

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

**A For the 2009 calendar year, or tax year beginning** 10/01, 2009, and ending 06/30, 2010

|   |   |  |   |  |
|---|---|--|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>Please use IRS label or print or type. See Specific Instructions.</b>  | <b>C Name of organization</b> OCEAN CONSERVANCY<br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>1300 19TH STREET NW, 8TH FLOOR<br>City or town, state or country, and ZIP + 4<br>WASHINGTON, DC 20036 | <b>D Employer identification number</b><br>23-7245152<br><b>E Telephone number</b><br>(202) 429-5609  |  |
|   | <b>F Name and address of principal officer:</b> VERONIQUE SPRUILL<br>SAME AS LINE C   |  | <b>G Gross receipts \$</b> 12,592,564.<br><b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |  |
|   | <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  | <b>H(c) Group exemption number</b> ▶ N/A  |  |
|   | <b>J Website:</b> ▶ WWW.OCEANCONSERVANCY.ORG  |  | <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L Year of formation:</b> 1972 <b>M State of legal domicile:</b> DC   |  |

**Part I Summary**

|                             |   |   |                   |              |
|-----------------------------|---|---|-------------------|--------------|
| Activities & Governance     | 1   | Briefly describe the organization's mission or most significant activities:<br>OCEAN CONSERVANCY PROMOTES HEALTHY AND DIVERSE OCEAN ECOSYSTEMS AND OPPOSES PRACTICES THAT THREATEN OCEAN LIFE AND HUMAN LIFE. |                   |              |
|                             | 2   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                   |              |
|                             | 3   | Number of voting members of the governing body (Part VI, line 1a)   | 3                 | 14           |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)   | 4                 | 13           |
|                             | 5   | Total number of employees (Part V, line 2a)   | 5                 | 115          |
|                             | 6   | Total number of volunteers (estimate if necessary)  | 6                 | 750          |
|                             | 7a  | Total gross unrelated business revenue from Part VIII, column (C), line 12  | 7a                | 0.           |
|                             | b   | Net unrelated business taxable income from Form 990-T, line 34  | 7b                | 0.           |
| Revenue                     |   |   | Prior Year        | Current Year |
|                             | 8   | Contributions and grants (Part VIII, line 1h)   | 16,135,997.       | 11,219,447.  |
|                             | 9   | Program service revenue (Part VIII, line 2g)  | 40,000.           | 79,272.      |
|                             | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | -1,016,690.       | 178,810.     |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 199,654.          | 55,074.      |
|                             | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 15,358,961.       | 11,532,603.  |
| Expenses                    | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 945,650.          | 175,058.     |
|                             | 14  | Benefits paid to or for members (Part IX, column (A), line 4)   | 0.                | 0.           |
|                             | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 7,481,821.        | 4,954,610.   |
|                             | 16a   | Professional fundraising fees (Part IX, column (A), line 11e)   | 154,123.          | 234,002.     |
|                             | b   | Total fundraising expenses, Part IX, column (D), line 25) ▶ 2,247,384.  |                   |              |
|                             | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | 7,383,597.        | 5,584,614.   |
|                             | 18  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 15,965,191.       | 10,948,284.  |
| Net Assets or Fund Balances | 19  | Revenue less expenses. Subtract line 18 from line 12  | -606,230.         | 584,319.     |
|                             |   |   | Beginning of Year | End of Year  |
|                             | 20  | Total assets (Part X, line 16)  | 20,454,045.       | 19,934,246.  |
|                             | 21  | Total liabilities (Part X, line 26)   | 5,156,419.        | 4,105,541.   |
| 22                          | Net assets or fund balances. Subtract line 21 from line 20. | 15,297,626.   | 15,828,705.       |              |

**Part II Signature Block**

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

**Sign Here** 4-13-11  
Date

▶ **LAWRENCE J. ARMON, CFO**  
Type or print name and title

|   |                      |                  |   |  |
|---|----------------------|------------------|---|--|
| Paid Preparer's Use Only  | Preparer's signature | Date<br>4-8-2011 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) |
| Firm's name (or yours if self-employed), address, and ZIP + 4<br>ARGY, WILTSE & ROBINSON, P.C.<br>8405 GREENSBORO DRIVE, 7TH FLOOR MCLEAN, VA 22102 |                      | EIN ▶            | Phone no. ▶ 703-893-0600                        |  |

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.\*

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

|  |   |   |
|--|---|---|
| <b>Type or print</b>   | Name of Exempt Organization<br><b>Ocean Conservancy, Inc.</b>   | Employer identification number<br><b>23 7245152</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>1300 19th Street, NW 8th Floor</b>         |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Washington, DC 20036</b> |   |

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

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

• The books are in the care of ▶ Ocean Conservancy

Telephone No. ▶ ( 202 ) 429-5606 FAX No. ▶ ( 202 ) 872-0619

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 16, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20\_\_\_\_ or
- ▶  tax year beginning October 1, 2009, and ending June 30, 2010

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

|  |           |    |      |
|--|-----------|----|------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  | <b>3a</b> | \$ | None |
| 3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  | <b>3b</b> | \$ | None |
| 3c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | <b>3c</b> | \$ | None |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

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

|  |  |  |
|--|--|--|
| Type or print<br><br>File by the extended due date for filing your return. See instructions. | Name of exempt organization<br>Ocean Conservancy   | Employer identification number<br>23-7245152 |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br>1300 19th Street, NW, 8th Floor        |  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>Washington, DC 20036 |  |
|  | (This area is reserved for the IRS.)   |  |

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For                       | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990                                 | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 990-EZ                              | 03          | Form 4720          | 09          |
| Form 990-PF                              | 04          | Form 5227          | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069          | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870          | 12          |

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

• The books are in the care of  Ocean Conservancy  
 Telephone No.  202-429-5609 FAX No.  202-872-0619

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 16th, 20 11.

5 For calendar year \_\_\_\_\_, or other tax year beginning October 1, 20 09, and ending June 30, 20 10.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

7 State in detail why you need the extension We recently gathered all the information to prepare the 990. We expect it will take 3 weeks for our tax preparers to complete the return. Additionally since the new 990 includes a line asking if the Board received the 990 before filing, our Board would like an additional 3 weeks to facilitate their detailed review of the 990.

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

**Signature and Verification**

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

Signature  Kenneth O'Connell Title  Director of Finance Date  1/21/11

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 3

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

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,875,242. including grants of \$ ) (Revenue \$ )

SUSTAINABLE FISHERIES - OCEAN CONSERVANCY WORKS WITH OUR NATION'S EIGHT REGIONAL FISHERY MANAGEMENT COUNCILS AND HOLDS THEM ACCOUNTABLE FOR IMPROVING U.S. FISHING POLICIES TO ENSURE SUSTAINABLE FISHERIES. WE ARE SHAPING A SHARED VISION FOR RETAILERS, RESTAURANT CHAINS, OTHER SEAFOOD BUSINESSES, AND INDIVIDUAL SEAFOOD BUYERS IN SUPPORT OF GOOD FISHING PRACTICES AND MANAGEMENT POLICIES. OCEAN CONSERVANCY ALSO MOBILIZED TEAMS THROUGHOUT THE GULF OF MEXICO TO BE PART OF THE RESPONSE, RESTORATION AND RECOVERY EFFORT OF THE BP OIL DISASTER AND IS WORKING TO ADVOCATE FOR REFORMS TO ENSURE THAT THIS TRAGEDY IS NEVER REPEATED.

4b (Code: ) (Expenses \$ 1,200,758. including grants of \$ 521. ) (Revenue \$ )

CITIZEN OUTREACH - OCEAN CONSERVANCY LEADS THE WORLD'S LARGEST MARINE DEBRIS CLEANUP EFFORT. ANNUALLY MORE THAN HALF-A-MILLION PEOPLE IN 100 COUNTRIES REMOVE MILLIONS OF POUNDS OF TRASH FROM BEACHES AND WATERWAYS ALL OVER THE WORLD AND COLLECT DATA ON WHAT THEY FIND. THE DATA FROM THE INTERNATIONAL COASTAL CLEANUP HELPS PROVIDE A ROADMAP FOR ELIMINATING MARINE DEBRIS BY DEMONSTRATING THE SCOPE AND SCALE OF THE PROBLEM AND DOCUMENTING TRENDS. ARMED WITH THAT INFORMATION, WE CAN WORK TOGETHER TO REDUCE MARINE DEBRIS AT THE SOURCE, CHANGE BEHAVIORS THAT CAUSE IT, AND SUPPORT BETTER POLICIES TO PREVENT IT FROM CAUSING FURTHER HARM TO OUR VITAL OCEAN ECOSYSTEMS.

4c (Code: ) (Expenses \$ 1,622,950. including grants of \$ 174,537. ) (Revenue \$ )

OCEAN GOVERNANCE - OCEAN CONSERVANCY IS ACTIVELY LEADING A CAMPAIGN TO REFORM OCEAN GOVERNANCE, THE VERY FRAMEWORK THAT DICTATES HOW WE USE, PROTECT, AND RESTORE OCEAN ECOSYSTEMS. WE ARE ADVOCATING FOR NEW NATIONAL AND STATE POLICIES TO IMPROVE COORDINATION AND INTEGRATION OF STATE AND FEDERAL AGENCIES IN MANAGING OUR COASTAL AND OCEAN ECOSYSTEMS. WE ARE STREAMLINING THE WAY WE MANAGE OUR OCEAN ECOSYSTEMS AND RESOURCES AS A WHOLE AND EMBRACING A PROACTIVE PLAN FOR WHAT OUR OCEAN WILL LOOK LIKE IN THE FUTURE. WE ARE ESSENTIALLY TAKING THE PRINCIPLES OF SMART GROWTH THAT HAVE SERVED US SO WELL IN OUR CITIES INTO THE SEA.

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

(Expenses \$ 1,750,187. including grants of \$ ) (Revenue \$ 79,272. )

4e Total program service expenses 7,449,137.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational activities and reporting requirements. Row 12A includes a sub-table with Yes/No columns.

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .  | X   |    |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .   |     | X  |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .                                | X   |    |
| 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i> . . . . . |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| 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? . . . . .   |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |     |    |
| 25 a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .  |     | X  |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .                  |     | X  |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .  |     | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .                      |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .   |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .  | X   |    |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .  |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .  |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .  |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .   |     | X  |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .   |     | X  |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .   |     | X  |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .   |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, and Form 4947(a)(1).

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

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body . . . . .  | 14  |    |
| <b>1b</b> | Enter the number of voting members that are independent . . . . .   | 13  |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .   |     | X  |
| <b>6</b>  | Does the organization have members or stockholders? . . . . .   |     | X  |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .   |     | X  |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .   |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>8a</b> | a The governing body? . . . . .   | X   |    |
| <b>8b</b> | b Each committee with authority to act on behalf of the governing body? . . . . .   | X   |    |
| <b>9a</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 . . . . .        |     | X  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► KEN DONALDSON 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036  
202-429-5609



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

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

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

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

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

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

| (A)<br>Name and Title                | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                      |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| VERONIQUE SPRUILL<br>PRESIDENT & CEO | 40.00                         | X                                      |                       | X       |              |                              |        | 240,181.   | 0   | 20,930.   |
| CECILY MAJERUS<br>CHAIR              | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0   | 0.  |
| CURTIS BOHLEN<br>VICE CHAIR          | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0   | 0.  |
| BARBARA PAUL ROBINSON<br>TREASURER   | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0   | 0.  |
| PATRICK B. PURCELL<br>SECRETARY      | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0   | 0.  |
| PHILIPPE COUSTEAU<br>BOARD MEMBER    | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0   | 0.  |
| NICOLE LUSKEY<br>BOARD MEMBER        | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0   | 0.  |
| STEVEN MOORE<br>BOARD MEMBER         | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0   | 0.  |
| MICHAEL ORBACH<br>BOARD MEMBER       | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0   | 0.  |
| STEPHEN PALUMBI<br>BOARD MEMBER      | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0   | 0.  |
| DAVID ZACHES<br>BOARD MEMBER         | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0   | 0.  |
| DAVID ALDRICH<br>BOARD MEMBER        | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0   | 0.  |
| THOMAS ALLEN<br>BOARD MEMBER         | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0   | 0.  |
| DANE NICHOLS<br>BOARD MEMBER         | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0   | 0.  |
| DENNIS KELSO<br>EVP/COO              | 40.00                         |  |                       | X       |              |                              |        | 200,504.   | 0   | 17,407.   |
| LAWRENCE AMON<br>CFO                 | 24.00                         |  |                       | X       |              |                              |        | 99,524.  | 0   | 5,971.  |

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

| (A)<br>Name and title                        | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| AMELIA MONTJOY<br>VP RESOURCE DEVELOPMENT    | 40.00                         |  |                       |         |              | X                            |        | 162,187.   | 0.  | 10,194.   |
| LAURA CAPPS<br>VP COMMUNICATIONS             | 40.00                         |  |                       |         |              | X                            |        | 158,227.   | 0.  | 13,934.   |
| JANIS JONES<br>VP LEGAL AFFAIRS              | 40.00                         |  |                       |         |              | X                            |        | 163,914.   | 0.  | 16,512.   |
| CHRIS DORSETT<br>DIRECTOR                    | 40.00                         |  |                       |         |              | X                            |        | 123,361.   | 0.  | 13,638.   |
| VICTORIA CORNISH<br>DIRECTOR MARINE WILDLIFE | 40.00                         |  |                       |         |              | X                            |        | 118,165.   | 0.  | 13,673.   |
| SONJA FORDHAM<br>SHARK CONSERVATION PROG DIR | 40.00                         |  |                       |         |              |                              | X      | 146,044.   | 0.  | 6,710.  |
| <b>1b Total</b>                              |                               |  |                       |         |              |                              |        | 1,412,107.   | 0.  | 118,969.  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **15**

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

|          |     |    |
|----------|-----|----|
|          | Yes | No |
| <b>3</b> | X   |    |
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

|          |     |    |
|----------|-----|----|
|          | Yes | No |
| <b>4</b> | X   |    |
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*

|          |     |    |
|----------|-----|----|
|          | Yes | No |
| <b>5</b> |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 4                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

23-7245152

|   |   |   | (A)<br>Total revenue  | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |          |
|---|---|---|---|--|---|---|----------|
| Contributions, gifts, grants<br>and other similar amounts | <b>1a</b>   | Federated campaigns . . . . .   | <b>1a</b> 22,073.   |  |   |   |          |
|   | <b>b</b>  | Membership dues . . . . .   | <b>1b</b> 3,220,304.  |  |   |   |          |
|   | <b>c</b>  | Fundraising events . . . . .  | <b>1c</b>   |  |   |   |          |
|   | <b>d</b>  | Related organizations . . . . .   | <b>1d</b>   |  |   |   |          |
|   | <b>e</b>  | Government grants (contributions) . . . . .   | <b>1e</b> 195,683.  |  |   |   |          |
|   | <b>f</b>  | All other contributions, gifts, grants,<br>and similar amounts not included above . . . . . | <b>1f</b> 7,781,387.  |  |   |   |          |
|   | <b>g</b>  | Noncash contributions included in lines 1a-1f: \$ . . . . .                                 | 147,306.  |  |   |   |          |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . .   | ▶ 11,219,447.   |  |   |   |          |
|   | Program Service Revenue   |   |   | <b>Business Code</b>                               |   |   |          |
| <b>2a</b>   |   | ENVIRONMENTAL CONSULTING . . . . .  | 900099  | 63,288.  | 63,288.                                 |   |          |
| <b>b</b>  |   | CONTRACT OF OFFICE SUPPORT . . . . .  | 900099  | 15,384.  | 15,384.                                 |   |          |
| <b>c</b>  |   | STIPEND FOR EMPLOYEE SERVICES . . . . .   | 900099  | 600.   | 600.                                    |   |          |
| <b>d</b>  |   |   |   |  |   |   |          |
| <b>e</b>  |   |   |   |  |   |   |          |
| <b>f</b>  |   | All other program service revenue . . . . .   |   |  |   |   |          |
| <b>g</b>  |   | <b>Total.</b> Add lines 2a-2f . . . . .   | ▶ 79,272.   |  |   |   |          |
| Other Revenue   |   | <b>3</b>  | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . | ▶ 288,232.   |   |   | 288,232. |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds . . . . .                                | ▶ 0.  |  |   |   |          |
|   | <b>5</b>  | Royalties . . . . .   | ▶ 229.  |  |   | 229.  |          |
|   | <b>6a</b>   | Gross Rents . . . . .   | (i) Real  |  |   |   |          |
|   |   |   | (ii) Personal   |  |   |   |          |
|   |   |   |   |  |   |   |          |
|   | <b>b</b>  | Less: rental expenses . . . . .   |   |  |   |   |          |
|   | <b>c</b>  | Rental income or (loss) . . . . .   |   |  |   |   |          |
|   | <b>d</b>  | Net rental income or (loss) . . . . .   | ▶ 0.  |  |   |   |          |
|   | <b>7a</b>   | Gross amount from sales of<br>assets other than inventory . . . . .                         | (i) Securities  | 950,539.   |   |   |          |
|   |   |   | (ii) Other  |  |   |   |          |
|   |   |   |   |  |   |   |          |
|   |   |   |   |  |   |   |          |
|   | <b>b</b>  | Less: cost or other basis<br>and sales expenses . . . . .                                   | 1,059,961.  |  |   |   |          |
|   | <b>c</b>  | Gain or (loss) . . . . .  | -109,422.   |  |   |   |          |
|   | <b>d</b>  | Net gain or (loss) . . . . .  | ▶ -109,422.   |  |   | -109,422.   |          |
| <b>8a</b>   | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>  |   |  |   |   |          |
| <b>b</b>  | Less: direct expenses . . . . .   | <b>b</b>  |   |  |   |   |          |
| <b>c</b>  | Net income or (loss) from fundraising events . . . . .  | ▶ 0.  |   |  |   |   |          |
| <b>9a</b>   | Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | <b>a</b>  |   |  |   |   |          |
| <b>b</b>  | Less: direct expenses . . . . .   | <b>b</b>  |   |  |   |   |          |
| <b>c</b>  | Net income or (loss) from gaming activities . . . . .   | ▶ 0.  |   |  |   |   |          |
| <b>10a</b>  | Gross sales of inventory, less<br>returns and allowances . . . . .  | <b>a</b> 571.   |   |  |   |   |          |
| <b>b</b>  | Less: cost of goods sold . . . . .  | <b>b</b>  |   |  |   |   |          |
| <b>c</b>  | Net income or (loss) from sales of inventory . . . . .  | ▶ 571.  |   |  | 571.                                    |   |          |
| <b>Miscellaneous Revenue</b>                              |   |   | <b>Business Code</b>  |  |   |   |          |
| <b>11a</b>  | LIST RENTAL . . . . .   | 900004  | 54,175.   |  |   | 54,175.   |          |
| <b>b</b>  | MISCELLANEOUS INCOME . . . . .  | 900099  | 99.   |  |   | 99.   |          |
| <b>c</b>  |   |   |   |  |   |   |          |
| <b>d</b>  | All other revenue . . . . .   |   |   |  |   |   |          |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . .   | ▶ 54,274.   |   |  |   |   |          |
| <b>12</b>   | <b>Total Revenue.</b> See instructions . . . . .  | ▶ 11,532,603.   | 79,272.   |  | 233,884.                                |   |          |

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**  
**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

*Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.*

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .  | 175,058.              | 175,058.                        |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .  | 0.                    |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .   | 0.                    |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 578,461.              | 384,500.                        | 154,932.                               | 39,029.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . .  | 0.                    |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 3,169,508.            | 2,299,069.                      | 308,425.                               | 562,014.                    |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .  | 157,998.              | 113,796.                        | 19,039.                                | 25,163.                     |
| 9 Other employee benefits . . . . .  | 775,731.              | 558,710.                        | 93,479.                                | 123,542.                    |
| 10 Payroll taxes . . . . .   | 272,912.              | 196,561.                        | 32,887.                                | 43,464.                     |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   | 0.                    |                                 |  |                             |
| b Legal . . . . .  | 35,683.               | 35,683.                         | 0.                                     | 0.                          |
| c Accounting . . . . .   | 94,043.               | 1,800.                          | 92,243.                                | 0.                          |
| d Lobbying . . . . .   | 0.                    |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  | 234,002.              |                                 |  | 234,002.                    |
| f Investment management fees . . . . .   | 61,696.               | 11,331.                         | 50,365.                                | 0.                          |
| g Other . . . . .  | 1,155,229.            | 950,635.                        | 71,804.                                | 132,790.                    |
| 12 Advertising and promotion . . . . .   | 196,888.              | 143,367.                        | 0.                                     | 53,521.                     |
| 13 Office expenses . . . . .   | 2,056,700.            | 1,176,034.                      | 134,187.                               | 746,479.                    |
| 14 Information technology . . . . .  | 71,093.               | 65,316.                         | 2,478.                                 | 3,299.                      |
| 15 Royalties . . . . .   | 896,744.              | 649,012.                        | 139,272.                               | 108,460.                    |
| 16 Occupancy . . . . .   | 481,520.              | 461,191.                        | 9,975.                                 | 10,354.                     |
| 17 Travel . . . . .  | 0.                    |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 0.                    |                                 |  |                             |
| 20 Interest . . . . .  | 122,144.              | 331.                            | 121,739.                               | 74.                         |
| 21 Payments to affiliates . . . . .  | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . .   | 130,283.              | 86,417.                         | 24,784.                                | 19,082.                     |
| 23 Insurance . . . . .   | 50,859.               | 36,574.                         | 7,997.                                 | 6,288.                      |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)   |                       |                                 |  |                             |
| a FUNDRAISING EXPENSES   | 69,344.               | 0.                              | 0.                                     | 69,344.                     |
| b CHANGE IN PLEDGES ALLOWANCE  | -15,829.              | 0.                              | -15,829.                               | 0.                          |
| c DUES AND SUBSCRIPTIONS   | 34,442.               | 29,798.                         | 1,459.                                 | 3,185.                      |
| d OTHER MATERIALS/INCENTIVES   | 17,353.               | 9,171.                          | 1,582.                                 | 6,600.                      |
| e LIST RENTALS   | 77,670.               | 28,158.                         | 0.                                     | 49,512.                     |
| f All other expenses   | 48,752.               | 36,625.                         | 945.                                   | 11,182.                     |
| 25 Total functional expenses. Add lines 1 through 24f  | 10,948,284.           | 7,449,137.                      | 1,251,763.                             | 2,247,384.                  |
| 26 Joint Costs. Check here <input checked="" type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

|                             |   | (A)<br>Beginning of year   |             | (B)<br>End of year |             |
|-----------------------------|---|--|-------------|--------------------|-------------|
| Assets                      | 1   | Cash - non-interest-bearing  | 7,753.      | 1                  | 600.        |
|                             | 2   | Savings and temporary cash investments   | 264,930.    | 2                  | 682,754.    |
|                             | 3   | Pledges and grants receivable, net   | 7,052,954.  | 3                  | 5,954,744.  |
|                             | 4   | Accounts receivable, net   | 87,449.     | 4                  | 46,994.     |
|                             | 5   | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                  |             | 5                  |             |
|                             | 6   | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L     |             | 6                  |             |
|                             | 7   | Notes and loans receivable, net  |             | 7                  |             |
|                             | 8   | Inventories for sale or use  |             | 8                  |             |
|                             | 9   | Prepaid expenses and deferred charges  | 145,193.    | 9                  | 205,305.    |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | 1,773,583.  |                    |             |
|                             | b   | Less: accumulated depreciation   | 1,430,562.  | 10c                | 343,021.    |
|                             | 11  | Investments - publicly traded securities   | 11,117,948. | 11                 | 10,772,674. |
|                             | 12  | Investments - other securities. See Part IV, line 11   | 635,341.    | 12                 | 1,104,003.  |
|                             | 13  | Investments - program-related. See Part IV, line 11  |             | 13                 |             |
|                             | 14  | Intangible assets  | 34,454.     | 14                 | 21,930.     |
|                             | 15  | Other assets. See Part IV, line 11   | 801,804.    | 15                 | 802,221.    |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 20,454,045.  | 16          | 19,934,246.        |             |
| Liabilities                 | 17  | Accounts payable and accrued expenses  | 1,043,328.  | 17                 | 976,410.    |
|                             | 18  | Grants payable   |             | 18                 |             |
|                             | 19  | Deferred revenue   |             | 19                 |             |
|                             | 20  | Tax-exempt bond liabilities  |             | 20                 |             |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D  |             | 21                 |             |
|                             | 22  | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L |             | 22                 |             |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties   | 3,196,041.  | 23                 | 2,377,734.  |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties   |             | 24                 |             |
|                             | 25  | Other liabilities. Complete Part X of Schedule D   | 917,050.    | 25                 | 751,397.    |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25  | 5,156,419.  | 26                 | 4,105,541.  |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |  |             |                    |             |
|                             | 27  | Unrestricted net assets  | 3,289,951.  | 27                 | 5,109,546.  |
|                             | 28  | Temporarily restricted net assets  | 10,415,505. | 28                 | 9,126,989.  |
|                             | 29  | Permanently restricted net assets  | 1,592,170.  | 29                 | 1,592,170.  |
|                             | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                          |  |             |                    |             |
|                             | 30  | Capital stock or trust principal, or current funds   |             | 30                 |             |
|                             | 31  | Paid-in or capital surplus, or land, building, or equipment fund   |             | 31                 |             |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds   |             | 32                 |             |
| 33                          | <b>Total net assets or fund balances</b>  | 15,297,626.  | 33          | 15,828,705.        |             |
| 34                          | <b>Total liabilities and net assets/fund balances</b>   | 20,454,045.  | 34          | 19,934,246.        |             |

**Part XI** Financial Statements and Reporting

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

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
|           |     |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

Public Charity Status and Public Support

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization OCEAN CONSERVANCY

Employer identification number 23-7245152

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 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 section 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 that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 2 columns: Yes, No and 3 rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Includes a Total row at the bottom.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2005    | (b) 2006    | (c) 2007    | (d) 2008    | (e) 2009    | (f) Total   |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 13,892,229. | 16,041,532. | 18,467,534. | 16,135,997. | 11,219,447. | 75,756,739. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |             |             |             |             |             |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |             |             |             |             |             |             |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .   | 13,892,229. | 16,041,532. | 18,467,534. | 16,135,997. | 11,219,447. | 75,756,739. |
| <b>5</b> 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). . . . . |             |             |             |             |             | 18,814,340. |
| <b>6 Public support.</b> Subtract line 5 from line 4.   |             |             |             |             |             | 56,942,399. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2005    | (b) 2006    | (c) 2007    | (d) 2008    | (e) 2009    | (f) Total                |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .  | 13,892,229. | 16,041,532. | 18,467,534. | 16,135,997. | 11,219,447. | 75,756,739.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   | 724,534.    | 666,615.    | 650,639.    | 407,949.    | 289,032.    | 2,738,769.               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |             |             |             |             |             |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .   | 92,399.     | 98,085.     | 32,875.     | 195,358.    | 54,274.     | 472,991.                 |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .   |             |             |             |             |             | 78,968,499.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |             |             |             |             | <b>12</b>   | 386,751.                 |
| <b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . |             |             |             |             |             | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> | 72.11%                              |
| <b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | 73.70%                              |
| <b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .   |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .     |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .  |           | <input type="checkbox"/>            |



Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17.

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

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

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION          | 2005           | 2006           | 2007           | 2008            | 2009           | TOTAL           |
|----------------------|----------------|----------------|----------------|-----------------|----------------|-----------------|
| LIST RENTAL          | 57,601.        | 45,871.        | 28,939.        | 80,613.         | 54,175.        | 267,199.        |
| ROYALTIES            | 34,798.        | 52,214.        | 0.             | 78,510.         | 0.             | 165,522.        |
| MISCELLANEOUS INCOME | 0.             | 0.             | 3,936.         | 36,235.         | 99.            | 40,270.         |
| <b>TOTALS</b>        | <u>92,399.</u> | <u>98,085.</u> | <u>32,875.</u> | <u>195,358.</u> | <u>54,274.</u> | <u>472,991.</u> |

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

**2009**

Name of the organization  
OCEAN CONSERVANCY

Employer identification number  
23-7245152

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **OCEAN CONSERVANCY**

Employer identification number  
23-7245152

**Part I** Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|--------------------------------|--|
| 1          | _____                             | \$ 2,195,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | _____                             | \$ 500,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | _____                             | \$ 800,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | _____                             | \$ 455,048.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | _____                             | \$ 380,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | _____                             | \$ 290,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

**Political Campaign and Lobbying Activities**

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

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization is described below.

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|   |  |
|---|--|
| Name of organization<br>OCEAN CONSERVANCY | Employer identification number<br>23-7245152 |
|---|--|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) 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-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group.
- B Check  if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1 a   | Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .  | 6,171.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| b   | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .   | 90,501.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| c   | Total lobbying expenditures (add lines 1a and 1b) . . . . .   | 96,672.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| d   | Other exempt purpose expenditures . . . . .   | 10,851,612.                                     |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| e   | Total exempt purpose expenditures (add lines 1c and 1d) . . . . .   | 10,948,284.                                     |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| f   | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 697,414.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000   | \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| g   | Grassroots nontaxable amount (enter 25% of line 1f) . . . . .   | 174,354.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| h   | Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| i   | Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| j   | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . . |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

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

| Lobbying Expenditures During 4-Year Averaging Period |          |          |          |          |            |
|--|----------|----------|----------|----------|------------|
| Calendar year (or fiscal year beginning in)          | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total  |
| 2 a  | 936,289. | 3,594.   | 12,839.  | 697,414. | 1,650,136. |
| b  |          |          |          |          | 2,475,204. |
| c  | 173,622. | 12,303.  | 61,513.  | 96,672.  | 344,110.   |
| d  | 234,072. | 899.     | 3,097.   | 174,354. | 412,422.   |
| e  |          |          |          |          | 618,633.   |
| f  | 139,994. | 5,665.   | 434.     | 6,171.   | 152,264.   |

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities... j Total. Add lines 1c through 1i. 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? 5 Taxable amount of lobbying and political expenditures (see instructions).

**Part IV** Supplemental Information

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

Series of horizontal dashed lines for providing supplemental information.

**Part IV** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.



Supplemental Financial Statements

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

OCEAN CONSERVANCY

Employer identification number

23-7245152

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for various metrics.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

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

|   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

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

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

|  | (a) Current Year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     | 1,915,018.       | 1,975,495.     |                    |                      |                     |
| b Contributions . . . . .                                  | 0.               | 0.             |                    |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     | 6,244.           | 50,658.        |                    |                      |                     |
| d Grants or scholarships . . . . .                         | 0.               | 0.             |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . | 0.               | 0.             |                    |                      |                     |
| f Administrative expenses . . . . .                        | 89,701.          | 111,135.       |                    |                      |                     |
| g End of year balance . . . . .                            | 1,831,561.       | 1,915,018.     |                    |                      |                     |

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

- a Board designated or quasi-endowment ▶ 0.0000 %
- b Permanent endowment ▶ 83.0000 %
- c Term endowment ▶ 17.0000 %

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

|   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations . . . . .   | 3a(i)  | X  |
| (ii) related organizations . . . . .  | 3a(ii) | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |

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

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

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      |                                 |                              |                |
| b Buildings . . . . .  |                                      |                                 |                              |                |
| c Leasehold improvements . . . . .   |                                      | 44,575.                         | 15,927.                      | 28,648.        |
| d Equipment . . . . .  |                                      | 1,524,850.                      | 1,230,325.                   | 294,525.       |
| e Other . . . . .  |                                      | 204,158.                        | 184,310.                     | 19,848.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                 |                              | 343,021.       |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| Financial derivatives . . . . .   |                |  |
| Closely-held equity interests . . . . .                                   |                |  |
| Other REAL ESTATE INVESTMENT FUNDS  | 1,007,880.     | FMV  |
| ALTERNATIVE INVESTMENTS   | 96,123.        | FMV  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 1,104,003.     |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
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|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
|   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
|   |                |
|   |                |
|   |                |
|   |                |
|   |                |
|   |                |
|   |                |
|   |                |
|   |                |
|   |                |
|   |                |
|   |                |
|   |                |
|   |                |
|   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Amount |  |
|---|------------|--|
| Federal income taxes  |            |  |
| CHARITABLE GIFT ANNUITIES   | 644,644.   |  |
| DEFERRED RENT   | 106,753.   |  |
|   |            |  |
|   |            |  |
|   |            |  |
|   |            |  |
|   |            |  |
|   |            |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 751,397.   |  |

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 11,532,603. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 10,948,284. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 584,319.    |
| 4  | Net unrealized gains (losses) on investments   | 4  | -53,241.    |
| 5  | Donated services and use of facilities   | 5  |             |
| 6  | Investment expenses  | 6  |             |
| 7  | Prior period adjustments   | 7  |             |
| 8  | Other (Describe in Part XIV.)  | 8  |             |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | -53,241.    |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 531,078.    |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |             |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 11,463,613. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains on investments   | 2a | -53,241.    |
| b | Donated services and use of facilities  | 2b | 9,825.      |
| c | Recoveries of prior year grants   | 2c |             |
| d | Other (Describe in Part XIV.)   | 2d |             |
| e | Add lines 2a through 2d   | 2e | -43,416.    |
| 3 | Subtract line 2e from line 1  | 3  | 11,507,029. |
| 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 |             |
| b | Other (Describe in Part XIV.)   | 4b | 25,574.     |
| c | Add lines 4a and 4b   | 4c | 25,574.     |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 11,532,603. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |             |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 10,932,535. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |             |
| a | Donated services and use of facilities   | 2a | 9,825.      |
| b | Prior year adjustments   | 2b |             |
| c | Other losses   | 2c |             |
| d | Other (Describe in Part XIV.)  | 2d |             |
| e | Add lines 2a through 2d  | 2e | 9,825.      |
| 3 | Subtract line 2e from line 1   | 3  | 10,922,710. |
| 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 XIV.)  | 4b | 25,574.     |
| c | Add lines 4a and 4b  | 4c | 25,574.     |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 10,948,284. |

**Part XIV Supplemental Information**

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

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

## USE OF ENDOWMENT FUNDS

FORM 990, SCHEDULE PART V

DONORS' INTENT IN CONTRIBUTING TO THE ENDOWMENT FUND WAS TO PROVIDE AN ONGOING SOURCE OF FUNDING FOR THE GENERAL OPERATIONS OF THE ORGANIZATION.

THERE ARE NO DONOR RESTRICTIONS AS TO HOW INCOME GENERATED FROM THE ENDOWMENT MAY BE USED. IN ORDER TO HONOR DONOR INTENT, THE BOARD OF DIRECTORS HAS AUTHORIZED AN ANNUAL DISTRIBUTION OF 5% OF THE FAIR MARKET VALUE OF THE FUND ANNUALLY. THE DISTRIBUTION IS MEANT TO FUND GENERAL OPERATIONS OF THE ORGANIZATION.

## OTHER REVENUE ITEMS

FORM 990, SCHEDULE D, PART XII, LINE 4B

TIME VALUATION OF PLEDGES = 25,574

## OTHER EXPENSE ITEMS

FORM 990, SCHEDULE D, PART XIII, LINE 4B

TIME VALUATION OF PLEDGES = 25,574

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open To Public  
Inspection

Name of the organization

OCEAN CONSERVANCY

Employer identification number

23-7245152

**Part I** Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name of individual or entity (fundraiser) | (ii) Activity        | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|----------------------|--|----|-----------------------------------|---|---|
|   |                      | Yes  | No |                                   |   |   |
| MAL WARWICK & ASSOCIATES                      | DIRECT MAIL          |  | X  | 3,173,182.                        | 113,813.  | 3,059,370.  |
| WATERSHED                                     | INTERNET FUNDRAISING |  | X  | 58,200.                           | 41,690.   | 16,510.   |
| DONOR SERVICES GROUP                          | TELE-MARKETING       |  | X  | 106,093.                          | 78,499.   | 27,594.   |
|   |                      |  |    |                                   |   |   |
|   |                      |  |    |                                   |   |   |
|   |                      |  |    |                                   |   |   |
|   |                      |  |    |                                   |   |   |
|   |                      |  |    |                                   |   |   |
|   |                      |  |    |                                   |   |   |
| <b>Total</b>                                  |                      |  |    | 3,337,475.                        | 234,002.  | 3,103,474.  |

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL,  
KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, TN, TX, VT, WA, WV, WI,

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1  | (b) Event #2 | (c) Other Events | (d) Total events                |     |
|-----------------|----|---|--------------|------------------|---------------------------------|-----|
|                 |    | (event type)  | (event type) | (total number)   | (add col. (a) through col. (c)) |     |
| Revenue         | 1  | Gross receipts  |              |                  |                                 |     |
|                 | 2  | Less: Charitable contributions                              |              |                  |                                 |     |
|                 | 3  | Gross income (line 1 minus line 2)                          |              |                  |                                 |     |
| Direct Expenses | 4  | Cash prizes   |              |                  |                                 |     |
|                 | 5  | Noncash prizes  |              |                  |                                 |     |
|                 | 6  | Rent/facility costs   |              |                  |                                 |     |
|                 | 7  | Food and beverages  |              |                  |                                 |     |
|                 | 8  | Entertainment   |              |                  |                                 |     |
|                 | 9  | Other direct expenses                                       |              |                  |                                 |     |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) |              |                  |                                 | ( ) |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 |              |                  |                                 | ( ) |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |     |
|-----------------|---|---|---|-------------------|--|-----|
|                 |   |   |   |                   |  |     |
| Revenue         | 1 | Gross revenue   |   |                   |  |     |
| Direct Expenses | 2 | Cash prizes   |   |                   |  |     |
|                 | 3 | Noncash prizes  |   |                   |  |     |
|                 | 4 | Rent/facility costs   |   |                   |  |     |
|                 | 5 | Other direct expenses   |   |                   |  |     |
|                 | 6 | Volunteer labor   | Yes _____ %<br>No                             | Yes _____ %<br>No | Yes _____ %<br>No                                |     |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)     |   |                   |  | ( ) |
|                 | 8 | Net gaming income summary. Combine line 1, column d, and line 7 |   |                   |  | ( ) |

|  | Yes | No |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities: _____   |     |    |
| a Is the organization licensed to operate gaming activities in each of these states? _____   | 9a  |    |
| b If "No," explain: _____  |     |    |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____   | 10a |    |
| b If "Yes," explain: _____   |     |    |
| 11 Does the organization operate gaming activities with nonmembers? _____  | 11  |    |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____ | 12  |    |

|   |            | Yes | No |
|---|------------|-----|----|
| <b>13</b> Indicate the percentage of gaming activity operated in:   |            |     |    |
| <b>a</b> The organization's facility . . . . .  | <b>13a</b> | %   |    |
| <b>b</b> An outside facility . . . . .  | <b>13b</b> | %   |    |
| <b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:   |            |     |    |
| Name ▶ _____  |            |     |    |
| Address ▶ _____   |            |     |    |
| <b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .   |            |     |    |
| <b>15a</b>  |            |     |    |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.                                  |            |     |    |
| <b>c</b> If "Yes," enter name and address of the third party:   |            |     |    |
| Name ▶ _____  |            |     |    |
| Address ▶ _____   |            |     |    |
| <b>16</b> Gaming manager information:   |            |     |    |
| Name ▶ _____  |            |     |    |
| Gaming manager compensation ▶ \$ _____  |            |     |    |
| Description of services provided ▶ _____  |            |     |    |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor   |            |     |    |
| <b>17</b> Mandatory distributions:  |            |     |    |
| <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .   |            |     |    |
| <b>17a</b>  |            |     |    |
| <b>b</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 ▶ \$ _____ |            |     |    |



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

OCEAN CONSERVANCY

Employer identification number

23-7245152

**Part I General Information on Grants and Assistance**

- 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?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

| 1 | (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 |
|---|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
|   | DUKE CENTER FOR MARINE CONSERVATION<br>BEAUFORT, NC 28516 | 56-0532129 | 501(C)(3)                     | 10,000.                  |                                   |   |  | SEE PART IV                        |
|   | SKY TRUTH<br>SHEPHERDSTOWN, WV 25442-3283                 | 54-2059475 | 501(C)(3)                     | 20,000.                  |                                   |   |  | SEE PART IV                        |
|   | THE NATURE CONSERVANCY<br>ARLINGTON, VA 22203-1606        | 53-0242652 | 501(C)(3)                     | 139,337.                 |                                   |   |  | SEE PART IV                        |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |
|   |   |            |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations  3  
3 Enter total number of other organizations

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

| (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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

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

MONITORING PROCESS OF GRANTS

FORM 990, SCHEDULE I, PART I

OCEAN CONSERVANCY MONITORS GRANTEEES BY REQUIRING FULL FINANCIAL REPORTS

ALONG WITH SPECIFIC PROJECT DELIVERABLES.

PURPOSE OF GRANT OR ASSISTANCE (SEE NEXT PAGE)

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

| (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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

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

FORM 990, SCHEDULE I, PART II

THE PURPOSE OF THE DUKE CENTER FOR MARINE CONSERVATION GRANT WAS TO SUPPORT DUKE GLOBAL FELLOWS PROGRAM AND SPONSOR BYCATCH MITIGATION.

THE PURPOSE OF THE SKY TRUTH GRANT WAS TO MONITOR THE OIL SPILL IN THE GULF OF MEXICO.

THE PURPOSE OF THE NATURE CONSERVANCY GRANT WAS TO DEVELOP A PARTNERSHIP TO IMPROVE ENGAGEMENT WITH SPECIFIC STAKEHOLDER NETWORKS (BOTH WITHIN THE ADMINISTRATION AND WITH A VARIETY OF STAKEHOLDERS ON THE GROUND) AND

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

| (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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

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

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DEVELOP SUPPORTIVE TOOLS TO PROMOTE THE NEED FOR A FEDERAL MARINE SPATIAL

PLANNING FRAMEWORK AND SUPPORTIVE FUNDING MECHANISMS.

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

OCEAN CONSERVANCY

Employer identification number

23-7245152

**Part I Questions Regarding Compensation**

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

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

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

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

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

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

**a** Receive a severance payment or change-of-control payment? . . . . .

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III.

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

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

|    | Yes | No |
|----|-----|----|
| 1a |     |    |
| 1b |     |    |
| 2  |     |    |
| 3  |     |    |
| 4a |     | X  |
| 4b |     | X  |
| 4c |     | X  |
| 5a |     | X  |
| 5b |     | X  |
| 6a |     | X  |
| 6b |     | X  |
| 7  |     | X  |
| 8  |     | X  |
| 9  |     | X  |

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name          | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                   | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| VERONIQUE SPRUILL | (i) 239,418.<br>(ii) 0.<br>(iii) 0.                | 0.<br>0.                            | 763.<br>0.                          | 14,365.<br>0.                                  | 6,565.<br>0.            | 261,111.<br>0.                  | 0.<br>0.   |
| DENNIS KELSO      | (i) 198,748.<br>(ii) 0.<br>(iii) 0.                | 0.<br>0.                            | 1,756.<br>0.                        | 11,925.<br>0.                                  | 5,482.<br>0.            | 217,911.<br>0.                  | 0.<br>0.   |
| AMELIA MONTJOY    | (i) 159,612.<br>(ii) 0.<br>(iii) 0.                | 0.<br>0.                            | 2,575.<br>0.                        | 9,577.<br>0.                                   | 617.<br>0.              | 172,381.<br>0.                  | 0.<br>0.   |
| LAURA CAPPS       | (i) 158,055.<br>(ii) 0.<br>(iii) 0.                | 0.<br>0.                            | 172.<br>0.                          | 9,483.<br>0.                                   | 4,451.<br>0.            | 172,161.<br>0.                  | 0.<br>0.   |
| SONJA FORDHAM     | (i) 86,605.<br>(ii) 0.<br>(iii) 0.                 | 0.<br>0.                            | 59,439.<br>0.                       | 5,196.<br>0.                                   | 1,514.<br>0.            | 152,754.<br>0.                  | 0.<br>0.   |
| JANIS JONES       | (i) 163,705.<br>(ii) 0.<br>(iii) 0.                | 0.<br>0.                            | 209.<br>0.                          | 9,822.<br>0.                                   | 6,690.<br>0.            | 180,426.<br>0.                  | 0.<br>0.   |
|                   | (i) -----<br>(ii) -----<br>(iii) -----             | -----<br>-----<br>-----             | -----<br>-----<br>-----             | -----<br>-----<br>-----                        | -----<br>-----<br>----- | -----<br>-----<br>-----         | -----<br>-----<br>-----                                    |
|                   | (i) -----<br>(ii) -----<br>(iii) -----             | -----<br>-----<br>-----             | -----<br>-----<br>-----             | -----<br>-----<br>-----                        | -----<br>-----<br>----- | -----<br>-----<br>-----         | -----<br>-----<br>-----                                    |
|                   | (i) -----<br>(ii) -----<br>(iii) -----             | -----<br>-----<br>-----             | -----<br>-----<br>-----             | -----<br>-----<br>-----                        | -----<br>-----<br>----- | -----<br>-----<br>-----         | -----<br>-----<br>-----                                    |
|                   | (i) -----<br>(ii) -----<br>(iii) -----             | -----<br>-----<br>-----             | -----<br>-----<br>-----             | -----<br>-----<br>-----                        | -----<br>-----<br>----- | -----<br>-----<br>-----         | -----<br>-----<br>-----                                    |
|                   | (i) -----<br>(ii) -----<br>(iii) -----             | -----<br>-----<br>-----             | -----<br>-----<br>-----             | -----<br>-----<br>-----                        | -----<br>-----<br>----- | -----<br>-----<br>-----         | -----<br>-----<br>-----                                    |
|                   | (i) -----<br>(ii) -----<br>(iii) -----             | -----<br>-----<br>-----             | -----<br>-----<br>-----             | -----<br>-----<br>-----                        | -----<br>-----<br>----- | -----<br>-----<br>-----         | -----<br>-----<br>-----                                    |
|                   | (i) -----<br>(ii) -----<br>(iii) -----             | -----<br>-----<br>-----             | -----<br>-----<br>-----             | -----<br>-----<br>-----                        | -----<br>-----<br>----- | -----<br>-----<br>-----         | -----<br>-----<br>-----                                    |
|                   | (i) -----<br>(ii) -----<br>(iii) -----             | -----<br>-----<br>-----             | -----<br>-----<br>-----             | -----<br>-----<br>-----                        | -----<br>-----<br>----- | -----<br>-----<br>-----         | -----<br>-----<br>-----                                    |
|                   | (i) -----<br>(ii) -----<br>(iii) -----             | -----<br>-----<br>-----             | -----<br>-----<br>-----             | -----<br>-----<br>-----                        | -----<br>-----<br>----- | -----<br>-----<br>-----         | -----<br>-----<br>-----                                    |
|                   | (i) -----<br>(ii) -----<br>(iii) -----             | -----<br>-----<br>-----             | -----<br>-----<br>-----             | -----<br>-----<br>-----                        | -----<br>-----<br>----- | -----<br>-----<br>-----         | -----<br>-----<br>-----                                    |
|                   | (i) -----<br>(ii) -----<br>(iii) -----             | -----<br>-----<br>-----             | -----<br>-----<br>-----             | -----<br>-----<br>-----                        | -----<br>-----<br>----- | -----<br>-----<br>-----         | -----<br>-----<br>-----                                    |

**Part III Supplemental Information**

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

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

**2009**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

Name of the organization  
OCEAN CONSERVANCY

Employer identification number  
23-7245152

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions | (c)<br>Revenues reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining revenues |
|--|----------------------------|--------------------------------|--|---------------------------------------|
| 1 Art-Works of art . . . . .   |                            |                                |  |                                       |
| 2 Art-Historical treasures . . . . .                                 |                            |                                |  |                                       |
| 3 Art-Fractional interests . . . . .                                 |                            |                                |  |                                       |
| 4 Books and publications . . . . .                                   | X                          |                                | 15,950.  | FAIR MARKET VALUE                     |
| 5 Clothing and household goods . . . . .                             | X                          |                                | 409.   | FAIR MARKET VALUE                     |
| 6 Cars and other vehicles . . . . .                                  |                            |                                |  |                                       |
| 7 Boats and planes . . . . .   |                            |                                |  |                                       |
| 8 Intellectual property . . . . .                                    |                            |                                |  |                                       |
| 9 Securities-Publicly traded . . . . .                               | X                          | 12                             | 126,273.   | FAIR MARKET VALUE                     |
| 10 Securities-Closely held stock . . . . .                           |                            |                                |  |                                       |
| 11 Securities-Partnership, LLC, or trust interests . . . . .         |                            |                                |  |                                       |
| 12 Securities-Miscellaneous . . . . .                                |                            |                                |  |                                       |
| 13 Qualified conservation contribution-Historic structures . . . . . |                            |                                |  |                                       |
| 14 Qualified conservation contribution-Other . . . . .               |                            |                                |  |                                       |
| 15 Real estate-Residential . . . . .                                 |                            |                                |  |                                       |
| 16 Real estate-Commercial . . . . .                                  |                            |                                |  |                                       |
| 17 Real estate-Other . . . . .                                       |                            |                                |  |                                       |
| 18 Collectibles . . . . .  |                            |                                |  |                                       |
| 19 Food inventory . . . . .  |                            |                                |  |                                       |
| 20 Drugs and medical supplies . . . . .                              |                            |                                |  |                                       |
| 21 Taxidermy . . . . .   |                            |                                |  |                                       |
| 22 Historical artifacts . . . . .                                    |                            |                                |  |                                       |
| 23 Scientific specimens . . . . .                                    |                            |                                |  |                                       |
| 24 Archeological artifacts . . . . .                                 |                            |                                |  |                                       |
| 25 Other ▶ ( OTHER SUPPLIES ) . . . . .                              | X                          | 30                             | 4,674.   | FAIR MARKET VALUE                     |
| 26 Other ▶ ( _____ ) . . . . .                                       |                            |                                |  |                                       |
| 27 Other ▶ ( _____ ) . . . . .                                       |                            |                                |  |                                       |
| 28 Other ▶ ( _____ ) . . . . .                                       |                            |                                |  |                                       |

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

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



**Part II**

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

Ruled area with dashed horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

OCEAN CONSERVANCY

Employer identification number

23-7245152

ATTACHMENT 2

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11A

THE CHIEF FINANCIAL OFFICER AND DIRECTOR OF FINANCE REVIEW THE DRAFT 990.

AFTER THEIR REVIEW, THE 990 IS FORWARDED TO THE TREASURER. THE  
TREASURER PERFORMS A DETAILED REVIEW OF THE 990, AND THEN PRESENTS THE  
990 TO THE EXECUTIVE COMMITTEE OF THE BOARD. ONCE ALL COMMENTS FROM THE  
EXECUTIVE COMMITTEE HAVE BEEN ADDRESSED, THE 990 IS DISTRIBUTED TO THE  
ENTIRE BOARD BEFORE FILING.

CONFLICTS OF INTEREST

FORM 990, PART VI, LINE 12

CONFLICT OF INTEREST POLICY DISCLOSURE STATEMENTS ARE TO BE PREPARED AT  
LEAST ANNUALLY. IN THE CASE WHERE A POSSIBLE CONFLICT BY AN EMPLOYEE  
OTHER THAN THE PRESIDENT OF THE ORGANIZATION IS IDENTIFIED, THE PRESIDENT  
AND 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  
PRESIDENT AND 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

Name of the organization

OCEAN CONSERVANCY

Employer identification number

23-7245152

ATTACHMENT 2 (CONT'D)

OF INTEREST SHOULD BE RESOLVED WILL THEN BE PROVIDED.

## DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15

THE BOARD SETS THE CEO'S COMPENSATION BASED ON ITS EVALUATION OF HER PERFORMANCE USING MARKET SURVEYS, TAKING INTO ACCOUNT THE ORGANIZATION'S FINANCIAL SITUATION AND PERFORMANCE. LIKewise, THE CEO SETS ALL EMPLOYEE COMPENSATION ALSO BASED ON PERFORMANCE EVALUATIONS, MARKET SURVEYS AND THE ORGANIZATION'S FINANCIAL SITUATION AND PERFORMANCE.

## AVAILABILITY OF OTHER DOCUMENTS

FORM 990, PART VI, LINE 19

OCEAN CONSERVANCY'S AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

## STATES IN WHICH FORM 990 IS REQUIRED TO BE FILED

FORM 990, PART VI, LINE 17

ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, CONNECTICUT, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, ILLINOIS, KANSAS, KENTUCKY, LOUISIANA, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, NEW HAMPHSIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, TEXAS, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN.

## FUNDRAISING ACTIVITY EXPENSES

FORM 990, SCHEDULE G, PART I, LINE 2B, COLUMN (V)

THE TOTAL AMOUNT OF FUNDRAISING EXPENSES WERE \$303,346. OF THIS AMOUNT,

|   |  |
|---|--|
| Name of the organization<br>OCEAN CONSERVANCY | Employer identification number<br>23-7245152 |
|---|--|

ATTACHMENT 2 (CONT'D)

\$234,002 WAS PAID DIRECTLY TO THE FUNDRAISER. THE REMAINING EXPENSES WERE COMPOSED OF PRINTING, POSTAGE AND OTHER FEES TOTALING \$69,344.

## CHANGE IN ACCOUNTING PERIOD

FORM 990

THE ORGANIZATION HAS CHANGED THEIR FISCAL YEAR END TO JUNE 30. THE RESULTING FINANCIAL AMOUNTS REFLECT THE PERIOD ENDING JUNE 30, 2010.

ATTACHMENT 3FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OCEAN CONSERVANCY PROMOTES HEALTHY AND DIVERSE OCEAN ECOSYSTEMS AND OPPOSES PRACTICES THAT THREATEN OCEAN LIFE AND HUMAN LIFE. THROUGH RESEARCH, EDUCATION, AND SCIENCE-BASED ADVOCACY, OCEAN CONSERVANCY INFORMS, INSPIRES, AND EMPOWERS PEOPLE TO SPEAK AND ACT ON BEHALF OF THE OCEANS.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>  | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| MAL WARWICK & ASSOCIATES<br>2550 NINTH STREET, SUITE 103<br>BERKELEY, CA 94710 | FUNDRAISING                    | 116,063.            |
| SANDRA WHITEHOUSE<br>175 CARROLL AVENUE<br>NEWPORT, RI 02840                   | MARINE SPATIAL PLAN            | 126,000.            |
|  | TOTAL COMPENSATION             | <u>242,063.</u>     |

**Application To Adopt, Change, or Retain a Tax Year**

OMB No. 1545-0134  
 Attachment  
 Sequence No. **148**

▶ See separate instructions.

**Part I General Information**

**Important:** All filers must complete Part I and sign below. See instructions.

|               |   |   |
|---------------|---|---|
| Type or Print | Name of filer (if a joint return is filed, also enter spouse's name) (see instructions)<br><b>Ocean Conservancy</b> | Filer's identifying number<br><b>23-7245152</b>   |
|               | Number, street, and room or suite no. (if a P.O. box, see instructions)<br><b>1300 19th Street, NW, 8th Floor</b>   | Service Center where income tax return will be filed<br><b>Ogden, UT</b>                        |
|               | City or town, state, and ZIP code<br><b>Washington, DC 20036</b>  | Filer's area code and telephone number/Fax number<br><b>( 202 ) 429-5609 / ( 202 ) 872-0619</b> |
|               | Name of applicant, if different than the filer (see instructions)   | Applicant's identifying number (see instructions)   |
|               | Name of person to contact (if not the applicant or filer, attach a power of attorney)                               | Contact person's area code and telephone number/Fax number<br>( ) / ( )                         |

- 1** Check the appropriate box(es) to indicate the type of applicant (see instructions).
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Individual                         | <input type="checkbox"/> Cooperative (sec. 1381(a))  | <input type="checkbox"/> Passive foreign investment company (PFIC) (sec. 1297)    |
| <input type="checkbox"/> Partnership                        | <input type="checkbox"/> Controlled foreign corporation (CFC) (sec. 957)   | <input type="checkbox"/> Other foreign corporation                                |
| <input type="checkbox"/> Estate                             | <input type="checkbox"/> Foreign sales corporation (FSC) or Interest-charge domestic international sales corporation (IC-DISC) | <input checked="" type="checkbox"/> Tax-exempt organization                       |
| <input type="checkbox"/> Domestic corporation               | <input type="checkbox"/> Specified foreign corporation (SFC) (sec. 898)  | <input type="checkbox"/> Homeowners Association (sec. 528)                        |
| <input type="checkbox"/> S corporation                      | <input type="checkbox"/> 10/50 corporation (sec. 904(d)(2)(E))   | <input type="checkbox"/> Other _____ (Specify entity and applicable Code section) |
| <input type="checkbox"/> Personal service corporation (PSC) | <input type="checkbox"/> Trust   |   |

- 2a** Approval is requested to (check one) (see instructions):
- Adopt a tax year ending ▶ ..... (Partnerships and PSCs: Go to Part III after completing Part I.)
- Change to a tax year ending ▶ **June 30th**  Retain a tax year ending ▶ .....

**b** If changing a tax year, indicate the date the present tax year ends. ▶ **September 30th**

**c** If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ▶ **October 1**, 20 **09**, and ending ▶ **June 30**, 20 **10**

- 3** Is the applicant's present tax year, as stated on line 2b above, also its current financial reporting year? ▶  Yes  No
- If "No," attach an explanation.

- 4** Indicate the applicant's present overall method of accounting.
- Cash receipts and disbursements method  Accrual method
- Other method (specify) ▶ .....

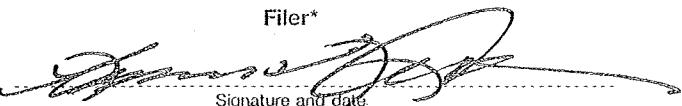
**5** State the nature of the applicant's business or principal source of income.

**Ocean Conservancy is funded by charitable contributions, and is a conservation based organization.**

**Signature—All Filers (See Who Must Sign in the instructions.)**

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

Filer\*



Signature and date

Lawrence J. Amon, CFO

Name and title (print or type)

Preparer (other than filer)

Signature of individual preparing the application and date

Name of individual preparing the application

\*If the application is filed on behalf of a controlled foreign corporation or a 10/50 corporation by a controlling domestic shareholder, see instructions.

Name of firm preparing the application

**Part II Automatic Approval Request** (see instructions)

- Identify the revenue procedure under which this automatic approval request is filed ▶

**Section A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, or its successor)**

|   | Yes | No |
|---|-----|----|
| 1 Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions) ▶ |     |    |
| 2 Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553.                        |     |    |
| 3 Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions) ▶   |     |    |

**Section B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)**

|   |  |  |
|---|--|--|
| 4 Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions) ▶  |  |  |
| 5 Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year? ▶  |  |  |
| 6 Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4.01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information required to be submitted) ▶ |  |  |
| 7 Is the S corporation requesting an ownership tax year? (see instructions) ▶   |  |  |
| 8 Is the applicant a partnership requesting a concurrent change pursuant to section 6.09 of Rev. Proc. 2006-45 (or its successor) or section 5.04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions) ▶   |  |  |

**Section C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)**

|   |  |  |
|---|--|--|
| 9 Is the applicant an individual requesting a change from a fiscal year to a calendar year? ▶ |  |  |
|---|--|--|

**Section D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)**

|  |   |  |
|--|---|--|
| 10 Is the applicant a tax-exempt organization requesting a change? ▶ | ✓ |  |
|--|---|--|

**Part III Ruling Request** (All applicants requesting a ruling must complete Section A and any other section that applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)

**Section A—General Information**

|   | Yes | No |
|---|-----|----|
| 1 Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court? ▶<br>If "Yes," see the instructions for information that must be included on an attached explanation.   |     |    |
| 2 Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year? ▶<br>If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented.  |     |    |
| 3 Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented? ▶<br>If "Yes," attach an explanation.  |     |    |
| 4a Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc. 2002-39 (or its successor)? ▶<br>If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions).  |     |    |
| b If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box.<br><input type="checkbox"/> Annual business cycle test <input type="checkbox"/> Seasonal business test <input type="checkbox"/> 25-percent gross receipts test<br>Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions)  |     |    |
| 5 Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period.<br>Short period                    \$ .....                    First preceding year    \$ .....<br>Second preceding year    \$ .....                    Third preceding year    \$ .....<br><b>Note:</b> <i>Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income. Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions.</i> |     |    |

|   |           | Yes | No       |
|---|-----------|-----|----------|
| <b>6</b> Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period:   |           |     |          |
|   | Generated |     | Expiring |
| Net operating loss . . . . .  | \$ _____  |     | \$ _____ |
| Capital loss . . . . .  | \$ _____  |     | \$ _____ |
| Unused credits . . . . .  | \$ _____  |     | \$ _____ |
| <b>7</b> Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6.01(7) of Rev. Proc. 2002-39, or its successor) . . . . . ▶ \$ _____   |           |     |          |
| <b>8a</b> Is the applicant a U.S. shareholder in a CFC? . . . . . ▶   |           |     |          |
| If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the percentage of total combined voting power of the applicant, and the amount of income included in the gross income of the applicant under section 951 for the 3 tax years immediately before the short period and for the short period.   |           |     |          |
| <b>b</b> Will each CFC concurrently change its tax year? . . . . . ▶  |           |     |          |
| If "Yes" to line 8b, go to Part II, line 3.   |           |     |          |
| If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U.S. shareholder.  |           |     |          |
| <b>9a</b> Is the applicant a U.S. shareholder in a PFIC as defined in section 1297? . . . . . ▶   |           |     |          |
| If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net capital gain from the PFIC included in the income of the applicant.   |           |     |          |
| <b>b</b> Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund? . . . . . ▶   |           |     |          |
| <b>10a</b> Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation, a shareholder of an IC-DISC, or a shareholder of an FSC? . . . . . ▶  |           |     |          |
| If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust, estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year and for the short period. Indicate the percentage of gross income of the applicant represented by each amount. |           |     |          |
| <b>b</b> Will any partnership concurrently change its tax year to conform with the tax year requested? . . . . . ▶  |           |     |          |
| <b>c</b> If "Yes" to line 10b, has any Form 1128 been filed for such partnership? . . . . . ▶   |           |     |          |
| <b>11</b> Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office? . . . . . ▶  |           |     |          |
| If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues involved in each request.  |           |     |          |
| <b>12</b> Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application? . . . . . ▶  |           |     |          |
| <b>13</b> Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the IRS proposes to disapprove the application? . . . . . ▶   |           |     |          |
| <b>14</b> Enter amount of user fee attached to this application (see instructions) . . . . . ▶ \$ _____   |           |     |          |
| <b>Section B—Corporations (other than S corporations and controlled foreign corporations)</b> (see instructions)  |           |     |          |
| <b>15</b> Enter the date of incorporation. ▶  |           |     |          |
| <b>16a</b> Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? . . . . . ▶   |           |     |          |
| <b>b</b> If "Yes," will the corporation be going to a permitted S corporation tax year? . . . . . ▶   |           |     |          |
| If "No" to line 16b, attach an explanation.   |           |     |          |
| <b>17</b> Is the corporation a member of an affiliated group filing a consolidated return? . . . . . ▶  |           |     |          |
| If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated return, tax year, and Service Center where the applicant files the return; (b) the name, address, and identifying number of each member of the affiliated group; (c) the taxable income (loss) of each member for the 3 years immediately before the short period and for the short period; and (d) the name of the parent corporation.                   |           |     |          |
| <b>18a</b> Personal service corporations (PSCs): Attach a statement providing each shareholder's name, type of entity (individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and amount of income received from the PSC for the first preceding year and the short period.   |           |     |          |
| <b>b</b> If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year.  |           |     |          |
| <input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____)  |           |     |          |
| <input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))  |           |     |          |

**Section C—S Corporations** (see instructions)

|   | Yes | No |
|---|-----|----|
| 19 Enter the date of the S corporation election. ▶  |     |    |
| 20 Is any shareholder applying for a corresponding change in tax year? . . . . . ▶<br>If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get advance approval to change its tax year.   |     |    |
| 21 If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year.<br><input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____ )<br><input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))   |     |    |
| 22 Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period. |     |    |

**Section D—Partnerships** (see instructions)

|   | Yes | No |
|---|-----|----|
| 23 Enter the date the partnership's business began. ▶   |     |    |
| 24 Is any partner applying for a corresponding change in tax year? . . . . . ▶  |     |    |
| 25 Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits.   |     |    |
| 26 Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)? . . . . . ▶<br>If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest in capital and profits, and the amount of income received from each PSC for the first preceding year and for the short period.       |     |    |
| 27 If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year.<br><input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____ )<br><input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy)) |     |    |

**Section E—Controlled Foreign Corporations (CFC)**

|   |  |  |
|---|--|--|
| 28 Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period. |  |  |
|---|--|--|

**Section F—Tax-Exempt Organizations**

|   | Yes | No |
|---|-----|----|
| 29 Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) ▶   |     |    |
| 30 Date of organization. ▶  |     |    |
| 31 Code section under which the organization is exempt. ▶   |     |    |
| 32 Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶   |     |    |
| 33 Enter the date the tax exemption was granted. ▶ . . . . . Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation. |     |    |
| 34 If the organization is a private foundation, is the foundation terminating its status under section 507? . . . ▶   |     |    |

**Section G—Estates**

|  |  |
|--|--|
| 35 Enter the date the estate was created. ▶  |  |
| 36a Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each person who is an interested party of any portion of the estate.  |  |
| b Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing the distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before the short period and for the short period. |  |

**Section H—Passive Foreign Investment Companies**

|  |  |
|--|--|
| 37 If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name, address, identifying number, and percentage of interest owned. |  |
|--|--|