## Form 990

### **Return of Organization Exempt From Income Tax**

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

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

Department of the Treasury Internal Revenue Service

OMB NO 1345-0047
200 <b>7</b>
Open to Public
Inspection

	A Fo	or the 2	007 calendar year, or tax year beginning 10/01, 2007, and en	ding	09/30/2008
	B Che	ck d applicat			D Employer identification number
		Address change	use IRS label or OCEAN CONSERVANCY		23-7245152
		Name char	pnnt or hype Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number
		Initial retur	See 1300 19TH STREET NW, 8TH FLOOR		(202) 429-5609
		Terminatio	Specific Instruc- City or town, state or country, and ZIP + 4	-	F Accounting method Cash X Accrual
		Amended	washington, DC 20036		Other (specify)
		Application pending	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable</li> </ul>	H and I are not app	licable to section 527 organizations
			trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a group	return for affiliates? Yes X No
	G W	/ebsite:	► WWW.OCEANCONSERVANCY.ORG	H(b) If "Yes," enter	number of affiliates N/A
	J O	rganizat	on type (check only one) ▶ X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527	H(c) Are all affiliate	es included? Yes No
	K C	heck here	of the organization is not a 509(a)(3) supporting organization and its gross		a list See instructions)
	re	eceipts a	re normally not more than \$25,000 A return is not required, but if the organization chooses	H(d) Is this a separat organization cov	vered by a group ruling? Yes X No
	to	file a ret	urn, be sure to file a complete return	I Group Exemp	tion Number ► N/A
		<del></del>		M Check	if the organization is not required
	L G	ross rece	oupts Add lines 6b, 8b, 9b, and 10b to line 12 20, 564, 628.	to attach Sch	B (Form 990, 990-EZ, or 990-PF).
	Par	R	evenue, Expenses, and Changes in Net Assets or Fund Balances (See the ins	structions )	
		1	Contributions, gifts, grants, and similar amounts received		
		а	Contributions to donor advised funds		]
		b	Direct public support (not included on line 1a)	8,160,696.	]
		С	Indirect public support (not included on line 1a) 1c		]
		d	Government contributions (grants) (not included on line 1a) 1d	306,838.	]
		е	Total (add lines 1a through 1d) (cash \$ 18,230,844. noncash \$	236,690.)	1e 18,467,534.
		2	Program service revenue including government fees and contracts (from Part VII, line 93	)	2 16,994.
		3	Membership dues and assessments		3
			Interest on savings and temporary cash investments		4 18,244.
		5	Dividends and interest from securities		5 609,680.
			Gross rents 6a		
			Less rental expenses		] [
		С	Net rental income or (loss) Subtract line 6b from line 6a		6c
€P)	Пe	7	Other investment income (describe	)	7
	Revenue	8 a		Other	] .
	ď		than inventory		]
<b>O</b>		Ь	Less cost or other basis and sales expenses 1,559,843.8b		1
		C	Gain or (loss) (attach schedule)		
S		d	Net gain or (loss) Combine line 8c, columns (A) and (B)	· · · · <u></u> · · ·	8d -197,769.
		9	Special events and activities (attach schedule) If any amount is from gaming, check here	e ▶	
SCANNED		a	Gross revenue (not including \$ of		
Z			contributions reported on line 1b)	34,512.	<u> </u> 、
		1	Less direct expenses other than fundraising expenses 9b	13,427.	
Ş		1	the contract of the contract o		9c 21,085.
<b>Q</b> Z		1	Gross sales of inventory, less returns and allowances 10a		<b></b>
			Less cost of goods sold		^^^
			Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from In-	e 10a\	10c
			Other revenue (from Part VII, line 103)	ત્રહ∤	55,590.
			Total revenue. Add lines 1e. 2. 3. 4. 5. 6c. 7. 8d. 9c. 10g and 102 7. U	<u>.\%\</u>	18,991,358.
	"		Program services (from line 44, column (B))  Management and general (from line 44, column (C))  Fundraising (from line 44, column (D))	. 1001	11,624,249.
	Se		Management and general (from line 44, column (C))\@\ . \\\X\\.\\\\\\\\\\\\\\\\\\\\\\\	٠]٩.١	1,800,176.
	Expenses	15		TT ]	<u>15</u> 3,442,519.
	Щ	l .		بسبلا	16
		1	Total expenses Add lines 16 and 44, column (A)	· · · · · · · · ·	17 16,866,944.
	ets	1	Excess or (deficit) for the year. Subtract line 17 from line 12		2,124,414.
	Net Assets		Net assets or fund balances at beginning of year (from line 73, column (A)) $\dots \dots$		19 14,610,429.
	et /		Other changes in net assets or fund balances (attach explanation) STMT .4.		<u>-2,678,853.</u>
-			Net assets or fund balances at end of year Combine lines 18, 19, and 20	<u> </u>	21 14,055,990.
- 1	FOr Pa	rivacy A	ct and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2007)

Pa	Statement of All Functional Expenses organization	organiz	ations must complete colur is and section 4947(a)(1)	nn (A) Columns (B), (C),	and (D) are required for s	section 501(c)(3) and (4)
	Do not include amounts reported on line	1111241101		(B) Program	(C) Management	
	6b, 8b, 9b, 10b, or 16 of Part I	_	(A) Total	services	and general	(D) Fundraising
<b>22</b> a	a Grants paid from donor advised funds (attach schedule)					
	(cash \$ noncash \$ If this amount includes foreign grants,	<del>_</del> )				
	check here	222				}
22b	b Other grants and allocations (attach schedule)					
	(cash \$709,007. noncash \$ If this amount includes foreign grants,	<del>-</del> }				
	check here	<u>  221</u>	709,007.	709,007.	STMT 6	
23	Specific assistance to individuals					
	(attach schedule)		<u> </u>			
24	Benefits paid to or for members	1				
	(attach schedule)					
25a	Compensation of current officers	1				
	directors, key employees, etc. listed in					
	Part V-A	25a	530,426.	274,032.	226,643.	29,751.
b	Compensation of former officers.					
	directors, key employees, etc listed in					
	Part V-B	25t				
С	C Compensation and other distributions, not includ-					
	ed above, to disqualified persons (as defined under section 4958(f)(1)) and persons described					
	in section 4958(c)(3)(B)	I ~ -	:			
26	Salaries and wages of employees not					
	included on lines 25a, b, and c	26	5,042,503.	3,443,577.	405,934.	1,192,992.
27	Pension plan contributions not	:				
	included on lines 25a, b, and c	27	153,843.	153,843.	NONE	NONE
28	Employee benefits not included or					
	lines 25a - 27	28	578,895.	217,752	110,961.	250,182.
29	Payroll taxes		396,767.	396,767.	NONE	NONE
30	Professional fundraising fees	30	142,106.	NONE	NONE	142,106.
	Accounting fees			NONE	67,055.	NONE
32	Legal fees	32		18,825.	37,928.	NONE
33	Supplies	33			7,245.	7,749.
34	Telephone	34	310,217.		38,582.	46,865.
	Postage and shipping			1	19,553.	448,008.
	Occupancy		884,265.	553,748.	149,922.	180,595.
37	Equipment rental and maintenance	37	120,526.	75,981.	20,199.	24,346.
	Printing and publications			1,548,682.	8.	659,631.
	Travel		739,539.	660,987.	36,087.	42,465.
40	Conferences, conventions, and meetings		227,323.	223,925.	989.	2,409.
41			160,349.	132.	160,217.	NONE
			STMT 1 262,320.	163,751.	44,711.	53,858.
	•		202,320.	103,731.		
	STMT_9	· I	2,633,642.	1,797,938.	474,142.	361,562.
b			<del>                                     </del>	1,757,550.	7/7/172.	301,302.
c			<del></del>			
d			<del></del>			<del></del>
e			<del></del>			
f					<del></del>	<del></del>
•		- 431 43g				
g 44	Total functional expenses. Add lines 22					
	through 43g (Organizations completing	a				
	columns (B)-(D), carry these totals to lines	3	1.5555			
	13-15)	.   44	16,866,944.	11,624,249.	1,800,176.	3,442,519.
	nt Costs. Check ▶ X if you are folk			•• ••	_	
	any joint costs from a combined educationa					. — —
	'es," enter (i) the aggregate amount of these					
(III) t	the amount allocated to Management and g	eneral :	NON:	$_{ m E}$ , and (iv) the amount all	ocated to Fundraising \$	1,542,910.
JSA						Form <b>990</b> (2007)

3,497,998.

11,624,249. Form 990 (2007)

P	art III Statement of Program Service Accomplishments (See the Instructions )		
pa on	rm 990 is available for public inspection and, for some people, serves as the primary or sole source rticular organization. How the public perceives an organization in such cases may be determined by the its return. Therefore, please make sure the return is complete and accurate and fully describes, in Fograms and accomplishments.	he	information presented
W	hat is the organization's primary exempt purpose? ▶SEE STATEMENT 10	ı	Program Service
	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	er	Expenses (Required for 501(c)(3) and
	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)		(4) orgs, and 4947(a)(1)
org	panizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others	)	trusts, but optional for others)
a	RESTORE SUSTAINABLE AMERICAN FISHERIES: TO REFORM FISHERY		
	MANAGEMENT IN THE U.S. TO EMPLOY ECOSYSTEM-BASED MANAGEMENT	]	
	AS THE FRAMEWORK FOR FISHERIES POLICY AND TO MAKE LONG-TERM		
	SUSTAINABILITY THE PRIORITY FOR FISHING.	ì	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶		2,246,596.
b	PROTECT MARINE WILDLIFE: THE GOAL OF THE OCEAN CONSERVANCY	1	
	IS TO REDUCE AND ELIMINATE BYCATCH TO PREVENT THE		
	EXTINCTION AND ENSURE THE RECOVERY OF MANY SPECIES OF	- 1	
	MARINE ANIMALS.		
		ı	
		_	
	(Grants and allocations \$ 6,738. ) If this amount includes foreign grants, check here ▶	$\Box$	2,164,605.
C	CITIZEN OUTREACH, POLLUTION PREVENTION AND MONITORING:	-	
	THROUGH THIS PROGRAM, THE OCEAN CONSERVANCY CONDUCTS	- [	
	OUTREACH AND POLLUTION PREVENTION AND MONITORING PROJECTS		
	FOR CITIZENS.		
		_	
	(Grants and allocations \$ 3,641. ) If this amount includes foreign grants, check here ▶	Щ	2,437,445.
d	REFORM GOVERNMENT FOR BETTER OCEAN STEWARDSHIP: THIS	ł	
	PROGRAM CODIFIES NATIONAL AND STATE POLICIES THAT EMPHASIZE	]	
	CONSERVATION AND RESTORATION OF OCEAN ECOSYSTEMS, AS WELL		
	AS GREATER PUBLIC PARTICIPATION IN MANAGING THESE PUBLIC	ł	
	TRUST_RESOURCES.	Ì	
		_	
	(Grants and allocations \$ 84,500. ) If this amount includes foreign grants, check here ▶	Щ	1,277,605.
е	Other program services (attach schedule) SEE STATEMENT 11	_	
	(Grants and allocations \$ 614,128. ) If this amount includes foreign grants, check here ▶		3,497,998.

f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . . .

<b>F</b>	art IV		23-7243132		
_		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	7,567	45	7,690
	46	Savings and temporary cash investments	895,327		49,802
		Accounts receivable			
	b	Less allowance for doubtful accounts 47b	32,939	47c	20,994
	l			-	
		Pledges receivable			
		Less: allowance for doubtful accounts	752,476.		5,951,922
	50-	Grants receivable	84,781.	49	157,146
	Jua	key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section		30a	·
	-	4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach	-		
ets		schedule)			
Assets	Ь	Less allowance for doubtful accounts 51b		51c	
•	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	142,950.	53	113,401
		Investments - publicly-traded securities ▶ Cost X FMV	14,789,334.		10,956,603
	_ b	Investments - other securities (attach schedule)   Cost X FMV	1,154,684.	54b	1,944,913
	oba	Investments - land, buildings, and equipment basis	STMT 12	,	
	h	Less accumulated depreciation (attach			
		schedule)		55c	
	56	Investments - other (attach schedule)	•	56	· <del>-</del> · · · · · · · · · · · · · · · · · · ·
	57a	Land, buildings, and equipment basis STMT 1 57a 1,706,350.		12.2	
	b	Less accumulated depreciation (attach		4 3 00 2	
		schedule)	434,267.		459,316
	58	Other assets, including program-related investments			
		(describe ► STMT 13)	696,091.		530,589
	59	Total assets (must equal line 74) Add lines 45 through 58	18,990,416.		20,192,376
	60 61	Accounts payable and accrued expenses	796,252.		1,312,641
	62	Grants payable		61	117 106
w		Loans from officers, directors, trustees, and key employees (attach	NONE	02	117,196
ij	• •	schedule)		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)		64a	
Ë	b	Mortgages and other notes payable (attach schedule) STMT. 14	2,786,917.		3,895,829
		Other liabilities (describe ►	796,818.		810,720
					-
	66	Total liabilities. Add lines 60 through 65	4,379,987.	66	6,136,386
		nizations that follow SFAS 117, check here ► X and complete lines		3,	
S	l	67 through 69 and lines 73 and 74 Unrestricted	0 600 051		0 756 467
Se		Unrestricted	8,688,251.		3,756,467.
alaı	69	Permanently restricted	4,372,783. 1,549,395.		8,750,128. 1,549,395.
œ To		nizations that do not follow SFAS 117, check here		-03	1,349,393.
Ē		complete lines 70 through 74.			
or F	70	Capital stock, trust principal, or current funds		70	
ts (	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Net Assets or Fund Balances	72	Retained earnings, endowment, accumulated income, or other funds		72	
يز اي		Total net assets or fund balances. Add lines 67 through 69 or lines			
ž		70 through 72. (Column (A) must equal line 19 and column (B) must			
ĺ		equal line 21)	14,610,429.		14,055,990.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	18,990,416.	74	20,192,376.

Pa	art IV-A Reconcili Instruction	ation of Revenue per Audited Fi vs.)	nancial Statemer	nts With Reve	nue per Returr	ı (Se	e the
<u>-</u>	Total revenue, gains,	and other support per audited financ	al statements			а	16,242,131.
b	Amounts included on	line a but not on Part I, line 12					
1		on investments		Б1 -	-2,775,867.		
2	_	d use of facilities		1 1	13,213.	.	
3		ear grants		1 1			
4							
		b4				b	-2,762,654.
С	Subtract line b from I	ine <b>a</b>				С	19,004,785.
d	Amounts included on	Part I, line 12, but not on line a:					
1	Investment expenses	not included on Part I, line 6b		d1			
2	Other (specify) SE	CE STATEMENT 16					
				d2	-13,427.	<i>~</i>	
	Add lines d1 and d2					d _	<u>-13,427.</u>
е	Total revenue (Part I	, line 12) Add lines c and d	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> ▶</u>	е	18,991,358.
Pá		ation of Expenses per Audited F				rn	
а	Total expenses and le	osses per audited financial statements				_a	16,893,584.
b	Amounts included on	line a but not on Part I, line 17		1 1	[		
1		d use of facilities			13,213.		
2	Prior year adjustmen	ts reported on Part I, line 20		b2			
3	Losses reported on F	Part I, line 20		b3		-	
4	Other (specify) SE	E_STATEMENT_17				-	
				<u>[b4]</u>	13,427.	.	
		b4				<u>b</u> _	26,640.
С		ıne <b>a</b>				C	16,866,944.
d		Part I, line 17, but not on line a:		اما	İ	۶.۶	
1		not included on Part I, line 6b					
2	• • • • • •			امدا		İ	
						d	
e	Total expenses (Part	I, line 17). Add lines <b>c</b> and <b>d</b> · · · · ·				e	16,866,944.
P	rt V-A Current Of	ficers, Directors, Trustees, and	Key Employees (	List each perso	on who was an o	fficer	
		oyee at any time during the year even	• • •	•			,,,
			(B)	(C) Compensation	(D) Contributions to e	mployee	(E) Expense account
	(A)	Name and address	Title and average hours per week devoted to position	(If not paid, ento	er benefit plans & de compensation pl		and other allowances
SE	E STATEMENT 18		1	508,47	3. 21,	953	NONE
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Pai	V-A Current Officers, Directors, Trustees, and Ki	ey Employees (con	itinuea)			Yes	NO
75a	Enter the total number of officers, directors, and trustee meetings	s permitted to vote	on organization · · · · · · ▶	business at board			
b	Are any officers, directors, trustees, or key employees I employees listed in Schedule A, Part I, or highest contractors listed in Schedule A, Part II-A or II-B, relationships? If "Yes," attach a statement that identifies the	compensated prof	essional and d ther through fa	ther independent amily or business	754		
	•	•	•	,	75b	<b> </b>	X
С	Do any officers, directors, trustees, or key employees compensated employees listed in Schedule A, Part independent contractors listed in Schedule A, Part	I, or highest comp II-A or II-B, receive	pensated profes	ssional and other of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state			
	organizations, whether tax exempt or taxable, that are the definition of "related organization"	related to the orga	inization? See ti	ne instructions for	75c		Х
	If "Yes," attach a statement that includes the information	described in the instr	uctions.				
d	Does the organization have a written conflict of interest po	olicy?	<u> </u>	<u></u> . <u></u> .	75d	Х	
Par	tV-B Former Officers, Directors, Trustees, and K (If any former officer, director, trustee, or key empthe year, list that person below and enter the amount instructions.)	ployee received comp	pensation or oth	er benefits (describe	ed bel	low) d	lurina
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	) Expension and lowance	other
		_ -0-	-0-	-0-	-0-		
	<del></del>				<u> </u>		
		-					
					<u> </u>		
			<del></del>	-			
				· · · · · · · · · · · · · · · · · · ·	<u> </u>		
		-					
		1					
Pai	t VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or	methods of conduc	cting activities?	If "Yes " attach a	\ <sup>3</sup>		
	detailed statement of each change				76		X
77	Were any changes made in the organizing or governing d	locuments but not rep	orted to the IRS	?	77	<b></b>	X
	If "Yes," attach a conformed copy of the changes.						
78a	Did the organization have unrelated business gross inc	ome of \$1,000 or i	more during the	year covered by	700		
h	this return?	• • • • • • • • • • • • • • • • • • • •			78a 78b	N/	X
					7 8 1	1 1	
79	Was there a liquidation, dissolution, termination, or sub- a statement				79		X
80a	Is the organization related (other than by association v common membership, governing bodies, trustees, o	vith a statewide or	nationwide org	anization) through			
	organization?		·		80a		X
b	If "Yes," enter the name of the organization ▶		·- <del></del> - <del></del>				
81a	Enter direct and indirect political expenditures. (See line 8	and check whether	eritis Llexemi	ot or I nonexempt NONE		, 1	
	Did the organization file Form 1120-POL for this year?	•			81b		X

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Part VI Other Information (continued)		Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
or at substantially less than fair rental value?	82a	<u> X</u>	<u> </u>
b If "Yes," you may indicate the value of these items here. Do not include this amount			
as revenue in Part I or as an expense in Part II (See instructions in Part III)	]		ĺ
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	_X_	<u> </u>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	ļ
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/	<u> </u>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or	`	• '	
gifts were not tax deductible?	84b	N/	<u>A</u>
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	N/	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	<u>A</u>
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
received a waiver for proxy tax owed for the prior year			]
c Dues, assessments, and similar amounts from members 85c N/A			
d Section 162(e) lobbying and political expenditures	ļ ļ	-	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		٠	L
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	<u>A</u>
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	23 *		Γ,
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12			
b Gross receipts, included on line 12, for public use of club facilities			
87 501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A  b Gross income from other sources (Do not net amounts due or paid to other	-		٠,
sources against amounts due or received from them)  87b N/A  88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		٠	,
partnership, or an entity disregarded as separate from the organization under Regulations sections		,	
301 7701-2 and 301 7701-37 If "Yes," complete Part IX	88a	X	-
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	000		
meaning of section 512(b)(13)? If "Yes," complete Part XI	88ь		х
89 a 501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under	000	1	, "
section 4911 ► NONE , section 4912 ► NONE , section 4955 ► NONE	`		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	١,,	3	
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	•		, "
a statement explaining each transaction	89Ь		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
sections 4912, 4955, and 4958 ► NONE			1
d Enter Amount of tax on line 89c, above, reimbursed by the organization			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
transaction?	89e	_	Х
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		x
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			١,
supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
at any time during the year?	89g		Х
90 a List the states with which a copy of this return is filed ▶ SEE STATEMENT 22			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions )	90b	78	
91 a The books are in care of ► KEN DONALDSON Telephone no ► 202-42	<u>9-56</u>	09	
Located at ▶ 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC ZIP+4 ▶ 20036			
			r
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
If "Yes," enter the name of the foreign country ▶	′	,	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1
and Financial Accounts	٠,		,

Form, 990 (2007)			23-	-7245152	Page	8
Part VI Other Information (continu	ued)				Yes No	0
c At any time during the calendar year	, did the organ	ization mainta	ain an office outside	of the United States?	91c X	_
If "Yes," enter the name of the foreig				• •		_
92 Section 4947(a)(1) nonexempt char		ng Form 990 ıı	n lieu of Form 1041 -	Check here		٦
and enter the amount of tax-exempt	interest receiv	ed or accrue	d during the tax year	▶   92	N/A	_
Part VII Analysis of Income-Produ	cing Activitie	s (See the ii	nstructions )			_
Note: Enter gross amounts unless otherwise	Unrelat	ed business inc	come Excluded by	section 512, 513, or 514	(E)	
undicated	(A)	(B)	(C)	(D)	Related or exempt function	
93 Program service revenue	Business code	Amount	Exclusion code	Amount	income	
a PROGRAM SERVICE REVENUE					14,000	_ ე
b PUBLICATION SALES					2,994	
с						
d						_
е						_
f Medicare/Medicaid payments						
g Fees and contracts from government agencies	· · · · · · · · · · · · · · · · · · ·	<del></del>				_
94 Membership dues and assessments						_
95 Interest on savings and temporary cash investments			14	18,244.		
96 Dividends and interest from securities			14	609,680.		
97 Net rental income or (loss) from real estate	e -	Ţ	١,		, ;	_
a debt-financed property						Ť
b not debt-financed property						
98 Net rental income or (loss) from personal property						
99 Other investment income						
100 Gain or (loss) from sales of assets other than inventory			18	-197,769.		
101 Net income or (loss) from special events			01	21,085.		
102 Gross profit or (loss) from sales of inventory		_				
103 Other revenue a					<del></del>	
b ROYALTIES			15	22,715.		
c LIST RENTAL			13	28,939.		_
d OTHER INCOME			01	3,936.		
e						
104 Subtotal (add columns (B), (D), and (E)).	. [			506,830.	16,994	1
105 Total (add line 104, columns (B), (D), and	(E))			· · · · · · • • · · · · · · · · · · · ·	523,824	1 .
Note: Line 105 plus line 1e, Part I, should equal						
Part VIII Relationship of Activities	to the Accon	nplishment	of Exempt Purpose	es (See the instruction	ns.)	
Line No. Explain how each activity for w				entributed importantly to t	the accomplishment of th	ne
organization's exempt purposes (	other than by pro	viding funds fo	r such purposes)	· · · · · · · · · · · · · · · · · · ·		_
STMT 23						
			·			
	<del></del>					_
Part IX Information Regarding Tax	cable Subsidi		<del></del>	s (See the instruction	s.)	_
(A) Name, address, and EIN of corporation,		(B) Percentage of	(C) Nature of activities	(D) Total income	(E) End-of-year	
partnership, or disregarded entity	01	wnership interest	Tradule of activities	Total income	assets	_
STMT 24		%		NONE	7,090	<u>)</u>
		%		<del> </del>	<del> </del>	_
		%			<u> </u>	_
		%			<u> </u>	
Part X Information Regarding Tra					<del></del>	
(a) Did the organization, during the year, rece				•	·H H	
(b) Did the organization, during the year				ersonal benefit contrac	t?  Yes  X No	0
Note: If "Yes" to (b), file Form 8870 and F	orm 4720 (see	instructions).				

Part	XI	Information Regardic controlling organization	ing Transfers To and Fro ion as defined in section 53	m Controlled Entities. Co 12(b)(13).	omplete only if the orgai	nization	is a
106			tion make any transfers to a e the schedule below for each		n section 512(b)(13) of	Yes	No X
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tra	nsfer	1-2-
а							
b							
С							
		Totals	A			<del></del>	
107			on receive any transfers from "Yes," complete the schedule			Yes	No X
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tra	nsfer	1_21
а							
b							
С							
		Totals					
108		ts, royalties, and annuiti	a binding written contract in ef es described in question 107 a declare that I have examined this ret	above?		Yes	No X
Plea Sign Here	1	and belief, it is tore, correct	, and complete Declaration of prepa	rer (other than officer) is based on a	II information of which preparer has 5-15-09		
	_	Type or print name and	LE V. Amo	<i>N</i>			
Paid Prepa	arer's	Preparer's signature	2	Date Check if self- employed ▶	Preparer's SSN or PTIN (So	e Gen I	nst X)
Use (	Only	Firm's name (or yours if self-employed), address, and ZIP + 4	ARGY, WILTSE & ROBI 8405 GREENSBORO DRI	VE, 7TH FLOOR	Phone no ► 703-893	<u>-0600</u>	
			MCLEAN, VA	22102	For	m 990	(2007)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)** 

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Supplementary Information - (See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OCEAN CONSERVANCY 23-7245152 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances SEE STATEMENT 25 Total number of other employees paid over \$50,000 . . ▶ 39 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation SEE STATEMENT 26 Total number of others receiving over \$50,000 for professional services . . . . . . . . . . . . . . . . . . ▶ Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation SEE STATEMENT 27 Total number of other contractors receiving over \$50,000 for other services

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

Schedule A (Form 990 or 990-EZ) 2007

Pa	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 1	x	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	<u> </u>	x
b	Lending of money or other extension of credit?		x
c	Furnishing of goods, services, or facilities?		<u>x</u>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?FORM .990, . PART. IV .	x	
e	Transfer of any part of its income or assets?	-	x
3a	Did the organization make grants for scholarships, fellowships, student loans etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		_x_
b	Did the organization have a section 403(b) annuity plan for its employees?	x	
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<u>x</u>
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		X X
С	Did the organization make a distribution to a donor, donor advisor, or related person?		х
d	Enter the total number or donor advised funds owned at the end of the tax year		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		

Part IV	Reason for Non-Private Fo	undation Statu	<b>is</b> (See pages 4 thr	ough 8 of th	e instructions	)
certify that	the organization is not a private foundat	ion because it is (Ple	ease check only ONE app	licable box.)		
5	church, convention of churches, or ass	sociation of churches	Section 170(b)(1)(A)(i)			
6 A	school Section 170(b)(1)(A)(ii) (Also o	omplete Part V)				
7	hospital or a cooperative hospital service	ce organization Sect	ion 170(b)(1)(A)(iii)			
8	s federal, state, or local government or g	governmental unit Se	ction 170(b)(1)(A)(v)			
	nd state ▶		with a hospital Section	on 170(b)(1)(A	(III) Enter the	hospital's name, city
	on organization operated for the benef Also complete the Support Schedule in F		niversity owned or opei	rated by a gov	vernmental unit	Section 170(b)(1)(A)(iv
	on organization that normally receives 70(b)(1)(A)(vi) (Also complete the Supp			overnmental u	nit or from the	general public Section
11b A	community trust Section 170(b)(1)(A)(	(vi) (Also complete th	e Support Schedule in F	Part IV-A)		
a Ir	in organization that normally receives. (1 ctivities related to its charitable, etc., furestment income and unrelated busines 975. See section 509(a)(2). (Also complete)	inctions - subject to ss taxable income (le	certain exceptions, and ss section 511 tax) from	(2) no more t	han 33 1/3% of	f its support from gross
	n organization that is not controlled aquirements of section 509(a)(3) Check t				managers) and	otherwise mocts the
[	Type II	Type III - Fu	nctionally Integrated	Type III -	Other	
-	Provide the following information	about the supported	l organizations. (See pag	e 8 of the instri	uctions)	
Name	(a) e(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	is the s organizat the su organi	d) upported ion listed in pporting zation's documents?	(e) Amount of support
				Yes	No	
		<u> </u>				
otal						
4 An	organization organized and operated to	test for public safet	y Section 509(a)(4) (See	e page 8 of the i	nstructions)	

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do					
	not include unusual grants See line 28 )	16,041,532.	13,892,229.	12,174,146.	4,903,493.	47,011,400.
16	Membership fees received					
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the	•				
	organization's charitable, etc., purpose	46,316.	165,361.	123,541.	22,308.	357,526.
18		10,010	2337332.	120,012.		337,320.
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, income					
	from similar sources, and unrelated business					
	taxable income (less section 511 taxes) from					
	businesses acquired by the organization after June 30, 1975	666 615	724 524	210 000	05 400	1 707 750
19	Net income from unrelated business activities	666,615.	724,534.	310,988.	85,422.	1,787,559.
	not included in line 18					
20						
~ ~	and either paid to it or expended on its					
	·					
	behalf					
21	The value of services or facilities furnished to					
	the organization by a governmental unit					
	without charge Do not include the value of					
	services or facilities generally furnished to the					
	public without charge				· · · · · · · · · · · · · · · · · · ·	
22	Other income Attach a schedule Do not	STMT 28				
	include gain or (loss) from sale of capital assets	98,085.	92,399.			423,341.
	Total of lines 15 through 22					49,579,826.
	Line 23 minus line 17					49,222,300.
25	Enter 1% of line 23					
	Organizations described on lines 10 or 11: a					984,446.
b	Prepare a list for your records to show the r				lλ	transmit,
	governmental unit or publicly supported organi	•	-	•	-/	·
	amount shown in line 26a Do not file this li-	•	n. Enter the total	of all these excess	amounts 🕨 26b	7,735,840.
	Total support for section 509(a)(1) test Enter line 24				▶ 26c	49,222,300.
d	Add Amounts from column (e) for lines 18				<i>i</i>	×1
				<u>840.</u>		9,946,740.
е	Public support (line 26c minus line 26d total)				▶ <u>26e</u>	39,275,560.
f	Public support percentage (line 26e (numerator) d	livided by line 26c (d	enominator))		▶ 26f	79.7922 %
27	Organizations described on line 12: a For person," prepare a list for your records to sho	amounts included	I in lines 15, 1	6, and 17 that	were received from	om a "disqualified
	Do not file this list with your return. Enter the sum			received in each	year nom, each c	iisquaimed person
	NOT APPLICABLE					
	(2006) (2005)		(2004)		(2003)	
b	For any amount included in line 17 that was re-	eceived from each	person (other than	"disqualified person	s"), prepare a list	for your records to
	show the name of, and amount received for each	year, that was mo	ore than the larger	of (1) the amount	on line 25 for the	year or (2) \$5,000
	(Include in the list organizations described in line the difference between the amount received an					
	amounts) for each year	a tito largor amou		or (2), critor the	Sam of these diffe	icioco (tric execco
	(2006) (2005)		(2004)		(2003)	
С	Add Amounts from column (e) for lines 15	16	3			
	Add Amounts from column (e) for lines 15 20	2	<u> </u>		27c	
d	Add Line 27a total	and line 27b total			27d	
e	Public support (line 27c total minus line 27d total).		· <del> </del>	· · · · · · · · · · · · · · · · ·	270	
f	Total support for section 509(a)(2) test Enter amount	nt from line 23 colum	n (e)	▶ 27f	/ 0.	Sept. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
a	Public support percentage (line 27e (numerator) d	ivided by line 27f /de	nominator))	- [4:1]	270	% · · · · · · · · · · · · · · · · · · ·
_	Investment income percentage (line 18, column (e					
	Unusual Grants: For an organization described					
	prepare a list for your records to show, for	each year, the na	me of the contrib	utor, the date and	amount of the	grant, and a brief
	description of the nature of the grant Do not file this					

Pai	Private School Questionnaire (See page 9 of the instructions.)  NOT APPLIC	CABL	3	
29	(To be completed ONLY by schools that checked the box on line 6 in Part IV)  Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yas	No
23		29	103	110
30	other governing instrument, or in a resolution of its governing body?  Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,		1	
	programs, and scholarships?	30		-
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		İ		l
		. ,		
32	Does the organization maintain the following:		٠ ٠٠٠٠ ،	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		ļ
Ŋ	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	320		-
_	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
				, ·
33	Does the organization discriminate by race in any way with respect to:		`~ .	
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
	Control of the financial assistance	000		
е	Educational policies?	33e		
f	Use of facilities?	33f		
~	Athletic programs?	00.		
9	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	٠	i	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
	Describes accomplished to the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the district of the			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial pandiscrimination? If "No." attach an explanation	3.5		

4,766

	•					
Sch	hedule A (Form 990 or 990-EZ) 2007			23-72	45152	Page 6
Pa	art VI-A Lobbying Expenditures by Electing Public Chari	ties (Se	ee pa			
	(To be completed ONLY by an eligible organizat	ion that	filed	Form 5768	3)	
Ch	neck ▶ a lif the organization belongs to an affiliated group Check	<b>( ▶</b> b		ıf you checke	d "a" and "limited co	ntrol" provisions apply
	Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or in	curred)			(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroom	ots lobby	ying)	36		5,665
37		ct lobbyin	ng)	37		12,303
38						17,968
39	Other exempt purpose expenditures			39		
40				40		17,968
41	Lobbying nontaxable amount. Enter the amount from the follows	ng table	-		,	
	If the amount on line 40 is - The lobbying nontaxable	amount	is -		,	
	Not over \$500,000				,	-

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

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 42 Grassroots nontaxable amount (enter 25% of line 41)

43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36

44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

#### 4-Year Averaging Period Under Section 501(h)

42

43

44

(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 45 through 50 on page 13 of the instructions )

			Lobbying Expenditur	es During 4-Year	Averaging Period	
	Caiendar year (or tiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount	3,594.	936,289.	811,434.	826,501.	2,577,818.
46	Lobbying ceiling amount (150% of line 45(e))			*.		3,866,727.
<u>47</u>	Total lobbying expenditures	12,303.	173,622.	196,299.	23,337.	405,561.
<u>48</u>	Grassroots nontaxable amount	899.	234,072.	202,859.	206,625.	644,455.
<u>49</u>	Grassroots ceiling amount (150% of line 48(e))	, '¿^	, , ,			966,683.
50	Grassroots lobbying expenditures	5,665.	139,994.	31,135.	1,337.	<u> 178,131.</u>

**Lobbying Activity by Nonelecting Public Charities** Part VI-B

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

	ing the year, did the organization attempt to influence national, state or local legislation, including any	Yes	No	Amount
atte	mpt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers			X
b	Paid staff or management (Include compensation in expenses reported on lines c through h)			
C	Media advertisements			·
d	Mailings to members, legislators, or the public			
е	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
	Direct contact with legislators, their staffs, government officials, or a legislative body			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h.).			
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying act			

## Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51				owing with any other organization describe n 527, relating to political organizations?	d in sec	tion
а		•	ation to a noncharitable exempt organiz		Yes	No
•						X
	(ii) Othe	' raccote		a(i		
	Other tran			· · · · · · · · · · · · · · · · · · ·	<del></del>	X
D			with a panaharitable average areasystem			
	(i) Sale	s or exchanges or assets v	with a noncharitable exempt organization	b(		<u> X</u>
	(II) Purc	hases of assets from a noi	ncharitable exempt organization	<u>_b(i</u>	$\neg$	X
	(iii) Rent	al of facilities, equipment, o	or other assets		<u>i)                                    </u>	X
	(iv) Reim	nbursement arrangements			<u>/</u>	X
	(v) Loar	ns or loan guarantees			)	X
	(vi) Perfe	ormance of services or me	mbership or fundraising solicitations	b(v	i)	Х
С	Sharing of	f facilities, equipment, maili	ing lists, other assets, or paid employee	sc		Х
				column (b) should always show the fair mark	et value	of the
				organization received less than fair market		
	transaction	or sharing arrangement, show	in column (d) the value of the goods, other	assets, or services received		
	(a)	(b)	(c)	(d)		
	Line no	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and shaning	апапаете	ents
				<del></del>		
	N/A					
	-					
_						
						•
	<del></del>					
		L				
52a	_		tly affiliated with, or related to, one or		_	_
			ode (other than section 501(c)(3)) or ir	n section 527?	∕es <u>∑</u>	∐ No
t		complete the following sche	edule:			
		(a)	(b)	(c)		
	Nar	ne of organization	Type of organization	Description of relationship		
	_					
				<del></del>		
	N/A					
_						
				<del></del>		
—	<del></del>					
	_	<del></del>		<u> </u>		
—		<del></del>				
—						
—		<del></del>	<u> </u>			

#### FORM 990 - GENERAL EXPLANATION ATTACHMENT

GENERAL EXPLANATION ATTACHMENT #1 FORM 990 - DEPRECIATION (LINE 42) AND FIXED ASSETS (LINE 57)

COMPUTER EQUIPMENT \$ 1,284,909 FURNITURE AND FIXTURES 196,519 LEASEHOLD IMPROVEMENTS 47,075 INTELLECTUAL PROPERTY 177,846 EQUALS: TOTAL FIXED ASSETS

1,706,349 LESS: ACCUMULATED DEPRECIATION (1,247,034)

EQUALS: NET PROPERTY AND EQUIPMENT 459,315

CURRENT YEAR DEPRECIATION AND AMORTIZATION EXPENSE: 262,320

#### FORM 990 - GENERAL EXPLANATION ATTACHMENT

GENERAL EXPLANATION ATTACHMENT #2 PART I, LINE 8 - GAIN OR (LOSS) ON SALE OF ASSETS OTHER THAN INVENTORY

#### SECURITIES:

PROCEEDS FROM SALE	E OF PUBLIC SECURITIES	\$ 1,362,074
LESS: BASIS		(1,559,843)
NET GAIN OR (LOSS)	ON SALE OF PUBLIC SECURITIES	(\$197,769)

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DIRECT NET EXPENSES INCOME	13,427. 21,085. 13,427. 21,085. ====================================	
GROSS REVENUE 	34,512.	
DESCRIPTION	ICC AWARENESS EVENT TOTALS	

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FORM	990,	PART	Ι	-	OTHER	INCREASES	IN	FUND	BALANCES
=====		=====	===	==	======		=====		

DESCRIPTION AMOUNT

PRIOR YEAR AUDIT ADJUSTMENT 291,000.

LATOT 291,000.

FORM	990,	PART	I	-	OTHER	DECREASES	IN	FUND	BALANCES
=====	=====	=====	===	===	======		====		

DESCRIPTION		AMOUNT 
UNREALIZED LOSSES ON MARKETABLE SECURITIES LOSS ON UNCOLLECTIBLE PROMISES		2,775,867. 193,986.
	TOTAL	2,969,853.

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S AND ALLOCATIONS
AND
OTHER GRANTS
OTHER
1
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PART II
990,
FORM

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID ====================================	NONE	CONSERVING SPECIAL OCEAN PLACES GRANT	10,500.
KEEP HILLSBOROUGH COUNTY P.O. BOX 273248 TAMPA, FL 33688	NONE	COASTAL CLEAN-UP	2,500.
	NONE	COASTAL CLEAN-UP	641.
MARINE FISH CONSERVATION 600 PENNSYLVANIA AVE SE #210 WASHINGTON, DC 20003	NONE	OCEAN GOVERNANCE	500.
CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON, MA 02210-1016	NONE	OCEAN GOVERNANCE	46,000.
MASSACHUSETTS AUDUBON 6 BEACON STREET SUITE 1025 BOSTON, MA 02108	NONE	OCEAN GOVERNANCE	38,000.

1,000.

1,000.

5,220.

400.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WIDECAST 135 DUKE MARINE LAB ROAD BEUFORT, NC 28516-9721	NONE	MARINE WILDLIFE GRANT	1,000.
ASSOCIACION SALVEMOS LAS TORTUGAS P.O. BOX 738 OCCIDENTAL, CA 95465	NONE	MARINE WILDLIFE GRANT	1,000.
THE OCEAN FOUNDATION 1990 M STREET NW SUITE 250 WASHINGTON, DC 20036	NONE	MARINE WILDLIFE GRANT	5,220.
UCF MARINE TURTLE RESEARCH GROUP 3865 S A1A MELBOURNE BEACH, FL 32951	NONE	MARINE WILDLIFE GRANT	400.
PRO PENINSULA P.O. BOX 3953 SAN DIEGO, CA 92163	NONE	CONSERVING SPECIAL OCEAN PLACES GRANT	10,000.
NO98/YES99 591 REDWOOD HIGHWAY NO 4000 MILL VALLEY, CA 94941	NONE	OCEAN GOVERNANCE GRANT	5,000.
WOODS HOLE OCEANOGRAPHIC INSTITUTION MS #22 WOODS HOLE, MA 02543	NONE	CORAL REEF PRESERVATION	29,465.

29,465.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SMITHSONIAN INSTITUTE 1100 JEFFERSON DR SW #3123 WASHINGTON, DC 20560-0705	NONE	COMMUNICATIONS, MARKETING & PUBLICATIONS	500,000.
STANFORD UNIVERSITY 120 OCEAN VIEW BLVD PACIFIC GROVE, CA 93950	NONE	CORAL REEF PRESERVATION	14,901.
UNIVERSITY OF HAWAII TECH 2525 CORREA RD HIG237 HONOLULU, HI 96822	NONE	CORAL REEF PRESERVATION	14,150.
UNIVERSITY OF FLORIDA 219 GRINTER HALL PO BOX #115500 GAINESVILLE, FL 32611-5500	NONE	CORAL REEF PRESERVATION	14,730.
UNIVERSITY OF MAINE - UPEAST FOUNDATION 193 CLARK'S COVE ROAD WALPOLE, ME 04573	NONE	CORAL REEF PRESERVATION	15,000.

TOTAL CONTRIBUTIONS PAID

709,007.

STATEMENT 8

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	DESCRIPTION TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
OTHER PROF. FEES/CONSULTANTS DUES & SUBSCRIPTIONS	1,755,221.	1,319,428. 51,361.	299,918.	135,875
INSURANCE LIST RENTALS	59,724. 166,108.	35,842. NONE	12,094. NONE	11,788
ADVERTISING EXPENSE COMPUTER EXPENSE	122,892.	90,948.	2,419.	, ω i m α
MISCELLANEOUS EXPENSES	14,054.	2,926.	.000,6	2 4.
OTHER MATERIALS/ INCENTIVES	20,311.	15,835.	2,265.	2,211
TAXES & LICENSES	-30,421.	2,944.	-33,617.	252
TEMPORARY HELP	94,908.	57,436.	26,722.	10,750
BANK FEES	158,21	21,21		1,217
TOTALS	١ .	1,797,938.	474,142.	361,562

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#### FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE \_\_\_\_\_\_\_

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.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION 

CONSERVE SPECIAL OCEAN PLACES COMMUNICATIONS, MARKETING AND PUBLICATIONS

TOTALS

EXPENSES	1,557,928.	3,497,998
GRANTS AND ALLOCATIONS	104,128.	614,128

#### FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
STATE & LOCAL GOV'T OBLIGATION ALTERNATIVE INVESTMENTS	256,142. 1,688,771.	FMV FMV
TOTALS	1,944,913.	

#### FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
DEPOSITS	205,307.
CHARITABLE REMAINDER TRUST RECEIVABLE BUILDING RESERVES	281,041.
& ESCROWS	6,014.
OTHER ASSETS	3,227. 35,000.
TOTALS	530,589.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE 

LENDER: BANK OF AMERICA TERM LOAN

ORIGINAL AMOUNT: 3,000,000.

INTEREST RATE: 5.590000 DATE OF NOTE: 02/01/2006

MATURITY DATE: 02/10/2021 REPAYMENT TERMS: 180 MG 180 MONTHLY INSTALLMENTS OF \$24,656

SECURITY PROVIDED: INVESTMENT PORTFOLIO

BEGINNING BALANCE DUE ..... 2,786,917. ENDING BALANCE DUE ..... 2,645,829.

BANK OF AMERICA LINE OF CREDIT LENDER:

ORIGINAL AMOUNT: 1,250,000. INTEREST RATE: 2.880000 DATE OF NOTE: 12/29/2004
MATURITY DATE: 03/31/2009
REPAYMENT TERMS: ON DER

ON DEMAND SECURITY PROVIDED: BANK OF AMERICA INVESTMENT PORTFOLIO

BEGINNING BALANCE DUE ..... NONE

ENDING BALANCE DUE ..... 1,250,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 2,786,917. ==============

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 3,895,829. \_\_\_\_\_\_ OCEAN CONSERVANCY

FORM 990, PART IV - OTHER LIABILITIES

,

DESCRIPTION

ENDING BOOK VALUE

BOOK \

23-7245152

ANNUITY PAYMENT LIABILITY

810,720.

TOTALS

810,720.

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FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS \_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION TRUOMA \_\_\_\_\_ SPECIAL EVENT DIRECT EXPENSES -13,427.\_\_\_\_\_\_ TOTAL -13,427. FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN 

DESCRIPTION **AMOUNT** \_\_\_\_\_ SPECIAL EVENT DIRECT EXPENSES 13,427. TOTAL 13,427.

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FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES 

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
VERONIQUE SPRUILL 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	PRESIDENT & CEO	249,746.	14,223.	NONE
DENNIS KELSO 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	EVP/COO 40.00	183,577.	NONE	NONE
LAWRENCE AMON 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	CFO 24.00	75,150.	7,730.	NONE
CECILY MAJERUS 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	CHAIR 1.15	NONE	NONE	NONE
CURTIS BOHLEN 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	VICE CHAIR 1.15	NONE	NONE	NONE
CHRIS KUEBLER 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	TREASURER 1.15	NON	NONE	NONE
BARBARA PAUL ROBINSON	SECRETARY 1.15	NONE	NONE	NON

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS 	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WASHINGTON, DC 20036 ROBERT N. ALLEN, JR. 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.15	NONE	NONE	NONE
PATRICK B. PURCELL 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.15	NONE	NONE	NONE
PHILIPPE COUSTEAU 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.15	M NON	NONE	NONE
DAVID DOSSETTER 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.15	H N N N	NON	NONE
SYLVIA A. EARLE 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.15	NON	NON	NONE
NICOLE LUSKEY 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036	BOARD MEMBER 1.15	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

BARBARA SWEET 1300 19TH STREET NW, 8TH FLOOR 1.15 WASHINGTON, DC 20036	EXPENSE ACCT AND OTHER ALLOWANCES NONE NONE NONE	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE NONE NONE	COMPENSATION	$\Omega$ I	8TH 8TH 8TH 8TH
	NONE	NONE	NONE	BOARD MEMBER 1.15	DAVID ZACHES 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036
	~	NONE	NONE		8ТН
BOARD MEMBER IT NW, 8TH FLOOR 1.15 20036	z	NONE	NONE		MICHAEL ORBACH 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036
ST NW, 8TH FLOOR 1.15 20036  BOARD MEMBER NONE 31 NW, 8TH FLOOR 1.15	Ż	NONE	NONE		H. EDWARD MUENDEL 1300 19TH STREET NW, 8TH FLOOR WASHINGTON, DC 20036
EDWARD MUENDEL         BOARD MEMBER         NONE           0 19TH STREET NW, BTH FLOOR         1.15           HINGTON, DC 20036         BOARD MEMBER         NONE           HAEL ORBACH         BOARD MEMBER         NONE           PHEN PALUMBI         BOARD MEMBER         NONE           0 19TH STREET NW, BTH FLOOR         1.15           PHEN PALUMBI         BOARD MEMBER         NONE           0 19TH STREET NW, BTH FLOOR         1.15           HINGTON, DC 20036         1.15	Ž	NONE	NONE		8TH
NONE	EXPENSE ACC AND OTHER ALLOWANCES	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	COMPENSATION	S AND AVERAGE HOURS DEVOTED TO POSITION	NAME AND ADDRESS

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NONE	21,953.	508,473.	GRAND TOTALS	
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	11111111111111111111111111111	
ALLOWANCES	BENEFIT PLANS	COMPENSATION	WEEK DEVOTED TO POSITION	NAME AND ADDRESS
AND OTHER	TO EMPLOYEE		TITLE AND AVERAGE HOURS PER	
EXPENSE ACCT	CONTRIBUTIONS			

OCEAN CONSERVANCY 23-7245152

#### FORM 990, PART VI, LINE 90(A) - STATES

#### STATES WITH WHICH A COPY OF THIS RETURN IS FILED

**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

VIRGIINIA

WASHINGTON

WEST VIRGINIA

WISCONSIN

#### FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES \_\_\_\_\_\_

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	UNITED NATIONS ENVIRONMENTAL PROTECTION PROGRAMME EDUCATES THE PUBLIC BY PUBLISHING INFORMATION ABOUT OCEAN
93B	CONSERVATION. SALES OF EDUCATIONAL PUBLICATIONS ON MARINE CONSERVATION ISSUES.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES 

ENDING ASSETS	. 060,7	7,090.
TOTAL INCOME	NONE	日NON
NATURE OF BUSINESS ACTIVITIES	.000000 BUILDING HOLDING ENTITY	
PERCENTAGE OWNERSHIP NUMBER INTEREST	1.000000	TOTAL INCOME
NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	2029 K STREET, LLC 2029 K STREET, NW WASHINGTON, DC 20006 54-2164045	

23-7245152

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

OCEAN CONSERVANCY

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	9,220.	14,410.	5,047.	13,094.	8,069.	49,840.
COMPENSATION	133,442.	124,039.	141,885.	114,979.		668,668.
TITLE AND AVERAGE HOURS PER WEEK. DEVOTED TO POSITION	VP CAMPAIGNS 40.00	VP SUSTAINABILITY 40.00	SVP GOVT AFFAIRS	VP MARINE WILDLIFE 40.00	SVP RESOURCE DEVILOP 40.00	TOTAL COMPENSATION
NAME AND ADDRESS	WARNER CHABOT 1300 19TH STREET, NW WASHINGTON, DC 20036	MARK POWELL 1300 19TH STREET, NW WASHINGTON, DC 20036	LAURA CAPPS 1300 19TH STREET, NW WASHINGTON, DC 20036	VICTORIA CORNISH 1300 19TH STREET, NW WASHINGTON, DC 20036	AMELIA MONTJOY 1300 19TH STREET, NW WASHINGTON, DC 20036	

OCEAN CONSERVANCY 23-7245152

#### .SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
HCI NETWORK SOLUTIONS 27 APPLESEED LANE GAITHERSBURG, MD 20878	IT SUPPORT	111,324.
LAWRENCE J. AMON 470 BIRDSONG PLACE SANIBEL, FL 33957	CONSULTANT	67,600.
SEBA SHEAVLY 3500 VIRGINIA BEACH BLVD SUITE VIRGINIA BEACH, VA 23452	CONSULTANT 212	65,500.
LYNCH ASSOCIATES, LLC 10 LIBERTY SQUARE 5TH FLOOR BOSTON, MA 02109	CONSULTANT	59,000.
ARGY WILTSE & ROBINSON P.C. 8405 GREENSBORO DR SUITE 700 MCLEAN, VA 22102	PUBLIC ACCOUNTING	90,336.
TOTAL	COMPENSATION	393,760.

OCEAN CONSERVANCY 23-7245152

.SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV. 

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
BEACONFIRE CONSULTING 2300 CLARENDON BLVD SUITE 1100 ARLINGTON, VA 22201	SOFTWARE DEVELOPMNT	87,084.
MAL WARWICK & ASSOCIATES 2550 9TH STREET #103 BERKLEY, CA 94710	DIRECT MAIL	142,106.
TOTA I	COMPENSATION	220 100
TOTAL	COMPENSATION	229,190. ========

23-7245152

SCHEDULE A, PART IV-A - OTHER INCOME

TOTAL	423,341.	423,341.
2003	69,254.	69,254.
2004	163,603.	163,603.
2005	92,399	92,399.
2006	. 198, 085	98,085
DESCRIPTION	OTHER INCOME	TOTALS

#### Form **8868**

(Rev April 2008)

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

OMB No 1545-1709

Internal Revenue S			File a separate application for each return		ŀ
		n Automatic 3-Mor	nth Extension, complete only Part I and check this box		x
• 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					
			n of Time. Only submit original (no copies needed).		<del>.</del>
			and requesting an automatic 6-month extension - check the	his box and c	omplete ▶
All other corpo			lers), partnerships, REMICs, and trusts must use Form 7004	to request a	n extension of
one of the ref electronically returns, or a co	turns not f (1) you omposite	ed below (6 mon want the addition or consolidated Fi	an electronically file Form 8868 if you want a 3-month this for a corporation required to file Form 990-T). Howard (not automatic) 3-month extension or (2) you file Form 990-T Instead, you must submit the fully completed thing of this form, visit www.irs gov/efile and click on e-file form.	wever, you rms 990-BL, and signed	cannot file Form 8868 6069, or 8870, group page 2 (Part II) of Form
Type or	Name of	Exempt Organization		Employ	er identification number
print	OCI	AN CONSERVAN	ICY	23-	7245152
File by the	Number,	street, and room or s	suite no. If a P.O. box, see instructions		
due date for filing your	130	00 19TH STREE	T NW, 8TH FLOOR		
return See	City, tow	n or post office, state	e, and ZIP code For a foreign address, see instructions		
instructions	WAS	SHINGTON, DC	20036		
Check type o	f return t	o <b>be filed</b> (file a <u>se</u>	parate application for each return):		
X Form 990	)		Form 990-T (corporation)	Form 4720	
Form 990	-BL		Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227	
Form 990	-EZ	<u> </u>	Form 990-T (trust other than above)	Form 6069	
Form 990-	-PF		Form 1041-A	Form 8870	
If the organ If this is for for the whole g names and EIN I request until	nization do a Group group, che Ns of all n an autom ganization calendar	Return, enter the o eck this box   nembers the extension atic 3-month (6 motors)   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1/2   1	FAX No. ► 202 872-061 fice or place of business in the United States, check this borganization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box ► sion will cover.  On this for a corporation required to file Form 990-T) extens to file the exempt organization return for the organization.	N/A and attaction of time on named at	. If this is ch a list with the pove. The extension is
2 If this tax	year is fo	or less than 12 mor	nths, check reason: Initial return Final return	Chang	ge in accounting period
		is for Form 990-B dits. See instruction	L, 990-PF, 990-T, 4720, or 6069, enter the tentative tas.	ax, less any	3a \$ NONE
b If this ap	plication	s for Form 990-PF	or 990-T, enter any refundable credits and estimated to	ax payments	
made. Inc	dude any	prior year overpay	ment allowed as a credit.		3b \$ NONE
c Balance l	Due. Sub	tract line 3b from	line 3a. Include your payment with this form, or, if requi	ired, deposit	
with FTC	coupor	or, if required,	by using EFTPS (Electronic Federal Tax Payment S	ystem). See	
instruction	ns.				3c \$ NONE
Caution. If you	are going	to make an elect	ronic fund withdrawal with this Form 8868, see Form 845	3-EO and Fo	
for payment ins	structions	·			
For Privacy Ad	ct and Pa	perwork Reductio	n Act Notice, see Instructions.		Form 8868 (Rev 4-2008)