule J for		. 4	X	
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'									dual	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization Report comp	ited indepe	ender	it co	ntra	ctors	that	t rec	eived more than \$	100,000 of	1691		
(A) Name and business add		ii tiie	Calc	iiua	ii ye	ai eii	iumg	Description of)	•	C)	
Mal Warwick & Assoc. 2550 9th St.#103	Bereke	lev	,	CI	<u>, , , , , , , , , , , , , , , , , , , </u>	947	10	Direct Mail			92,4	
Sandra Whitehouse 175 Carroll Ave.	Newpor			R1				Marine Spati			35,0	
2 Total number of independent contractors (including		nited	to th	nose	liste	ed at	oove	e) who received mo	ere than			
\$100,000 of compensation from the organization 2 BAA TEEA0108 03/09/15							Form	990 (2014)			

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	Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			. Г
	2.1.2.1.1.2.1.2.2.2.2.2.2.2.2.2.2.2.2.2		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its ts	1a Federated campaigns 1a	24,819.				
iran	b Membership dues 1 b			j		
s, G	c Fundraising events 1c	·				
ar /	d Related organizations 1 d]			j
s, C mil	e Government grants (contributions) 1 e	105,533.				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1f 3	0,794,586.				:
혈	g Noncash contributions included in lines 1a-1f \$	70,871.				
Cor	h Total. Add lines 1a-1f		30,924,938.			}
- e		Business Code				
Program Service Revenue	2 a					
Re	b					
/ice	c					
Ser	d					
Ē	e					
gre	f All other program service revenue					
Ŗ	g Total. Add lines 2a-2f	, .				
	3 Investment income (including dividends, int other similar amounts)	erest and	526,288.	0.	0.	526,288.
	4 Income from investment of tax-exempt bond					
	5 Royalties	<u></u>	79,502.	0.	0.	79,502.
	(ı) Real	(ii) Personal]	İ		
	6 a Gross rents		1			
	b Less rental expenses					:
	c Rental income or (loss)					
	d Net rental income or (loss)	► (ii) Other				
	7 a Gross amount from sales of (i) Securities	_	1			
	assets other than inventory 23, 124, 321.	•• • • • • • • • • • • • • • • • • • • •	<u> </u>			
	b Less cost or other basis and sales expenses 20,744,169.					
	c Gain or (loss) 2,380,152.					
	d Net gain or (loss)	.	2,380,152.	0.	0.	2,380,152.
E	8 a Gross income from fundraising events (not including. \$					
Other Revenue	of contributions reported on line 1c)					
ď	See Part IV, line 18 a]			1
Ē	b Less. direct expenses b	-				
5	c Net income or (loss) from fundraising event	s				
	9 a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b		1			
	c Net income or (loss) from gaming activities	▶				
	10 a Gross sales of inventory, less returns					
	and allowances a					
	b Less. cost of goods sold b					
	c Net income or (loss) from sales of inventory	<i>i</i>				
	Miscellaneous Revenue	Business Code				
	11a List Rental 9	00099	42,033.	42,033.	0.	0.
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		42,033.			
	12 Total revenue. See instructions			42.033	0	2 985 942

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)

Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	379,214.	379,214.							
2	Grants and other assistance to domestic individuals See Part IV, line 22 · · · · · · ·	0.	0.							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	173,500.	173,500.							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,682,546.	1,232,123.	159,498.	290,925.					
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	5,679,905.	4,211,104.	702,762.	766,039.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b)	3,013,303.	1,2,1,1,101,	7027702.	7007039.					
	èmployer contributions)	268,577.	199,221.	33,477.	35,879.					
9	Other employee benefits	863,556.	621,354.	113,208.	128,994.					
10	Payroll taxes	484,391.	357,679.	57,041.	69,671.					
11	Fees for services (non-employees)									
	Management	0.	0.	0.	0.					
	: Accounting	30,509.	15,549.	6,330.	8,630.					
	Lobbying	60,190.	0.	60,190.	0.					
	Professional fundraising services See Part IV, line 17	143,337. 330,092.	143,337.	0.	0.					
	Investment management fees	330,092.	0.	0.	330,092.					
	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,274,016.	3,075,090.	198,563.	363.					
12	Advertising and promotion	831,710.	805,216.	255.	26,239.					
13	Office expenses	4,174,020.	2,225,507.	360,326.	1,588,187.					
14	Information technology	21,230.	14,574.	6,488.	168.					
15	Royalties	0.	0.	0.	0.					
16	Occupancy	1,194,344.	856,016.	201,218.	137,110.					
17	Travel	779,029.	674,792.	21,275.	82,962.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.1	0.	0.	0.					
19	Conferences, conventions, and meetings	287,919.	251,651.	20,043.	16,225.					
20	Interest	66,652.	0.	66,652.	0.					
21	Payments to affiliates	0.	0.	0.	0.					
22	Depreciation, depletion, and amortization .	180,706.	121,978.	34,928.	23,800.					
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	77,347.	52,210.	14,950.	10,187.					
	List Rentals	142,869.	79,666.	151.	63,052.					
	Dues & Subscriptions	241,293.	203,413.	8,689.	29,191.					
	Telemarketing	70,737.	39,471.	71.	31,195.					
	Expensed Furniture & Equip	137.584.	93,662.	26,210	<u>17,712.</u>					
	All other expenses	66,300. 21,641,573.	32,242. 15,858,569.	5,083. 2,097,408.	28,975.					
26	_ `	4,526,297.	2,525,674.	1,996,097.	3,685,596. 4,526.					
BAA		TEEA0110 05/			Form 990 (2014)					

23-7245152 Form 990 (2014) OCEAN CONSERVANCY Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1,234,882. 1 3,540,126. 2 Savings and temporary cash investments 200,155. 2 200,180. 3 Pledges and grants receivable, net 6,290,810 10,062,015. Accounts receivable, net 329,507 4 124,858. Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . 6 Notes and loans receivable, net . . 7 Inventories for sale or use 0 8 0. Prepaid expenses and deferred charges . 601,178 9 760,218 Land, buildings, and equipment cost or other basis 10 a Complete Part VI of Schedule D 10 a b Less accumulated depreciation . 10 c 237,714. 10 b 390,686 Investments - publicly traded securities . 11 11 17,500,314 21,057,106. 12 Investments - other securities See Part IV, line 11 . . 12 Investments - program-related See Part IV, line 11. 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 . 15 15 1,043,607 1,019,361. 16 Total assets. Add lines 1 through 15 (must equal line 34) . 27,591,139 16 37,001,578. 17 17 1,359,950 1,111,215 Grants payable. . 18 18 360,604. Deferred revenue 19 19 20 Tax-exempt bond liabilities -20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Liabilitie Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . 23 23 1,664,442 Unsecured notes and loans payable to unrelated third parties 24 24 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. 1,206,339 25 1,207,658. 26 Total liabilities. Add lines 17 through 25. . . 3,981,996 26 2,928,212. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets....... 27 27 11,715,472 16,828,436. Temporarily restricted net assets 28 28 10,301,501 15,652,760.

BAA

Fund

_ ㅎ 30

Net Asse

29

31

32

33

34

Permanently restricted net assets .

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances . .

<u>37,001,578.</u> Form 990 (2014)

<u>34,073,366.</u>

1,592,170

1,592,170

23,609,143

27,591,139

29

30

31

32

33

34

.

Organizations that do not follow SFAS 117 (ASC 958), check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds . . .

Form	90 (2014) OCEAN CONSERVANCY 23			Page 12	
Par	rt XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	33,952	2,913.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,641	L,573.	
3	Revenue less expenses Subtract line 2 from line 1	3	12,31	1,340.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,609	7,143.	
5	Net unrealized gains (losses) on investments	5	-2,34	7,730.	
6	Donated services and use of facilities	6	571	7,937.	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
.	column (B))	10	34,150) <u>,690.</u>	
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	•]	
			Y	es No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both	а			
	Separate basis, Consolidated basis Both consolidated and separate basis			1	
t	b Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both				
	X Separate basis				
C	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the air review, or compilation of its financial statements and selection of an independent accountant?	udit,	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	e 	3 a	Х	
ŧ	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 Ь		
BAA	A		Form 9	90 (2014)	

TEEA0112 05/28/14

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

OMB No 1545-0047

2014

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| Employer identification number | Employer identification number |

OCEA	N CONSERVANCY					23-7245152	2		
Part	Reason for Public Cha	rity Status (All or	ganizations must co	omplete	this p	art.) See instruction	s		
The or	ganization is not a private foundat	ion because it is (For	lines 1 through 11, checl	k only on	e box)				
1	A church, convention of church	nes, or association of c	hurches described in se	ction 17	D(b)(1)(A)(i).			
2	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E)						
3	A hospital or a cooperative hos	spital service organizat	tion described in sectior	170(b)(1)(A)(iii)	١.			
4	A medical research organization	on operated in conjunc	tion with a hospital desc	ribed in s	ection	170(b)(1)(A)(iii) Enter th	ne hospital's		
	name, city, and state								
5	An organization operated for the 170(b)(1)(A)(iv). (Complete P		or university owned or o	perated b	y a gov	ernmental unit described	in section		
6	A federal, state, or local gover	nment or governmenta	I unit described in section	on 170(b))(1)(A)(\	/).			
7	An organization that normally in section 170(b)(1)(A)(vi).		part of its support from a	governm	nental ur	nit or from the general pu	iblic described		
8	A community trust described in	n section 170(b)(1)(A)	(vi). (Complete Part II)						
9	from activities related to its exi investment income and unrela	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)							
10	An organization organized and	operated exclusively	to test for public safety	See sect	ion 509	(a)(4).			
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g								
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	egularly appoint or elec	ed, or controlled by its s it a majority of the directi	upported ors or tru	organız stees of	ation(s), typically by givir the supporting organizat	ng the supported tion You must		
b	Type II. A supporting organiza management of the supporting must complete Part IV, Secti	organization vested ii	trolled in connection with the same persons that	n its supp control o	orted or r manag	ganization(s), by having ge the supported organiza	control or ation(s) You		
С	Type III functionally integrat organization(s) (see instruction	ed. A supporting organs) You must comple	nization operated in conr ete Part IV, Sections A,	nection w D, and E	ith, and	functionally integrated w	ıth, ıts supported		
d	Type III non-functionally inte functionally integrated. The on instructions) You must comp	ganization generally m	ust satisfy a distribution	connecti requirem	on with ent and	its supported organizatio an attentiveness require	n(s) that is not ment (see		
е	Check this box if the organization integrated, or Type III non-fundaments	tion received a written	determination from the II	RS that is	а Туре	I, Type II, Type III functi	onally		
ŕ	Enter the number of supported or	ganizations .							
g	Provide the following information	about the supported or	ganization(s)						
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
<u>(A)</u>									
(R)									
<u>(B)</u>									
<u>(C)</u>		-							
<u>(D)</u>									
<u>(E)</u>									
Total						1			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support		, .				
Caleı begır	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants ')	14,138,846.	20,898,891.	21,322,543.	18,145,072.	30,924,938.	105,430,290.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge.	0.	0.	0.	0.	0.	0.
4	Total. Add lines 1 through 3 .	14,138,846.	20,898,891.	21,322,543.	18,145,072.	30,924,938.	105,430,290.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						31,965,000.
6	Public support. Subtract line 5 from line 4						73,465,290.
Sec	tion B. Total Support						
Calendar year (or fiscal year beginning in) ►		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	14,138,846.	20,898,891.	21,322,543.	18,145,072.	30,924,938.	105,430,290.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	690,536.	953,240.	960,133.	1,508,362.	2,985,942.	7,098,213.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	138,884.	27,077.	39,992.	31,930.	42,033.	279,916.
11	Total support. Add lines 7 through 10			,			112,808,419.
12	Gross receipts from related activit	ies, etc (see instru	ctions)			12	0.
13	First five years. If the Form 990 storganization, check this box and s	top here					
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 201	4 (line 6, column (1	f) divided by line 1°	1, column (f))		14	65.12 %
15	Public support percentage from 20	013 Schedule A, Pa	art II, line 14			15	67.42 %
16 a	33-1/3% support test - 2014. If and stop here. The organization of	the organization di qualifies as a public	d not check the bo cly supported orga	ox on line 13, and the initial transfer in the initial	he line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test - 2013. If t and stop here. The organization	the organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a nization	and line 15 is 33-1/	3% or more, check	this box
17 a	10%-facts-and-circumstances to or more, and if the organization meets the 'facts-a	eets the 'facts-and	-circumstances' te:	st, check this box a	and stop here. Exp	lain in Part VI how	, <u> </u>
	10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' te t The organization	st, check this box a n qualifies as a pub	and stop here. Exp blicly supported org	olain in Part VI how janization	v the ▶
18	Private foundation. If the organiz	ration did not checi	k a box on line 13,	16a, 16b, 17a, or			
-					0-1	A /F 00	0 000 EZ\ 0014

Part III

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

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

Sec	tion A. Public Support							
Caler	ndar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants).							<u></u>
2	Gross receipts from admis-				*			
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
6	Total. Add lines 1 through 5							
	a Amounts included on lines 1, 2, and 3 received from disqualified persons							
l	a 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							
(Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6).							
Sec	tion B. Total Support							
Caler	ndar year (or fiscal yr beginning in) 🟲 👚	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
9	Amounts from line 6					ļ		
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Add lines 10a and 10b				1			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11 and 12)							
14	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second,		n tax year as a sec	tion 501(c)(3) 	▶∏
Sec	tion C. Computation of Pu			· · · ·	-			
15				3, column (f))		1	15	્ર
16	Public support percentage from 20		· -	,			16	
	tion D. Computation of Inv							
17	Investment income percentage for				7)		17	-
18	Investment income percentage fro			•			18	<u>°</u>
	a 33-1/3% support tests — 2014. If is not more than 33-1/3%, check to	the organization d	id not check the b	ox on line 14, and	line 15 is more tha	ا n 33-1/3%, a	nd line 17	
ı	5 33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%,	the organization d	id not check a box	on line 14 or line	19a, and line 16 is	more than 3	3-1/3%, a	nd 🗔
20	Private foundation. If the organiz		-	-				

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations			
_			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			
	If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section			
	509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	 	-
	described in section 509(a)(1) or (2)		<u> </u>	-
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	<u> </u>		
	and (c) below	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			1
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization	ļ		
	made the determination	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	<u> </u>	
	The year of the of the first artiful and the parent of the second of the	1		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		ļ	
	organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	or supervised by or in connection with its supported organizations	40		├
	c Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections 501(c)(3) and 509(a)(1) or (2)? If Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	i	
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(b) purposes	1	-	├──
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)			
	and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by	<u> </u>		ļ
	amendment to the organizing document)	5a	ļ	
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	ļ	ļ	<u> </u>
	organization's organizing document?	5b		<u> </u>
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
				
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one		İ	1
	or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of			ļ
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6	ļ	<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
Ī	(defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with	<u> </u>	-	
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		├
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			
	complete Part I of Schedule L (Form 990)	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons			
	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	00	-	<u> </u>
	II Tes, provide detairm Part VI	9a	 	ļ <u>.</u>
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9ь		├
	supporting organization had an interest? If ites, provide detail in Fart VI	90		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from,	<u></u>	-	├
	assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9 c	-	
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding			1
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a	1	1
				
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b	†	1
	- normania and anglandre entre e	1		1

Pa	Supporting Organizations (continued)		_	
11	Has the organization accepted a gift or contribution from any of the following persons?	204 7 2	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
	ction B. Type I Supporting Organizations	'		<u>'</u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
	a The organization satisfied the Activities Test Complete line 2 below			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruc	tions)		
	C	,		
2	Activities Test Answer (a) and (b) below.	_	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3 b		

Pa	īb♥ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 2.	lovem tions A	ber 20, 1970 See instru e A through E	ctions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount	٠	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	A Average monthly value of securities	1 a		
	Average monthly cash balances	1 b		,
	Fair market value of other non-exempt-use assets	1 c		
•	Total (add lines 1a, 1b, and 1c).	1 d		"
	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		,
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		_
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions)	d Type	e III supporting organization	on
BAA	· · · · · · · · · · · · · · · · · · ·		Schedule A (For	m 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Part	-V Type III Non-Functionally Integrated 509(a)(3) Sι	ipporting Organiza	ations (continued)				
Sect	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpos	es					
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of suppo	<u> </u>					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required).						
7	Total annual distributions. Add lines 1 through 6						
	Distributions to attentive supported organizations to which the organiza in Part VI) See instructions	<u> </u>					
9							
10							
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6		'				
	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)						
3	Excess distributions carryover, if any, to 2014						
ā							
b							
С							
d							
е	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2014 distributable amount			,			
i	Carryover from 2009 not applied (see instructions)						
J	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2014 from Section D, line 7 \$						
	Applied to underdistributions of prior years	<u> </u>					
	Applied to 2014 distributable amount						
	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7	Excess distributions carryover to 2015. Add lines 3j and 4c						
8	Breakdown of line 7						
а							
b							
c							
d	Excess from 2013						
	Evenes from 2014						

23-7245152

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Pt II Ln 10

Other Income Part II, Line 10 Description: List Rental 2010: 38578. 2011: 27034. 2012: 32992. 2013: 31928. 2014: 42033. Description: Lawsuit Settlement 2010: 100000. 2011: 0. 2012: 0. 2013: 0. 2014: 0. Description: Miscellaneous Inc. 2010: 306. 2011: 43. 2012: 7000. 2013: 2. 2014: 0.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2014

2014

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

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

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

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Section 527 organizations Complete Part I-A only

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2014

• 5	Section 501(c)(3) organizations	,' to Form 990, Part IV, line 4, or Form 990-t that have filed Form 5768 (election under sec that have NOT filed Form 5768 (election unde	tion 501(h)) Complete	e Part II-A Do not comple	ete Part II-B
F If the	Part II-A e organization answered 'Yes,	,' to Form 990, Part IV, line 5 (Proxy Tax) (s			
•	xy Tax) (see instructions), the Section 501(c)(4), (5), or (6) org				
	of organization	arrizations competer are in		Employer identifica	tion number
೧೧೯	CAN CONSERVANCY			23-724515	2
Par	t I-A Complete if the o	rganization is exempt under section	on 501(c) or is a		
		ganization's direct and indirect political campa			
	Political expenditures			▶ \$	
	Volunteer hours				
Par	t I-B Complete if the o	rganization is exempt under section			
1		e tax incurred by the organization under section		►s	
2	Enter the amount of any excis	e tax incurred by organization managers unde	er section 4955		
3	•	section 4955 tax, did it file Form 4720 for this			· · Yes No
4.	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV				🗆 163
		rganization is exempt under section	n 501(c) excen	t section 501(c)(3)	
		ended by the filing organization for section 52	<u>```</u>		•
	• •	organization's funds contributed to other organ			
	function activities				
3	line 17b	itures Add lines 1 and 2 Enter here and on F			
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) of al For each organization listed, enter the amour as received that were promptly and directly de action committee (PAC). If additional space is	nt paid from the filing of livered to a separate	organization's funds Also political organization, suc	enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		<u> </u>			

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

section 501(h	n)).				ection under
	- !	an affiliated group (and lis	st in Part IV each affiliate	ed group member's name	· · · · · · · · · · · · · · · · · · ·
	-	e of excess lobbying expe			
B Check ► I if the filing	organization checked bo	ox A and 'limited control' p	rovisions apply		
(The term '	Limits on Lobbying Expenditures' means a	xpenditures mounts paid or incurred	i.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	es to influence public opir	nion (grass roots lobbying)	10,944.	
b Total lobbying expenditure	es to influence a legislativ	e body (direct lobbying) .	[403,886.	
c Total lobbying expenditure	es (add lines 1a and 1b)			414,830.	
d Other exempt purpose exp				21,304,067.	
e Total exempt purpose exp	enditures (add lines 1c a	ınd 1d)	• • • •	21,718,897.	
f Lobbying nontaxable amore both columns .	unt Enter the amount fro	•		1,000,000.	
If the amount on line 1e, colur		lobbying nontaxable an	nount is		
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,0		,000 plus 15% of the excess ov			
Over \$1,000,000 but not over \$1	· · · · · · · · · · · · · · · · · · ·	,000 plus 10% of the excess ov			
Over \$1,500,000 but not over \$1		,000 plus 5% of the excess ove	r \$1,500,000		
Over \$17,000,000 g Grassroots nontaxable am		16,000			
g Grassioots nontaxable an	•	•	• • •	250,000.	
h Subtract line 1g from line:	1a if zaro or lace antar -	-∩_	1	Λ I	
h Subtract line 1g from line is Subtract line 1f from line 1	•		: :.:: -	0.	
h Subtract line 1g from line 1 i Subtract line 1f from line 1 j If there is an amount other section 4911 tax for this ye	c If zero or less, enter -(0		0. eporting	· · Yes XNo
i Subtract line 1f from line 1 j If there is an amount other section 4911 tax for this ye	c If zero or less, enter -(r than zero on either line ear? 4-Yea organizations that made	0 1h or line 1i, did the orgai	er Section 501(h)	eporting	Yes XNo
i Subtract line 1f from line 1 j If there is an amount other section 4911 tax for this ye	c If zero or less, enter -(r than zero on either line ear? 4-Yea organizations that mac columns be	0- 1h or line 1i, did the orgai	ler Section 501(h) tion do not have to con s for lines 2a through 2	eporting	Yes XNo
i Subtract line 1f from line 1 j If there is an amount other section 4911 tax for this ye	c If zero or less, enter -(r than zero on either line ear? 4-Yea organizations that mac columns be	1h or line 1i, did the organ ar Averaging Period Und de a section 501(h) elect low. See the instruction	ler Section 501(h) tion do not have to con s for lines 2a through 2	eporting	Yes XNo
i Subtract line 1f from line 1 j If there is an amount other section 4911 tax for this ye (Some	c If zero or less, enter -(r than zero on either line ear?	1h or line 1i, did the orgal	ler Section 501(h) tion do not have to con s for lines 2a through 2 Year Averaging Period	eporting nplete all of the five 2f.)	
i Subtract line 1f from line 1 j If there is an amount other section 4911 tax for this ye (Some Calendar year (or fiscal year beginning in)	c If zero or less, enter -(r than zero on either line ear?	1h or line 1i, did the organ ar Averaging Period Und de a section 501(h) elect low. See the instruction Expenditures During 4-	ler Section 501(h) tion do not have to con s for lines 2a through 2 Year Averaging Period (c) 2013	eporting nplete all of the five 2f.) (d) 2014	(e) Total
i Subtract line 1f from line 1 j If there is an amount other section 4911 tax for this year. (Some Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount	c If zero or less, enter -(r than zero on either line ear? 4-Yea organizations that mac columns be Lobbying (a) 2011	1h or line 1i, did the organ ar Averaging Period Und de a section 501(h) elect low. See the instruction Expenditures During 4-	ler Section 501(h) tion do not have to con s for lines 2a through 2 Year Averaging Period (c) 2013	eporting nplete all of the five 2f.) (d) 2014	(e) Total 4,000,000.
i Subtract line 1f from line 1 j If there is an amount other section 4911 tax for this year (Some Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount	c If zero or less, enter -(r than zero on either line ear? 4-Year organizations that mac columns be Lobbying (a) 2011 1,000,000.	1h or line 1i, did the organ ar Averaging Period Und de a section 501(h) elect low. See the instruction Expenditures During 4-	ler Section 501(h) tion do not have to con s for lines 2a through 2 Year Averaging Period (c) 2013 1,000,000.	o. eporting nplete all of the five 2f.) (d) 2014 1,000,000.	(e) Total 4,000,000. 6,000,000. 1,156,639.
i Subtract line 1f from line 1 j If there is an amount other section 4911 tax for this year (Some (Some Delta Lobbying non-taxable amount (150% of line 2a, column (e)) c Total lobbying expenditures	c If zero or less, enter -0 r than zero on either line ear? 4-Yea organizations that man columns be Lobbying (a) 2011 1,000,000.	1h or line 1i, did the organ ar Averaging Period Und de a section 501(h) elect low. See the instruction Expenditures During 4- (b) 2012 1,000,000.	ler Section 501(h) tion do not have to cons for lines 2a through 2 Year Averaging Period (c) 2013 1,000,000.	0. eporting nplete all of the five 2f.) (d) 2014 1,000,000.	(e) Total

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).			rm 57		Pa	ige s
	(a	1)	\bigcap	(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No		Amo	unt	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				-		
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?						
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities?						
j Total Add lines 1c through 1						
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	1 1					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or				
					Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			[2	1	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			[3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part	, or s III-A,	sections:	on 50 3, is)1(c)	
1 Dues, assessments and similar amounts from members		1				
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			ĺ			
a Current year		2a				
b Carryover from last year		2 b				
c Total		2 c				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
experience flext year.		7				

Part IV | Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions) . . .

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE D (Form 990)

Supplemental Financial Statements

Experience of the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

	OCEAN CONSERVANCY				23-7245152	
Par	Organizations Maintaining Donor Adv	rised Funds or Ot	her Similar Fund			
ı aı	Complete if the organization answered "	Yes' to Form 990,	Part IV, line 6.			
		(a) Donor advised	funds	(b) Fu	nds and other acco	unts
1	Total number at end of year	· · · · · · · · · · · · · · · · · · ·				-
2	Aggregate value of contributions to (during year)	.,,,,				
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year			-		
5	Did the organization inform all donors and donor advisor are the organization's property, subject to the organization			sed funds	· · · Yes	No
6	Did the organization inform all grantees, donors, and do for charitable purposes and not for the benefit of the dorimpermissible private benefit?	nor or donor advisor, or	hat grant funds can be for any other purpose	used only conferring	· · · · Yes	No
Par	Conservation Easements. Complete if the organization answered "	Ves' to Form 990	Part IV line 7			-
1	Purpose(s) of conservation easements held by the orga			· · · · -		
•	Preservation of land for public use (e.g., recreation	· ·		historically i	mportant land area	
	Protection of natural habitat	or eddodion)	Preservation of a	•	•	
	Preservation of open space			ocitinea insi	iono structure	
2	Complete lines 2a through 2d if the organization held a	qualified conservation of	contribution in the form	of a conser	vation easement or	n the
	last day of the tax year	7				
				.∵ He	eld at the End of the	ne Tax Year
a	Total number of conservation easements			2 a		
t	Total acreage restricted by conservation easements			2 b		
C	Number of conservation easements on a certified historic	ic structure included in	(a)	2 c		
c	Number of conservation easements included in (c) acquistructure listed in the National Register		not on a historic	2 d		
3	Number of conservation easements modified, transferre tax year ►	d, released, extinguish	ed, or terminated by th	e organizati	on during the	
4	Number of states where property subject to conservation	n easement is located	·			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	•	nspection, handling of		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing con	servation easements d	uring the ye	ar —	
7	Amount of expenses incurred in monitoring, inspecting, $\blacktriangleright \varsigma$	and enforcing conserva	ation easements during	the year		
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?			0(h)(4)(B)(ı) · · · · · ·	· · · Yes	No
9	In Part XIII, describe how the organization reports constinctude, if applicable, the text of the footnote to the organization easements					
Do	Organizations Maintaining Collection	s of Art Historica	Treasures or O	ther Sim	ilar Assets	
Par	Complete if the organization answered "	Yes' to Form 990,	Part IV, line 8.	Aller Ollin	nai 733013.	
1 8	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for jin Part XIII, the text of the footnote to its financial statem	public exhibition, educa	tion, or research in furt			
t	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items	ic exhibition, education	, or research in further	ance of publ	lic service, provide	art, the
	(i) Revenue included in Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, historic amounts required to be reported under SFAS 116 (ASC	958) relating to these	items	al gain, prov	vide the following	
	Revenue included in Form 990, Part VIII, line 1				. ▶\$	
	Assets included in Form COO. Bort V				~ *	

23-7245152

Part III Organizations Mainta	ining Collections	<u>of Art, Historic</u>	cal Treasures, o	r Other Similar As	sets (cont	ınued)
 Using the organization's acquisition items (check all that apply) 	n, accession, and other	_		are a significant use of i	ts collection	
a Public exhibition		d Loan or e	xchange programs			
b Scholarly research 1		e Other _				
c Preservation for future general	tions	_				
Provide a description of the organia Part XIII	zation's collections and	explain how they fi	urther the organization	n's exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather than	n to be maintained as pa	art of the organizat	ion's collection?		Yes	No
Part IV Escrow and Custodia line 9, or reported an a				wered Yes to Form	1 990, Part	: IV,
1 a Is the organization an agent, truste on Form 990, Part X?	··· · · ·			ets not included	Yes	No
bili res, explain the arrangement in	rait Aili aliu complete	the following table			Amount	
e Peginning holonge				. 1c	Amount	
c Beginning balance d Additions during the year				1d		
e Distributions during the year				1 e		
5 ,				1f		
f Ending balance					Yes	No
2 a Did the organization include an am b if 'Yes,' explain the arrangement in					res	H
			·			L
Part V Endowment Funds. C	omplete if the orga	nızation answe	red 'Yes' to Form	990, Part IV, line 1	10.	
	(a) Current year	(b) Prior year	(c) Two years back			years back
1 a Beginning of year balance	2,325,768.	2,112,766	1 1		. 1,83	31,561.
b Contributions	0.		1	0. 0		0.
c Net investment earnings, gains,		-				
and losses	65,471.	325,060	233,142	220,588	. 40	04,563.
d Grants or scholarships	0.	0	. (0. 0		0.
e Other expenditures for facilities and programs	106,215.	102,930	101,97	3. 97,672	. 10	01,995.
f Administrative expenses	7,582.	9,128				12,153.
g End of year balance	2,277,442.	2,325,768				21,976.
2 Provide the estimated percentage				<u> </u>		
a Board designated or quasi-endowr	· ·	00 %	\//			
b Permanent endowment ►	69.91 %					
c Temporarily restricted endowment		8				
The percentages in lines 2a, 2b, ai						
	·					
3 a Are there endowment funds not in organization by	the possession of the o	rganization that are	e held and administere	ed for the	Ye	es No
(i) unrelated organizations					3a(i)	Х
(ii) related organizations					3a(ii)	X
b If 'Yes' to 3a(ii), are the related org			R?		. 3b	
4 Describe in Part XIII the intended u	•				.1 00 1	
Part VI Land, Buildings, and		3 endownient land				
Complete if the organiz		es' to Form 990), Part IV, line 11a	a. See Form 990, P	art X, line	10.
Description of property		or other basis estment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	k value
1a Land					İ	
b Buildings						
c Leasehold improvements			269,360.	99,582.	1	69,778.
d Equipment		į ,	1,400,060.	1,344,496.	1	55,564.
e Other			324,960.	312,588.		12,372.
Total. Add lines 1a through 1e (Column		00, Part X. column				37,714.
	• • •					000) 0011

Part VII Investments - Other Securities. Complete if the organization answered "	Yes' to Form 990, F	Part IV, line 11b. See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	-	
(2) Closely-held equity interests		
(3) Other	-	
(A)		
(B)		-
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Column (b) must equal Form 990, Part X, column (B) line 12) >		
Part VIII Investments - Program Related.	V 11 5 000 1	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)	<u> </u>	
(5)		
(6)		
(7) (8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13). ▶		
Part IX Other Assets.	·	· · · · · · · · · · · · · · · · · · ·
		Part IV, line 11d. See Form 990, Part X, line 15.
	escription	(b) Book value
<u>(1)</u> (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)	 	
(9)		·
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15)	
Part X Other Liabilities. Complete if the organization answered 'Yes' to F	orm 000 Part IV line 1	11a or 11f Saa Form 000 Part Y line 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes	(c) Doon raise	
(2) Deferred Lease Obligations	344,0	55.
(3) Gift Annuity Payment Liability	863,6	
(4)		
(5)		
(6)		
(8)		
(9) (10)		
(11)		
	1 207 6	5 Q
Total (Column (b) must equal Form 990, Part X, column (B) line 25). 2. Liability for uncertain tax positions. In Part XIII, provide the text of the fool	► 1,207,6	
tay positions under EIN 49 (ASC 740). Check here if the tayt of the feetnets		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	32,105,796.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		-
a Net unrealized gains (losses) on investments	1	
b Donated services and use of facilities		
c Recoveries of prior year grants	1 1	
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	-1,769,793.
3 Subtract line 2e from line 1	3	33,875,589.
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 77, 324.		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	77,324.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	33,952,913.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	rn.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	21,641,573.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	21,641,573.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)		
C Add lines 4a and 4b	4 c	
F. Total expanses, Add lines 2 and 4a. (This must equal Form 000, Part I line 18.)		21 641 572

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

The Internal Revenue Service has determined that OC is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC), except for taxes on unrelated business income. OC is not a private foundation under Section 509(a)(1) of the IRC. No tax expense is recorded in the accompanying financial statements for the years ended June 30, 2015 and 2014, as there were no unrelated business activities. Management evaluated OC's tax positins and has concluded that OC has taken no uncertain tax positions that require either recognition or disclosure in the accompanying financial statements.

Pt X, Line 2

Part XIII Supplemental Information.

Schedule **D** (Form 990) 2014

Schedule F. (Form 990)

Statement of Activities Outside the United States

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

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

2014 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Europe	0	0	Grant	Research	164,000.
(2) East Asia and Pacific	0	0	Grants	Beach Cleanups	7,500.
(3) South Asia	0	0	Grant	Beach Cleanups	2,000.
(4)					
(5)					
(6)					
(7)		_		·	
(8)					
(9)					
(10)					
(11)					
(12)					
(13)				;	· · · · · · · - · · · · · · · · · · · ·
(14)					
(15)		····			
(16)					
(17)					
3 a Sub-total	0	0	1 h 1 1		173,500.
b Total from continuation sheets to Part I			4		
C Totals (add lines 3a and 3b)	0	0		Caban	173,500.

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

Schedule F (Form 990) 2014

23-7245152

OCEAN CONSERVANCY Schedule F (Form 990) 2014

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Europe	Research	164,000.	Wire transfer			
(2)								
(6)								
(4)								
(5)								
(9)								
(2)								
(8)								
(0)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	tions listed above that a ection 501(c)(3) equiva	are recognized as chalency letter .	narities by the fore	ign country, recogni	zed as tax-exempt	by the IRS, or for w	/hich	1
	s or entities						\cdot	0
ВАА							Schedule F	Schedule F (Form 990) 2014

Page 3

Schedule F (Form 990) 2014

OCEAN CONSERVANCY

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

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2014 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA Ξ (3) 4 (2) 5 5 (1) (12) (13) (14) (15) (16) (17) (18) 2 (9) 8 6)

Sche	dule F (Form 990) 2014 OCEAN CONSERVANCY	23-1245152	Page 4
Pa	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, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
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, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)		X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)		X No
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
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)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

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BAA

Schedule F (Form 990) 2014

23-7245152

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Pt I Line 2

For research grants, Ocean Conservancy requires semiannual financial reports along with project progression discussions and reports. For cleanup grants (typically less than \$5,000) Ocean Conservancy requires a basic financial report certifying the funds were used for the purpose of the grant.

SCHEDULE G (Form'990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ

Open to Public Inspection

lame of the organization				Employer identifica	tion number
OCEAN CONSERVANCY				23-7245152	2
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to		wered Yes	to Form 990, Part IV, III	ne 17	
1 Indicate whether the organization raised fu	nds through any of t	he followin	g activities Check all tha	it apply	
a X Mail solicitations		е	X Solicitation of non-go	overnment grants	
b X Internet and email solicitations		f	X Solicitation of govern	nment grants	
c X Phone solicitations		g	Special fundraising e	events	
d X In-person solicitations		· ·			
□ '	annon with any	and and and a	including officers, direct	ara truataga ar kay	
2 a Did the organization have a written or oral employees listed in Form 990, Part VII) or b If 'Yes,' list the ten highest paid individuals	or entities (fundraise				X Yes No
compensated at least \$5,000 by the organ	zation				
(i) Name and address of individual or entity (fundraiser)	Activity (iii) Did for have custor of contri	undraiser dy or control butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
	Yes	No			
1 Mal Warrick & Accessates Direct	at Man 1	x	4 065 000	270 521	3 605 360
Mal Warwick & Associates Dire	ct Mall		4,065,883.	370,521.	3,695,362.
Donor Services Group Telem	arketing	Х	14,939.	78,029.	-63,090.
3					
4					
5					
6					
7					
8					
9					
10					
Total		•	4,080,822.	448,550.	3,632,272.
3 List all states in which the organization is r	egistered or licensed	to solicit	contributions or has been	notified it is exempt from	n registration
or licensing					
<u>Alabama</u>					
					
					_
					
Colorado			. 		
District of Columbia					
Georgia					
• •					
T1111-					
See Part I Line 3 List of States Registere				·	

22	-	7 7	Λ		7	52	
23	- 1	' Z.	4	J	Т	JZ.	

Page 2

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
2			(event type)	(event type)	(total number)	through column (c)
7	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2).				
1	4	Cash prizes				
	5	Noncash prizes				
		·				
İ	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment	 			
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through	gh 9 ın çolumn (d)			
	11	Net income summary Subtract line 10 from				
art	: !!!	Gaming. Complete if the organizating \$15,000 on Form 990-EZ, line 6a.	on answered 'Yes'	to Form 990, Part IV	/, line 19, or reporte	ed more than
		Ψ 10,000 on 1 on 1000 ==, mile out				
		<u> </u>	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
		<u> </u>	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(add column (a)
			(a) Bingo	`bingo/progressive	(c) Other gaming	(add column (a)
	1	Gross revenue	(a) Bingo	`bingo/progressive	(c) Other gaming	(add column (a)
	1 2		(a) Bingo	`bingo/progressive	(c) Other gaming	(add column (a)
ļ	2	Gross revenue	(a) Bingo	`bingo/progressive	(c) Other gaming	(add column (a)
EXPENS		Gross revenue	(a) Bingo	`bingo/progressive	(c) Other gaming	(d) Total gaming (add column (a) through column (c
EXPENSE	2	Gross revenue	(a) Bingo	`bingo/progressive	(c) Other gaming	(add column (a)
EXPENSE	2	Gross revenue		bingo/progressive bingo		(add column (a)
EXPENSE	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses		bingo/progressive bingo Yes %	Yes %	(add column (a)
EXPENSE	2 3 4	Gross revenue		bingo/progressive bingo		(add column (a)
EXPENSE	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %	Yes %	Yes %	(add column (a)
REVENUE EXPENSES	2 3 4 5	Gross revenue	Yes % No gh 5 in column (d)	Yes %	Yes %	(add column (a)
EXPENSE	2 3 4 5 6	Gross revenue	Yes % No gh 5 in column (d)	Yes %	Yes %	(add column (a)
9	2 3 4 5 6 7 8 Ente	Gross revenue	Yes % No gh 5 in column (d) . 7 from line 1, column (Yes % No	Yes %	(add column (a) through column (a)
EXPENSES 9 a	2 3 4 5 6 7 8 Enter Is the	Gross revenue	Yes % No gh 5 in column (d) 7 from line 1, column (ucts gaming activities ctivities in each of these	Yes % No states?	Yes %	(add column (a) through column (i
EXPENSES 9 a	2 3 4 5 6 7 8 Enter Is the	Gross revenue	Yes % No gh 5 in column (d) . 7 from line 1, column (Yes % No states?	Yes %	(add column (a) through column (i
EXPENSES 9 a b	2 3 4 5 6 7 8 Enter Is the If 'N	Gross revenue	Yes % No gh 5 in column (d) 7 from line 1, column (ucts gaming activities ctivities in each of these	Yes % No states?	Yes %	(add column (a through column (

Schedule G (Form 990 or 990-EZ) 2014 OCEAN CONSERVANCY	23-7245152	Page 3
11 Does the organization operate gaming activities with nonmembers?		No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a part administer charitable gaming?		No
13 Indicate the percentage of gaming activity conducted in	1 1	
a The organization's facility	132	9
b An outside facility		<u> </u>
14 Enter the name and address of the person who prepares the organization's gaming	<u> </u>	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name •		
Address •		
15a Does the organization have a contact with a third party from whom the organization		No
b If 'Yes,' enter the amount of gaming revenue received by the organization	and the amount	
of gaming revenue retained by the third party		
c If 'Yes,' enter name and address of the third party		
Name •		
Address •		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independ	dent contractor	
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the	ne gaming proceeds to retain the	
state gaming license?		No
b Enter the amount of distributions required under state law to be distributed to other	exempt organizations or spent in the	
organization's own exempt activities during the tax year \$		
Supplemental Information. Provide the explanations require and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applied	ed by Part I, line 2b, columns (iii) and (v),	
information (see instructions).	able. Also provide any additional	

SCHEDULE I (Form 990)

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.

Open to Public Inspection 2014

OMB No 1545-0047

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

CONSERVANCY Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance

OCEAN Part I

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

23-7245152

2

×

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Regents, Univ of CA SAASB BUILDING, RM 1212. Santa Barbara CA 93106	94-1539563	501(c)(3)	258,750.				Research
	22-2786731	501(c)(3)	75,614.				Research
roject_ SUITE_3 05	52-2192070	1 ~	25,000.				Policy
(4) Puget Sound Keeper Allian 5305 SHILSHOLE AVE. N.W. # Seattle WA 98107	91-1285783	501(c)(3)	.000,9				Beach Cleanup
<u></u>					·		
	:						
(7)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations list	and government organistics and severnment organisms.	inizations listed in the	ed in the line 1 table				9
	e, see the Instruction	s for Form 990.		TEEA3901	06/19/14	Schedu	Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) OCEAN CONSERVANCY

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

	call be duplicated if additional space is needed.	e is ileeded.				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal other)	(f) Description of non-cash assistance
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Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I, lin	ie 2, Part III, columi	ι (b), and any other add	litional information.

BAA

TEEA3902 10/28/14

SCHEDULE J (Form.990)

Compensation Information

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

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Inspection
Employer identification number

23-7245152 OCEAN CONSERVANCY Part I **Questions Regarding Compensation** No Yes 1 a 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 indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Cneck aii that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III X Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? . . . 4 a Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 b Х c Participate in, or receive payment from, an equity-based compensation arrangement? . . . 4 c Х If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? Х 5 b **b** Any related organization?..... Х If 'Yes' to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? Х 6 b **b** Any related organization?... Х If 'Yes' to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? R Х If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Page 2

Schedule J (Form 990) 2014 OCEAN CONSERVANCY
Part of Form 990) 2014 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	drid outer deferred compensation			reported as deferred in prior Form 990
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is Jones	Ξ	265, 484.	-0	1,056.	75,600	797 788	308,728.	-0
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ВАА			TEEA4102 06/19/14	+			Schedule J	Schedule J (Form 990) 2014

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

Schedule J (Form 990) 2014

TEEA4103 10/17/14

SCHEDULE M (Form 990)

Noncash Contributions

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

Open To Public Inspection

Employer identification number

OCE	AN CONSERVANCY			23-	724515	2		
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d) od of de contrib	etermini	ng nounts
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	X	23	70,871.	Fair M	<u>Marke</u>	t Va	<u>lue</u>
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests		T					
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution – Other							
15	Real estate - Residential							
16	Real estate — Commercial				-			
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy		-					
22	Historical artifacts :	·						
23	Scientific specimens							
24	Archeological artifacts							
25	Other () .							
26	Other • () .				l			
27	Other • () .							
28	Other► () .							
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee A				29			
							Yes	No
20-	During the year, did the organization receive by conti	ribution any r	Property reported in Part	I lines 1-28 that it mus	+			
302	hold for at least three years from the date of the initial	al contribution	n, and which is not requi		ot	30 a		Х
t	If 'Yes,' describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy	that requires	the review of any non-s	tandard contributions?		31	X	
32a	Does the organization hire or use third parties or rela noncash contributions?					32 a		х
H	If Yes, describe in Part II							
33	If the organization did not report an amount in colum describe in Part II	n (c) for a typ	e of property for which	column (a) is checked,				

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

Schedule M (Form 990) (2014)

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2014

Department of the Treasury Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OCEAN CONSERVANCY

Employer identification number

23-7245152

The Vice President for Finance prepares the 990, and the Chief Financial Officer does a detailed review before presenting the 990 to the executive committee of the Board. Once all Executive Committee member questions have been answered and any adjustments made, the 990 is distributed to all Board members in final form. After Board

distribution, the 990 is filed with the IRS.

Pt VI, Line 11b

Conflict of interest policy disclosure statements are to be prepared at least annually. In the case where a possible conflict by an employee other than the CEO of the organization is identified, the CEO shall determine whether an actual or potential conflict of interest exists or can be reasonably construed to exist and how the conflict of interest should be resolved. When a conflict of interest is disclosed by a covered person other than a covered employee or by the CEO, the Chair shall disclose the conflict of interest to the Board of Directors or a designated committee. Then by majority vote of the disinterested Directors (even if the disinterested directors constitute less than a quorum) it will be decided whether an actual or potential conflict of interest exists or can be reasonably construed to exist. Proposals to the full Board of Directors as to how the conflict of interest should be resolved will then be provided.

Pt VI, Line 12c

The Board sets the CEO's compensation based on its evaluation of the The Board takes into account market surveys and the CEO's performance. organization's performance and financial position.

Pt VI, Line 15a

The CEO reviews the performance of, and sets the salaries for other officers (President and CFO). The Executive Committee of the Board of Directors reviews and approves all officer salaries. Other key employees' salaries are set and adjusted by their respective managers with review and approval of the CEO and President. All officers and key employees have annual reviews of their performance, and Ocean Conservancy periodically hires outside consultants to provide comparability data for all employees, and adjusts wages if deemed necessary.

Pt VI, Line 15b