### COMMITTEE ON NATURAL RESOURCES

## 113<sup>th</sup> Congress Disclosure Form

# As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Energy and Mineral Resources Resumed legislative hearing on:

**HR 2231 (Hastings of WA),** To amend the Outer Continental Shelf Lands Act to increase energy exploration and production on the Outer Continental Shelf, provide for equitable revenue sharing for all coastal States, implement the reorganization of the functions of the former Minerals Management Service into distinct and separate agencies, and for other purposes.

"Offshore Energy and Jobs Act"

June 11, 2013

For Individuals: N/A
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Sean Dixon
2. Name of Organization(s) You are Representing at the Hearing: <b>Clean Ocean Action</b>
3. Business Address: [Information redacted for privacy]
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

### For all Witnesses

Name/Organization: Sean Dixon, Clean Ocean Action

**Title/Date of Hearing**: Resumed Legislative hearing on: **HR 2231 (Hastings of WA)**, To amend the Outer Continental Shelf Lands Act to increase energy exploration and production on the Outer Continental Shelf, provide for equitable revenue sharing for all coastal States, implement the reorganization of the functions of the former Minerals Management Service into distinct and separate agencies, and for other purposes. "Offshore Energy and Jobs Act" / June 11, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Master of Laws (LL.M.) in Climate Change Law, Pace Law School (2010) Juris Doctor (J.D.) with Certificate in Environmental Law, Pace Law School (2009) Master of Environmental Management (M.E.M.), Yale University School of Forestry and Environmental Studies (2009)

Bachelor of Arts (B.A.) in Marine Biology and Earth Sciences, Boston University (2004)

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

### American Bar Association, Section of Environment, Energy and Resources

- Chair, 43rd Annual Spring Conference on Environmental Law (2013-2014)
- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Coastal Policy Attorney, Clean Ocean Action (June 2010 – present)
Co-Owner/Co-Founder, Village Fishmonger NYC (January 2012 – present)
Lecturer, Yale University (January 2009 – June 2010)
Alaskan Fisheries Observer, North Pacific Groundfish Observer Program (August 2004 – July 2005)

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

### None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

#### None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

### None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

#### None

### **Witnesses Representing Organizations**

Name/Organization: Sean Dixon, Clean Ocean Action

**Title/Date of Hearing**: Resumed Legislative hearing on: **HR 2231(Hastings of WA)**, To amend the Outer Continental Shelf Lands Act to increase energy exploration and production on the Outer Continental Shelf, provide for equitable revenue sharing for all coastal States, implement the reorganization of the functions of the former Minerals Management Service into distinct and separate agencies, and for other purposes. "Offshore Energy and Jobs Act" / June 11, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

### None

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

### None

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

### None

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

### None

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

### Forms available online:

- 2010: http://www.cleanoceanaction.org/fileadmin/editor\_group2/General/2010\_Form\_990\_FINAL.pdf
- 2011: http://www.cleanoceanaction.org/fileadmin/editor\_group2/General/2011\_Form\_990.pdf
- 2012: http://www.cleanoceanaction.org/fileadmin/editor\_group2/General/2012\_Form\_990.pdf

Department of the Treasury

### **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)

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

OMB No. 1545-0047 2012 Open to Public Inspection

A	For the	e 2012 calendar year, or tax year beginning , and ending			
В	Check if a	pplicable: C Name of organization		D Employ	er identification number
	Address cl	hange Clean Ocean Action, Inc.			
Ħ		Doing Business As		22-	2897204
$\equiv$	Name cha	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		ne number
Ц	Initial retur	18 Hartshorne Drive		732	-872-0111
Ш	Terminated	City, town or post office, state, and ZIP code	•		
П	Amended	return Highlands NJ 07732		<b>G</b> Gross rece	ipts \$ 719,753
H		F Name and address of principal officer:		<b>C</b> 01033 1000	
Ш	Application	Cindy Zipf	H(a) Is this a g	roup return for	affiliates? Yes X No
		18 Hartshorne Drive	H(b) Are all af	filiates included	? Yes No
		Highlands NJ 07732	If "No	o," attach a list.	(see instructions)
$\overline{}$	Tay-eyem	ppt status: X 501(c)(3) 501(c) ( ) <b>t</b> (insert no.) 4947(a)(1) or 527			
÷	Website:	7 - (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	H(c) Group ex	emotion number	or 11
<del>-</del>			Year of formation: 1		M State of legal domicile: $NJ$
	art I	Summary	rear or formation. ±	JU 1	M State of legal domicile. 110
•		Briefly describe the organization's mission or most significant activities:			
	' '	Our goal is to improve the degraded water quality of the	 Ne waters (	off the	Now
Se		Jersey/New York coast through research, education, and			11CW
mai		dersey/New Tork Coast unrough research, education, and			
Governance	ا ء ز	Check this box ${f u}$ if the organization discontinued its operations or disposed of more than 25°			
	1				12
م س	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	12
Activities	- '	Number of independent voting members of the governing body (Part VI, line 1b)		. 5	13
ίţ		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			10000
ĕ		Fotal number of volunteers (estimate if necessary)			10000
	l la	Fotal unrelated business revenue from Part VIII, column (C), line 12			0
	יום	Net unrelated business taxable income from Form 990-T, line 34	Prior Yea	<b>7b</b>	Current Year
	8 (	Contributions and grants (Part VIII, line 1h)		6,170	693,116
Revenue	9 F	Program service revenue (Part VIII, line 2g)	<u> </u>	0	0,0,1=0
Ver	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,959	2,362
Re	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,925	24,275
	1	Fotal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,054	719,753
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
		Benefits paid to or for members (Part IX, column (A), line 4)		0	0
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	47	0,829	438,548
enses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
ber		Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> 38,357		-	
Exp	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21	7,802	257,717
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		8,631	696,265
	1	Revenue less expenses. Subtract line 18 from line 12		4,423	23,488
JO G			Beginning of Cui		End of Year
t Assets or	20 ⊺	Total assets (Part X, line 16)	96	8,148	991,003
t As	21 T	Total liabilities (Part X, line 26)		8,008	7,359
- Net	<b>22</b> N	Net assets or fund balances. Subtract line 21 from line 20	96	0,140	983,644
P	art II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statements		my knowled	ge and belief, it is
tr	ue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge.		
Siç	gn	Signature of officer		Date	
He	re	Cindy Zipf Execu	<u>itive Dir</u>	rector	
		Type or print name and title			
_		Print/Type preparer's name  Preparer's signature	Date	Check	if PTIN
Pai		Victor Maisano, CPA		self-emp	
	parer	Firm's name } German, Vreeland & Associates, LLP	F	Firm's EIN }	22-1866743
Use	Only	2 Ridgedale Ave Suite 300			
		Firm's address } Cedar Knolls, NJ 07927-1119	F	hone no.	973-605-2777
Max	the ID	S discuse this return with the preparer shown above? (see instructions)			V Vos No

Pa		Statement of Program Service		<u>তি</u>
			response to any question in this Part III	<u>X</u>
1		cribe the organization's mission:	dodo.d	of the cotour off the Moor
			ugh research, education,	of the waters off the New
U	ersey/	new fork coast tillo	ugii researcii, education,	and Citizen action.
	• • • • • • • • • • • • • • • • • • • •			
2	Did the ord	ganization undertake any significant progra	am services during the year which were not listed	on the
_		000 - 000 F70	and derived during the year which there her here	□ v [ <del>V</del> ] v.
		escribe these new services on Schedule (		🗀 👐 🛅 👊
3			nificant changes in how it conducts, any program	
	services?		, , , , , , , , , , , , , , , , , ,	Yes X No
		escribe these changes on Schedule O.		
4		_	olishments for each of its three largest program se	rvices, as measured by
	expenses.	Section 501(c)(3) and 501(c)(4) organizat	tions are required to report the amount of grants a	nd allocations to others,
	the total ex	xpenses, and revenue, if any, for each pro	ogram service reported.	
	(Code:		, 092 including grants of \$	) (Revenue \$)
			lean Ocean Action, Inc.	
				ns to improve and protect
			sey and New York coast.	
0	ver 1	25 participating org	anizations with thousand	s of individual
m	embers	ships and sends montl	hly newsletters and acti	on alerts to these
р	artici	ipating organizations	s and over 2000 individua	als on the mailing list.
E	ssenti	ial to educating and	motivating citizens are	diverse and engaging
р	rogran	ms, including the se	mi-annual Beach Sweeps,	semi-annual Student
S	ummits	s, Education Curricul	lum Kit, 10 Tip Series,	and e-activism and social
			Student Ocean Advocate p	
r	eprese	entatives from high :	schools in Ocean and Mon	mouth Counties to
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$)
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$)
4b	(Code:		including grants of \$	
4b	(Code:			
	(Code:			
4c	(Code:	) (Expenses \$		
4c	(Code:	) (Expenses \$  gram services. (Describe in Schedule O.)	including grants of \$	

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ complete Schedule A Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C. Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Χ Did the organization maintain collections of works of art. historical treasures, or other similar assets? If "Yes." 8 Χ complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Х 11a **b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Χ 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Χ 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any Χ organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Χ 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ....

# Form 990 (2012) Clean Ocean Action, Inc. Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V No **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Χ 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ account)? If "Yes," enter the name of the foreign country: **u** See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ... Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Χ If "Yes," did the organization notify the donor of the value of the goods or services provided? Χ 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Χ Did the organization receive any payments for indoor tanning services during the tax year? 14h If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ..........

Form 990 (2012) Clean Ocean Action, Inc. 22-2897204 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No

		ı	1 10		100	110
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х
6	Did the aggregation have marghers as stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	and or more members of the governing hady?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			14		
~	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			15		21
	The secretary lead of			90	Х	
a	The governing body?			8a	X	<del></del>
b	Each committee with authority to act on behalf of the governing body?			8b		<del></del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					37
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9 		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Interr	ıaı R	evenue (	Joae.)		Γ
				-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?					<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?	) 	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. 12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflic	ts?	. 12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			. 13	X	
14	Did the organization have a written document retention and destruction policy?			. 14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			102		
17	List the state with which a constitution from 000 is required to be find a NT					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c					
	available for public inspection. Indicate how you made these available. Check all that apply.	,,0,0 0	,			
	X   Own website					
10		nolicy				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest	pulicy,				
20	and financial statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
	organization: <b>u</b> Clean Ocean Action, Inc. 18 Hartshorne Drive		-	20 00	2 0	111
	ghlands NJ 0773	۷	-/	32-87		
DAA				For	m ササl	0 (2012)

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<i>)</i> ')	-2	×	u.	1.)	(14

Page 7

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

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

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

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

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

Column   C	(A) Name and Title	(B) Average hours per week (list any	bo. off	x, unle ficer a	Pos check ess pe	more rson i	than one s both ar or/trustee)	n	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
Treasurer		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	and related
Cay   Donn Whek	(1)Larry Hall	1.00									
Trustee	Treasurer		Х		Х				0	0	0
Trustee 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(2) John Wnek										
(3) Tom Fagan	<u></u>								0		
1.00		0.00	X					_	0	0	0
President   0.00   X   X   X   0   0   0   0   0   0	(3) IOIII FagaII	1 00									
(4) William Feinberg	President		х		х				0	0	0
Trustee 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
1.00	Trustee		X						0	0	0
Trustee 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(5) Ben Forest										
(6) Leo Gasienica											
1.00		0.00	Х						0	0	0
Vice President         0.00 X         X         X         0         0         0           (7) Suzanne Golas         1.00         0	(6) Leo Gasienica	1 00									
Trustee	Vice President		Х		Х				0	0	0
Trustee 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(7) Suzanne Golas										
(8) Patsy Guttenplan       1.00         Trustee       0.00       X         (9) Pat Schneider       1.00         Secretary       0.00       X       X         (10) Jim Lovgren       1.00       0       0         Trustee       0.00       X       0       0       0         (11) Jeff Martin       1.00       0       0       0       0	<u></u>								0		
1.00			X						Ü	0	0
Trustee 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(8) Patsy Guttenplan										
(9) Pat Schneider  1.00 Secretary 0.00 X X 0 0 0 (10) Jim Lovgren 1.00 Trustee 0.00 X 0 0 0 0 0 1.00 1.00	Trustee		Х						0	0	0
Secretary         0.00 X         X         0         0         0           (10) Jim Lovgren         1.00         <											
(10) Jim Lovgren         1.00           Trustee         0.00 X           (11) Jeff Martin         1.00											
1.00   0   0   0   0   0   0   0   0   0		0.00	Х		Χ				0	0	0
Trustee 0.00 X 0 0 0 0 (11) Jeff Martin 1.00	(10)Jim Lovgren	1 00									
(11) Jeff Martin	Trustee		х						0	0	0
									Ŭ	Ŭ	<u> </u>
		1.00									
DAA 500 121 50	Trustee	0.00	Х						0	0	0

Гаі	L VII Section A. Onicers	, Directors, Tru	31000	3, 110	-y ∟ı	IIPIC	yccs	, an	id Highest Compensated	Linployees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	bo	ox, unle ficer a	Pos check ess pe ind a	rson i	than o s both or/truste	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(	(F) Estimate amount other compensa from the	of	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21033-WIGG)	,	organizati and relat organizatio	ion ted	
	John Grossarth	1.00	х						0	0				0
	Cindy Zipf c. Direct	60.00			х				57,902	0		1	.0,4	102
(14)	Mary-Beth Thomps				X				49,728	0			8,2	
(15)														
(16)														
(17)														
(18)														
(19)														
1b	Sub-total		<u>L</u>	<u> </u>	<u> </u>		<u></u>	u	107,630			1	.8,6	94
c d 2	Total (add lines 1b and 1c)  Total number of individuals (inc	· · · · · · · · · · · · · · · · · · ·						u	107,630	00 000 in		1	8,6	94
	reportable compensation from	J		0		IISIG	abc	,ve)	who received more than \$1			二	Yes	No
3	Did the organization list any <b>fo</b> employee on line 1a? If "Yes," For any individual listed on line	complete Schedu 1a, is the sum of	ule J of rep	for s ortal	uch ole c	indiv omp	idual ensat	ion a	and other compensation from			3		Х
5	organization and related organi individual  Did any person listed on line 1	a receive or accr	ue co	ompe	 ensat	ion f	rom	any	unrelated organization or inc	dividual		4		X
	for services rendered to the orgon B. Independent Contracto	rs										5		X
1	Complete this table for your fiv compensation from the organiz	ation. Report con							year ending with or within t	he organization's tax year. (B)			(C)	
	Name and	(A) I business address							Descript	ioù of services		Com	npèrisatio	n
2	Total number of independent creceived more than \$100,000 cr								listed above) who	0				

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. (B) Related or (D) Revenue excluded from tax (A) exempt husiness under sections 512, 513, or 514 function revenue revenue 1a Federated campaigns ..... 1a **b** Membership dues ..... 1b **c** Fundraising events ..... 1c **d** Related organizations ...... 1d e Government grants (contributions) . . . . f All other contributions, gifts, grants, and similar amounts not included above 693,116 g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f . 693,116 Program Service Revenue Busn. Code f All other program service revenue ..... g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 2,362 2,362 Income from investment of tax-exempt bond proceeds  $\, \mathbf{u} \,$ Royalties .... (i) Real (ii) Personal 6a Gross rents **b** Less: rental exps. c Rental inc. or (loss) **d** Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets other than inventory **b** Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) ..... **8a** Gross income from fundraising events Other Revenue (not including \$ ..... of contributions reported on line 1c). 24,275 See Part IV, line 18 **b** Less: direct expenses ..... 24,275 24,275 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses ..... b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances ...... **b** Less: cost of goods sold ...... b c Net income or (loss) from sales of inventory u Miscellaneous Revenue Busn, Code 11a **d** All other revenue ..... e Total. Add lines 11a-11d .....

719,753

12 Total revenue. See instructions. ...

Section 501(c)(3) and 501(c)(4) or	rganizations must complete a	Ill columns. All other organization	ons must complete column (	A).
------------------------------------	------------------------------	-------------------------------------	----------------------------	-----

	Check if Schedule O contains a response to any question in this Part IX								
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
7b	, 8b, 9b, and 10b of Part VIII.	i otal expenses	expenses	general expenses	expenses				
1	Grants and other assistance to governments and								
	organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in								
	the U.S. See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	107,630	71,186	31,063	5,381				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	261 272	0.4.4 0.7.0						
7	Other salaries and wages	261,970	244,970		17,000				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	25 542	20 552	2 222	0.165				
9	Other employee benefits	35,742	30,573	3,002	2,167 1,972				
10	Payroll taxes	33,206	28,499	2,735	1,972				
11	Fees for services (non-employees):								
a		00 400	16 504	2 077					
b	Legal	20,400	16,524	3,876					
C	Accounting	6,000	4,860	1,140					
d	* · · · · · · · · · · · · · · · · · · ·								
е									
f	Investment management fees								
g									
40	(A) amount, list line 11g expenses on Schedule O.)	60	50	5					
12	Advertising and promotion	65,896	55,089	5,206	5,601				
13	Office expenses	03,690	33,069	5,200	5,001				
14 15	Information technology								
16	Royalties	12,000	10,032	948	1,020				
17	Occupancy	22,551	18,852	1,782	1,917				
18	Payments of travel or entertainment expenses	22,331	10,032	1,702	<u> </u>				
10	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	1.11				_				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	345	288	27	30				
23	Insurance	8,041	6,722	635	684				
24	Other expenses. Itemize expenses not covered	0,011	¥7.==	333					
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	Direct program expense	92,086	92,086						
b	Supplies	15,002	12,541	1,185	1,276				
С	Telephone	5,800	4,849	458	493				
d	Equipment rental	4,944	4,133	391	420				
е	All other expenses	4,592	3,838	363	391				
25	Total functional expenses. Add lines 1 through 24e	696,265	605,092	52,816	38,357				
26	Joint costs. Complete this line only if the								
	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here <b>u</b> if								
	following SOP 98-2 (ASC 958-720)								
DAA					Form <b>990</b> (2012)				

<u>P</u>	art >	Salance Sheet					
		Check if Schedule O contains a response to any	y question in this	Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest bearing			425,411	1	487,992
	2	Savings and temporary cash investments	500,000	2	500,000		
	3	Pledges and grants receivable, net		39,500	3		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and former					
		trustees, key employees, and highest compensated e	mployees.				
		Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified pe					
		4958(f)(1)), persons described in section 4958(c)(3)(B					
		sponsoring organizations of section 501(c)(9) voluntar	ry employees' ber	neficiary			
Ŋ		organizations (see instructions). Complete Part II of S	chedule L			6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,985	9	2,210
	10a	Land, buildings, and equipment: cost or			·		,
		other basis. Complete Part VI of Schedule D	10a	3,457			
	b	Less: accumulated depreciation	10b	3,284	518	10c	173
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		734	15	628	
	16	Total assets. Add lines 1 through 15 (must equal line			968,148	16	991,003
	17	Accounts payable and accrued expenses	17	7,359			
	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	Loans and other payables to current and former office					
Liabilities		trustees, key employees, highest compensated emplo	yees, and				
apil		disqualified persons. Complete Part II of Schedule L	•			22	
Ë	23	Secured mortgages and notes payable to unrelated the				23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24	1). Complete Part	X			
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			8,008	26	7,359
		Organizations that follow SFAS 117 (ASC 958), ch		X and			
es		complete lines 27 through 29, and lines 33 and 34	l	_			
anc	27	Unrestricted net assets			860,632	27	963,644
Balances	28	Temporarily restricted net assets		99,508	28	20,000	
Fund	29	Democratic restricted and security				29	
ß		Organizations that do not follow SFAS 117 (ASC 9					
ō		complete lines 30 through 34.		_			
ets	30	Capital stock or trust principal, or current funds			30		
Assets or	31	Paid-in or capital surplus, or land, building, or equipme			31		
Net '	32	Retained earnings, endowment, accumulated income,				32	
Z	33				960,140	33	983,644
	34	Total liabilities and net assets/fund balances			968,148	34	991,003

Form **990** (2012)

Pa	art XI Reconciliation of Net Assets				_		
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7.	19,'	<u> 753</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6:	96,3	265		
3	Revenue less expenses. Subtract line 2 from line 1	3		23,	488		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9	50,Ï	140		
5	Net unrealized gains (losses) on investments	5			16		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	9	33,0	644		
Pa	art XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X 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?		2a		Χ		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		2c	Χ			
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
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?		3a		Х		
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		3b				

Form **990** (2012)

### SCHEDULE A

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Clean Ocean Action, Inc.

Employer identification number 22-2897204

P	art I	Pass	on for Public Charity	Status (All organizations	must co	mnlata	thic na	rt \ So	Δ inetr	uction	c			
				<u> </u>			шіз ра	111.) 56	C IIISII	uction	<u>.                                    </u>			
	orgar		•	it is: (For lines 1 through 11, che	•	,	A \ (*)							
1	Н			ciation of churches described in	section	1/0(0)(1)(	A)(I).							
2	Н		cribed in <b>section 170(b)(1)(</b>											
3	Ш	•	·	e organization described in <b>sect</b> i	•									
4	Ш	A medical res	search organization operated	in conjunction with a hospital de	scribed in	section	170(b)(1	)(A)(iii).	Enter the	ne hosp	ital's nar	ne,		
	_	city, and state	e:											
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 <b>section 170(b)(1)(A)(v)</b> .													
7														
	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	A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross													
,	Ш	-	• • • • • • • • • • • • • • • • • • • •	ot functions—subject to certain ex				•		-				
		•	·	•	•					its				
			•	d unrelated business taxable inco			ii tax) ii	iom busi	nesses					
				, 1975. See <b>section 509(a)(2).</b> (	•	,								
10	Н	J	•	xclusively to test for public safety			,,,,							
11	Ш	ū	•	clusively for the benefit of, to pe				•						
				d organizations described in sec	•					tion				
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.													
		<b>a</b> Type	I <b>b</b> Type II	<b>c</b> Type III–Functiona	ally integra	ited	d	Тур	e III–No	n-functi	onally in	itegrate	ed	
е	Ш	By checking t	his box, I certify that the orga	nization is not controlled directly	or indirect	tly by one	or more	disquali	fied per	sons				
		other than for	undation managers and other	than one or more publicly support	orted orga	nizations	describe	d in sect	tion 509	(a)(1)				
		or section 50	9(a)(2).											
f		If the organiza	ation received a written deterr	mination from the IRS that it is a	Type I, Ty	/pe II, or ∃	Гуре III s	supportin	g					
		organization,	check this box											
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from ar	ny of the								ш
		following per		. , ,										
		• .		ntrols, either alone or together wi	th nersons	s describe	d in (ii) :	and				1	Yes	No
				supported organization?								11g(i)		
			member of a person describe									11g(ii)		
			-	***										
				escribed in (i) or (ii) above?								11g(iii)		
n			ollowing information about th		(: A 1 II		( ) D: I		4.3					
(i		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		you notify nization in	(VI) organizati	ls the on in col	(vii) A	Amount o suppo		ary
	org	jai iization		above or IRC section	1 ''	document?	col. (i)		(i) organi	zed in the		зиррс	<i>n</i> t	
(see instructions)) support? U.S.?														
					Yes	No	Yes	No	Yes	No				
(A)														
(B)														
(C)														
						<u> </u>								
(D)														
(E)														
Tota														

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	687,400	675,166	598,299	676,170	693,116	3,330,151
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	687,400	675,166	598,299	676,170	693,116	3,330,151
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						040 100
6	Public support. Subtract line 5 from line 4.						842,189
<u>6</u> Sec	etion B. Total Support						2,487,962
	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	687,400	675,166	598,299	676,170	693,116	3,330,151
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,236	12,999	4,236	2,959	2,362	53,792
9	Net income from unrelated business activities, whether or not the business is regularly carried on					23,275	23,275
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						3,407,218
12	Gross receipts from related activities, etc. (	see instructions)				12	
13	First five years. If the Form 990 is for the					3)	
	organization, check this box and stop here	·					▶ □
Sec	tion C. Computation of Public Su	ipport Percenta	age				
14	Public support percentage for 2012 (line 6,	column (f) divided by	y line 11, column (f	))		14	73.02 <b>%</b>
15	Public support percentage from 2011 Sched	dule A, Part II, line 1	4			15	80.03 <b>%</b>
16a	33 1/3% support test—2012. If the organize	zation did not check	the box on line 13,	and line 14 is 33 1	/3% or more, checl	k this	
	box and stop here. The organization qualif	ies as a publicly sur	oported organization	1			<b>▶</b> X
b	33 1/3% support test—2011. If the organize	zation did not check	a box on line 13 or				
	check this box and stop here. The organize	ation qualifies as a p	publicly supported of	organization			▶ □
17a	10%-facts-and-circumstances test—201	2. If the organization	n did not check a bo	ox on line 13, 16a,	or 16b, and line 14	is	
	10% or more, and if the organization meets	the "facts-and-circu	ımstances" test, che	eck this box and <b>st</b>	op here. Explain in	1	
	Part IV how the organization meets the "factorganization"		•	·			▶ [
b	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization	meets the "facts-and	d-circumstances" tes	st, check this box a	and stop here.		
	Explain in Part IV how the organization messupported organization	ets the "facts-and-cir					▶ □
18	<b>Private foundation.</b> If the organization did instructions	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	this box and see		. □

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
Sac	tion B. Total Support						
	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
9	Amounts from line 6	(u) 2000	(6) 2000	(0) 2010	(a) 2011	(6) 2012	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
14	First five years. If the Form 990 is for the		second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						▶ ∟
<u>Sec</u>	tion C. Computation of Public Su						
15	Public support percentage for 2012 (line 8,						%
16_	Public support percentage from 2011 Sched						%
	tion D. Computation of Investme					1 1	
17	Investment income percentage for 2012 (lin			column (f))			<u>%</u>
18	Investment income percentage from 2011						%
19a	33 1/3% support tests—2012. If the organ						
	17 is not more than 33 1/3%, check this box	-					▶ ∟
b	33 1/3% support tests—2011. If the organ			•		•	▶ □
20	line 18 is not more than 33 1/3%, check this <b>Private foundation.</b> If the organization did		_				······ 【
20	i iivate iounuation, ii the organization did	HOL CHICCK & DOX O	14, 13a, ∪ 1	JU, UHOUN HIID DUX d	มาน จอฮ เบอเเนตเปก	٠	

Schedule A (F	orm 990 or 990-EZ) 2	2012 Clean	Ocean A	ction,	Inc.	22-2897204	Page 4
Part IV	Supplemental	Information.	Complete this	part to pr	rovide the e	uired by Part II, line 1 litional information. (Se	0;
•						 	
• • • • • • • • • • • • • • • • • • • •						 	
• • • • • • • • • • • • • • • • • • • •						 	
•						 	
•						 	

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization Employer identification number Clean Ocean Action, Inc. 22-2897204 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year \_\_\_\_\_ Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year \_\_\_\_\_ 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located  ${f u}$ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X u \$ \_\_\_\_\_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X .

Pa	rt III Organizations Maintaining	g Collections of	Art, Hi	storical Tre	easures, o	r Other	Similar	Assets (	continu	ed)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records,	check ar	y of the follow	ing that are a	significant	use of its				
а	Public exhibition	d 🗌	Loan or	exchange prog	grams						
b	Scholarly research	е 🗌	Other								
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain I	now they	further the org	janization's ex	cempt purpo	se in Parl				
	XIII.										
5	During the year, did the organization solicit of									_	1
	assets to be sold to raise funds rather than t										No
Pa	Int IV Escrow and Custodial A	_	•	-	ization ans	swered r	es to F	orm 990,	Part IV	,	
12	line 9, or reported an amou				ther coests n	ot					
ıa	<u> </u>		-						☐ Ye		No
h	included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII	and complete the follo	owing tah						□	" ∟	] 110
~	ii roo, oxpiain the arrangement in rate xiii	and complete the folk	ownig tab						Amount		
С	Beginning balance						1	С			
d	Additions during the year						1	d			
е	Distributions during the year							е			
f	Ending balance							f			
2a	Did the organization include an amount on F	orm 990, Part X, line 2	21?						Ye	_	No
	If "Yes," explain the arrangement in Part XIII.										
_ Pa	rt V Endowment Funds. Com								1		
		(a) Current year	(	b) Prior year	(c) Two yea	ars back	(d) Three	years back	(e) Fou	years l	oack
	Beginning of year balance		-						-		
b	Contributions										
С	Net investment earnings, gains, and										
Ч	losses Grants or scholarships										
e	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g,	column (a)) he	ld as:						
а	Board designated or quasi-endowment ${f u}$	%									
b	Permanent endowment <b>u</b> %										
С	Temporarily restricted endowment ${f u}$										
_	The percentages in lines 2a, 2b, and 2c show	•	_								
за	Are there endowment funds not in the posse	ssion of the organizati	on that a	re held and ad	lministered foi	r the			ſ	V	Nia
	organization by:								32(i)	Yes	No
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>								3a(i) 3a(ii)		
h	If "Yes" to 3a(ii), are the related organization:	s listed as required on									
4	Describe in Part XIII the intended uses of the								_ <del>0</del> 2		
Pa	rt VI Land, Buildings, and Equ				10.						
	Description of property	(a) Cost or other		(b) Cost or o		(c) Ac	cumulated		(d) Book	value	
		(investment)		(othe	er)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
	Equipment				3,457		3,2	284			<u> 173</u>
	Other		· · · · ·	(D) II 15(1)							177
ıota	. Add lines 1a through 1e. (Column (d) must of	equai Form 990, Part .	A, COIUMI	1 (B), line 10(c)	)·)		<u> </u>	u			<u> 173</u>

Part VII	Investments—Other Securities. See Form 990,	Part X, line 12.		· ·
	(a) Description of security or category	(b) Book value	(c) Method o	f valuation:
	(including name of security)		Cost or end-of-year	ar market value
(1) Financial	derivatives			
(2) Closely-hel	d equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)	n (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>			
Part VIII	h (b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related. See Form 990	Part X line 13		
i dit viii	(a) Description of investment type	(b) Book value	(c) Method o	f valuation:
	(4)	(-,	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets. See Form 990, Part X, line 15.			
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities. See Form 990, Part X, line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	(I)			
ı otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.) u			

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Re	venue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			1	719,769
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	16		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	16
3	Subtract line 2e from line 1			3	719,753
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	719,753
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten			eturn	•
1	Total expenses and losses per audited financial statements			1	696,265
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				•
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses	1 20 1			
d	Other (Describe in Part XIII.)	·			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	696,265
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	[]			0,0,0
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add Core 4e and 4b			4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	696,265
_	rt XIII Supplemental Information			-	0,0,200
inforn Pá	/, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complation.  art X - FIN 48 Footnote				
	inancial Accounting Standards Board (FASB) rovides guidance for reporting uncertainty				
	nded December 31, 2012, the Organization de				
uı	ncertain tax positions qualify for either	recogniti	lon or dis	closu	re in the
. f	nancial statements.				
• • • • • •					

Schedule D (Fo	rm 990) 2012	Clean	Ocean	Action,	Inc.	22-2897204	Page 5
Part XIII	Supplementa	l Inform	nation (cor	ntinued)			

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

OMB No. 1545-0047

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.

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

Open to Public

Name of the organization  Clean Ocean Actior	n Tng				Employer identifica	
Fundraising Activities Complete i		on an	swere	ed "Yes" to Form 99		
Form 990-EZ filers are not required						
1 Indicate whether the organization raised funds through a	any of the following	activitie	es. Ch	eck all that apply.		
a Mail solicitations	e Solicitation	n of no	n-gove	ernment grants		
<b>b</b> Internet and email solicitations	f Solicitation	n of go	vernm	ent grants		
c Phone solicitations	g Special fu	ındraisi	ng eve	ents		
d In-person solicitations						
<ul> <li>Did the organization have a written or oral agreement workey employees listed in Form 990, Part VII) or entity</li> <li>If "Yes," list the ten highest paid individuals or entities (from compensated at least \$5,000 by the organization.</li> </ul>	in connection with	profess it to ag	ional f reeme	undraising services?	draiser is to be	Yes No
			id fund- r have		(v) Amount paid to	(vi) Amount paid to
<ul><li>(i) Name and address of individual or entity (fundraiser)</li></ul>	(ii) Activity	cust	ody or rol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
			utions?	·	col. (i)	
		Yes	No			
1						
						<del> </del>
2						
3						
						<del> </del>
4						
-						
5						
6						
						<u> </u>
7						
7						
8						
9						
3						
0						
Fotal						
List all states in which the organization is registered or li registration or licensing.		ntributi	ons or	has been notified it is e	xempt from	<u> I</u>

Schedule G (Form 990 or 990-EZ) 2012 Clean Ocean Action, Inc. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Special events (add col. (a) through None col. (c)) (event type) (event type) (total number) 1 Gross receipts 24,275 24,275 2 Less: Contributions 3 Gross income (line 1 minus 24,275 24,275 line 2) 4 Cash prizes ..... 5 Noncash prizes ...... 6 Rent/facility costs ..... Direct Expenses 7 Food and beverages 8 Entertainment ..... 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 ...... Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes ..... **Direct Expenses** 3 Noncash prizes ..... 4 Rent/facility costs ...... 5 Other direct expenses 6 Volunteer labor ..... 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 Enter the state(s) in which the organization operates gaming activities: Is the organization licensed to operate gaming activities in each of these states? Yes If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2012 Clean Ocean Action, Inc. 22-289	)720 <sup>4</sup>	1	F	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	No
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?			Yes	No
13	Indicate the percentage of gaming activity operated in:		_	'	_
а	The organization's facility	13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and				
	records:				
	Name u				
	Address <b>u</b>				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ${f u}$ \$ and the		ш		
	amount of gaming revenue retained by the third party <b>u</b> \$				
С	If "Yes," enter name and address of the third party:				
	Name <b>u</b>				
				•	
	Address u			•	
16	Gaming manager information:				
	Name <b>u</b>				
	Gaming manager compensation <b>u</b> \$				
	Description of services provided <b>u</b>				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Ш	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or				
<b>D</b>	spent in the organization's own exempt activities during the tax year <b>u</b> \$	- 01			
Par					
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co	mpiete	ะเกเร		
	part to provide any additional information (see instructions).				

Schedule G (Form 990 or 990-EZ) 2012

## SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. u Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Clean Ocean Action, Inc.

Employer identification number 22-2897204

Form 990, Part III, Line 4a - First Accomplishment motivate contemporaries in their schools in action campaigns to protect the ocean. New and emerging leaders are recruited and empowered through the "Next Generation" by connecting with 18 to 30-year old ocean defenders. Volunteers who participate in the COA events and programs are a crosssection of NJ and NY, coming from diverse areas throughout the states. Pollution Abatement - Since its inception in 1984, COA has targeted sources of ocean pollution and has succeeded in closing all eight ocean dumpsites off the coast of NJ. The number one ocean pollution problem in New Jersey and the nation is non-point source pollution (NPSP). COA has many programs to motivate citizens to get involved and make a difference to ebb the tide of NPSP. In addition, COA has worked through state and federal programs to enhance and improve regulations to identify and reduce pollution sources. COA also works at the grassroots level, including litter abatement programs and the Bay Buddy Program to reduce inadvertent sources of pollution from homeowners. Research- COA continues to target sources of ocean pollution by reviewing all ocean discharge permit applications, as well as dredged material management permit applications. In addition, COA monitors federal register notices and state public notices to determine if proposed projects will be detrimental to marine water quality and responds accordingly. Moreover, ocean energy proposals and climate change impacts are reviewed to ensure ocean water quality protection. COA also acts as a watchdog by responding to and investigating calls from citizens about possible polluting activities. All evaluations and subsequent comments are prepared

Name of the organization  Clean Ocean Action, Inc.	Employer identification number 22-2897204
with scientific, technical, and legal expertise to ensur	e protection of
marine water quality from pollution, including from chem	nical, biological,
litter and floatable materials.	
Form 990, Part VI, Line 11b - Organization's Process to	Review Form 990
Reviewed at Board of Trustees meeting.	
Form 990, Part VI, Line 12c - Enforcement of Conflicts P	olicy
The Board of Trustees meets and monitors compliance.	
Form 990, Part VI, Line 15a - Compensation Process for T	
The Board of Trustees reviews and approves compensation	
Director using comparable data and approval is documente	α
contemporaneously.	
Form 990, Part VI, Line 15b - Compensation Process for C	Officers
The Executive Director and Board of Trustees reviews and	approves
compensation of officers using comparable data and appro	val is documented
contemporaneously.	
Form 990, Part VI, Line 19 - Governing Documents Disclos	sure Explanation
Upon request	

Department of the Treasury Internal Revenue Service

### **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)

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

OMB No. 1545-0047 2011 Open to Public Inspection

<u>A</u>	For the 20	1 calendar year, or tax year beginning , and ending							
В	Check if applicab	e: C Name of organization	D Employ	er identification number					
	Address change	Clean Ocean Action, Inc.							
二		Doing Business As		22-	-2897204				
닏	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		one number				
	Initial return	18 Hartshorne Drive		732-872-0111					
	Terminated	City or town, state or country, and ZIP + 4		732	072 0111				
一	Amended return	Highlands NJ 07732		<b>a</b> Cross ross	eipts \$ 703,054				
Ħ		F. Name and address of principal officer:		<b>G</b> Gross rece	ibiz 102,024				
Ш	Application pend	Cindy Zipf	H(a) Is this a g	roup return for a	affiliates? Yes X No				
		= =	U/b) ∧ro oll off	filiataa inaludad	yes No				
		18 Hartshorne Drive	H(b) Are all affiliates included? Yes No. If "No," attach a list. (see instructions)						
		Highlands NJ 07732	II INC	, allacii a iisi.	(See Instructions)				
<u> </u>	Tax-exempt sta								
J	Website: U	www.cleanoceanaction.org	H(c) Group ex						
K	Form of organiza	ation: X Corporation Trust Association Other ${f u}$	ar of formation: $1$	984	M State of legal domicile: NJ				
P	Part I	Summary							
	1	describe the organization's mission or most significant activities:							
a	Ou	r goal is to improve the degraded water quality of the	waters o	off the	New				
Š	Je	ersey/New York coast through research, education, and c	itizen ad	ction.					
Governance									
) Ve	2 Chec	k this box <b>u</b> if the organization discontinued its operations or disposed of more than 25% o	f its net assets						
	3 Numb	and the second are self-less as a second at the CD at Millians (A)		ا م ا	13				
•ŏ "ი		per of voting members of the governing body (Part VI, line 1a)  per of independent voting members of the governing body (Part VI, line 1b)			13				
Activities	F Total	per of independent voting members of the governing body (Fait VI, line 1b)		. 5	12				
ξį		number of individuals employed in calendar year 2011 (Part V, line 2a)							
ĕ		number of volunteers (estimate if necessary)		6	9000				
		unrelated business revenue from Part VIII, column (C), line 12			0				
	<b>b</b> Net u	nrelated business taxable income from Form 990-T, line 34		7b	0				
		7. 6	Prior Yea		Current Year				
ē		ibutions and grants (Part VIII, line 1h)	59	8,299	676,170				
Revenue	_	am service revenue (Part VIII, line 2g)		0	0				
ě		tment income (Part VIII, column (A), lines 3, 4, and 7d)		4,236	2,959				
Œ	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,425	23,925				
	12 Total	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62	3,960	703,054				
	13 Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)		0	0				
	14 Bene	fits paid to or for members (Part IX, column (A), line 4)		0	0				
"		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	42	1,170	470,829				
Se		esional fundraising face (Dort IV, solumn (A), line 11a)		, 0	0				
benses	1	fundraising expenses (Part IX, column (A), line 11e)  fundraising expenses (Part IX, column (D), line 25) <b>u</b> 60,307		_					
Ä		Company (Port IV column (A) lines 44s 44f 24s)	25	8,183	217,802				
		expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		9,353	688,631				
				5,393	14,423				
×		nue less expenses. Subtract line 18 from line 12	Beginning of Cur		End of Year				
sts c	20 Total	assets (Part X, line 16)		3,900	968,148				
Asse	21 Total	Pal 200 - (Day (M. Para 00)		7,764	8,008				
Net Assets or	21 Total	ssets or fund balances. Subtract line 21 from line 20		6,136	960,140				
	•	Signature Block	ノュ	0,130	700,140				
	Part II								
		of perjury, I declare that I have examined this return, including accompanying schedules and statements, at d complete. Declaration of preparer (other than officer) is based on all information of which preparer has an		my knowled	ige and belief, it is				
	1	d complete. Decidation of property (effort than effect) to become of an information of milest property had an	y iaiowicago.						
٠.									
Sig		Signature of officer		Date					
He	re		<u>ive Dir</u>	ector					
		Type or print name and title							
	Print	/Type preparer's name Preparer's signature	Date	Check	if PTIN				
Pai	d Vic	tor Maisano, CPA	04/25	/12 self-emp	ployed P00359999				
Pre	narer	sname } German, Vreeland & Associates, LLP	F	irm's EIN }	22-1866743				
Use	Only	7 Century Drive, Suite 301			·				
	Firm	s address } Parsippany, NJ 07054		hone no.	973-605-2777				
May		cuss this return with the preparer shown above? (see instructions)			X Yes No				

Pa	rt III	Statement of Program Service		Port III	X
1	Driofly de	escribe the organization's mission:	s a response to any question in this	Pail III	
-	-	•	he degraded water gua	lity of the waters off th	ne New
				tion, and citizen action.	
	• • • • • • • • • • • • • • • • • • • •				
2	Did the o	organization undertake any significant	program services during the year which were	not listed on the	
	prior For	m 990 or 990-EZ?			Yes X No
		describe these new services on Sche			
3			e significant changes in how it conducts, any		🙃
	services?			Ц`	Yes X No
4		describe these changes on Schedule	<ul> <li>complishments for each of its three largest p</li> </ul>	program convices, as moscured by	
-			anizations and section 4947(a)(1) trusts are r		
			nses, and revenue, if any, for each program s		
		·			
E a t o m p E p S n	nd mo he wa ver ember artic ssent rogra ummit etwor	tion and Outreach - ptivate citizens, haters off the New of 125 participating or ships and sends modified to educating a mas, including the text of the case of th	Dusinesses, and organiousinessey and New York coorganizations with tho onthly newsletters and ons and over 2000 independent of the control of	action alerts to these ividuals on the mailing last are diverse and engaging eps, semi-annual Student ies, and e-activism and s	rotect of list. ıg
4h	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	
	• • • • • • • • • • • • • • • • • • • •				
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	
			3 <b>3</b> 3 4 4 7	······································	′
	• • • • • • • • • • • • • • • • • • • •				
	• • • • • • • • • • • • • • • • • • • •				
	• • • • • • • • • • • • • • • • • • • •				
	• • • • • • • • • • • • • • • • • • • •				
4d		ogram services. (Describe in Schedule	•		
4-	(Expense		cluding grants of \$ 577,852	) (Revenue \$	
46	TOTAL DE	ogram service expenses u	311,034		

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ complete Schedule A Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C. Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 8 Χ complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Х 11a **b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Χ 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Χ 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any Χ organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Χ 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2011) Clean Ocean Action, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
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? If "Yes," complete Schedule J	23		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			l
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			l
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			٠,,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	١		3.5
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ <sub>37</sub>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	١,,		v
25-	IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	256		l <sub>v</sub>
26	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	$\vdash$	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		Х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<del>                                     </del>	_^_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		Х
38	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		<u> </u>
30	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
	10. 110-101 / 1011 000 more are required to complete controlled o	1 50	_ 43	I

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V No **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Χ 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ account)? If "Yes," enter the name of the foreign country: **u** b See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Χ If "Yes," did the organization notify the donor of the value of the goods or services provided? Χ 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Χ Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ..........

14h

22-2897204 Form 990 (2011) Clean Ocean Action, Inc. Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent \_\_\_\_\_\_ 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Χ 3 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? **b** Each committee with authority to act on behalf of the governing body? 8b Χ 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 ....... Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Χ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **u** NJSection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

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

18 Hartshorne Drive

07732

organization: **u** Clean Ocean Action, Inc.

Highlands

20

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

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

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

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

Check this box if neither the orga	•	relate	ed o	rgani	zatio	ns co	ompe	ensated any current officer,	director, or trustee.	
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	bo	x, unle	ess pe	ition more rson is irector	than of the highest compensated employee	an e)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Larry Hall										
Treasurer	1.00	Х		Χ				0	0	0
(2) John Wnek Trustee	1.00	Х						0	0	0
(3) Tom Fagan										
President	1.00	Х		Χ				0	0	0
(4) William Feinberg										
Trustee	1.00	Х						0	0	0
(5) Ben Forest Trustee	1.00	Х						0	0	0
(6) Adelaide Frankli	n									
Trustee	1.00	Х						0	0	0
(7)Leo Gasienica Vice President	1.00	Х		Х				0	0	0
(8) Suzanne Golas										
Trustee	1.00	Х						0	0	0
(9) Patsy Guttenplan										
Trustee	1.00	Х						0	0	0
(10) Pat Schneider	1 00									
Secretary	1.00	Х		Χ				0	0	0
(11) Jim Lovgren	1.00	v						^	_	0
<u>Trustee</u> (12)Jeff Martin	1.00	Х						0	0	0
Trustee	1.00	Х						0	0	0
(13) D'Arcy Rohan-Gre		22						0	0	0
Trustee	1.00	Х						0	0	0
(14) Cindy Zipf										
Exec. Direct	60.00			Χ				52,838	0	8,230

Form **990** (2011)

<u> Pa</u>	rt VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (describe hours for	bo	x, unle ficer a	Pos check ess pe nd a d	erson i lirecto	than one s both r/truste	an e)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estima amoun othe compens from t	ted t of r ation he	
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiza and rela organiza	ated	
	Mary-Beth Thomps													
	erat. Dir.	50.00			Х				48,000	0				0
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
	Sub-total							u	100,838				8,	230
c d	Total from continuation shee Total (add lines 1b and 1c)	•							100,838				8.	230
2	Total number of individuals (increportable compensation from t	cluding but not lim	nited	to th						00,000 in				
_											ı		Yes	No
3	Did the organization list any <b>for</b> employee on line 1a? If "Yes,"	complete Schedu	ıle J	for s	uch i	ndivi	dual					3		Х
4	For any individual listed on line organization and related organi									m the				v
5	individual	a receive or accru	ue co	 ompe	 ensat	ion f	rom a	any	unrelated organization or inc	dividual		4		X
	for services rendered to the org		s," co	ompl	ete S	Sche	dule	J fo	or such person			5		X
1	ction B. Independent Contractor  Complete this table for your five		nsate	ed in	depe	nder	nt coi	ntra	ctors that received more than	n \$100,000 of				
	compensation from the organization	ation. Report con (A) business address	npen	satio	n for	the	cale	ndaı T		the organization's tax year. (B) tion of services			(C) mpensati	
	Name and	búsiness address							Descript	lion of services		Co	mpensati	ion
								-						
			—											
2	Total number of independent or	ontractors (includ	ing t	out n	ot lim	nited	to th	ose	e listed above) who					
	received more than \$100,000 c	of compensation f	rom	the o	orgar	nizati	on ι	1		0				

Pa	<u>rt V</u>	III Statement	of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S (C	12	Federated campaign	ne	1a				revenue		312, 313, 01 314
Contributions, Gifts, Grants and Other Similar Amounts	h	Momborobin duos		1b						
ڲٙۊ	"									
ξż		Fundraising events		1c						
ig ig	d	Related organization		1d						
Sim,	е	Government grants (contribu		1e						
흔	f	All other contributions, gifts,	•							
혈美		and similar amounts not incl	luded above	1f		676,170				
E D	g	Noncash contributions include	ded in lines 1a-1	lf: \$	₿					
<u>8</u>	h	Total. Add lines 1a-	-1f			u	676,170			
						Busn. Code				
/en	2a									
Service Revenue	b									
<u>ic</u>	c									
eΓ	d	• • • • • • • • • • • • • • • • • • • •								
J. S	ء ا									
grai	f	All other program se								
Program \$						<u> </u>				
_	g									
	3	Investment income					2 050			2 050
		and other similar am					2,959			2,959
	4	Income from investn			•	F				
	5	Royalties		<u> </u>		u				
			(i) Real		(ii) F	Personal				
	6a	Gross rents								
	b	Less: rental exps.								
	С	Rental inc. or (loss)								
	d	Net rental income or	r (loss)			u				
	7a	Gross amount from	(i) Securities			Other				
		sales of assets other than inventory								
	b	Less: cost or other								
	~	basis & sales exps.								
	_	Gain or (loss)								
		Net gain or (loss)				u				
ne	oa	Gross income from fun								
en		(not including \$								
Š		of contributions reported				00 005				
e.		See Part IV, line 18		а		23,925				
Other Reven		Less: direct expense								
Ŭ		Net income or (loss)			events	u	23,925			
	9a	Gross income from gan								
		See Part IV, line 19		а						
	b	Less: direct expense								
	С	Net income or (loss)	from gamin	ng activ	ities	u				
		Gross sales of inver		ſ						
		returns and allowand	-	а						
	b	Less: cost of goods		ŭ						
		Net income or (loss)			ntory	u				
	٣		ous Revenue	OI IIIVE	niciy	Busn. Code				
	11a									
		*				<del>                                     </del>				
	b	• • • • • • • • • • • • • • • • • • • •				<del>                                     </del>				
	C	All . d				$\vdash$				
	d	All other revenue				$\Box$				
	е	Total. Add lines 11a				u				
	142	Total revenue See	inatruotiana				703 054	Λ	Λ.	2 959

# 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).

<u> </u>	Check if Schedule O contains a response to any question in this Part IX								
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)				
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in								
	the U.S. See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	100,837	66,145	29,619	5,073				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	307,763	271,080		36,683				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	26,983	22,269	1,956	2,758				
10	Payroll taxes	35,246	29,089	2,554	3,603				
11	Fees for services (non-employees):								
а	Management								
		20,400	16,524	3,876					
С	Accounting	6,000	4,860	1,140					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other								
12	Advertising and promotion	228	190	18	20				
13	Office expenses	31,234	26,111	2,468	2,655				
14	Information technology								
15	Royalties	1.4.400	10 000	1 120	1 004				
16	Occupancy	14,400	12,038	1,138	1,224				
17	Travel	13,318	11,134	1,052	1,132				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates	244	200	0.7					
22	Depreciation, depletion, and amortization	344	288	27	29				
23	Insurance Character automorphism of the control of	7,714	6,449	609	656				
24	Other expenses. Itemize expenses not covered								
	above. (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
_	(A) amount, list line 24e expenses on Schedule O.)	36,459	30,479	2,880	3,100				
a	Printing and publications	35,501	35,501	∠,000	3,100				
b	Direct program expense Supplies	24,212	20,241	1,913	2,058				
C C	· · · · · · · · · · · · · · · · · · ·	12,518	12,518	1,913	∠,∪ɔ8				
d	Consultants	15,474	12,936	1,222	1,316				
e 25	All other expenses	688,631	577,852	50,472	60,307				
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	000,031	311,032	JU, ±12	00,307				
20	organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation. Check here <b>u</b> if following SOP 98-2 (ASC 958-720)								
DAA	10110Willing 501 70-2 (N50 730-720)				Form <b>990</b> (2011)				

<u>P</u>	art >	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest bearing	648,695	1	425,411
	2	Savings and temporary cash investments	300,000	2	500,000
	3	Pledges and grants receivable, net		3	39,500
	4	Accounts receivable, net		4	
	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)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ŋ		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,589	9	1,985
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 3, 45'	7		
	b	other basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a  3,45  10b  2,93	9 862	10c	518
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	734
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		16	968,148
	17	Accounts payable and accrued expenses		17	8,008
	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			
Liabilities		employees, highest compensated employees, and disqualified persons.			
abil		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25		26	8,008
		Organizations that follow SFAS 117, check here $\mathbf{u}\left[ \mathbb{X} \right]$ and complete			
es		lines 27 through 29, and lines 33 and 34.			
anc.	27	Unrestricted net assets	916,136	27	860,632
Bak	28	Temporarily restricted net assets	30,000	28	99,508
<u>ا</u>	29	Permanently restricted net assets		29	
ᆵ		Organizations that do not follow SFAS 117, check here u and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	046 136	33	960,140
_	34	Total liabilities and net assets/fund balances	0.50.000	34	968,148

Form **990** (2011)

Pa	art XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI	<u></u>		<u> </u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	03,0	<u>054</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	88,6	<u> 631</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		14,4	423
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9	46,2	136
5	Other changes in net assets or fund balances (explain in Schedule O)	5			419
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	9	60,1	140
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		2a		Х
b			26	Х	
	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?		2c	Х	
	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 separate basis, consolidated basis, or both:				
	X   Separate basis				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
Ju	the Single Audit Act and OMB Circular A-133?		3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ja	$\vdash$	- 21
Ŋ			3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			rm <b>990</b>	) (004.1)
			Fo	rm ショし	<b>J</b> (2011)

### SCHEDULE A

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

 ${\bf u}$  Attach to Form 990 or Form 990-EZ.  ${\bf u}$  See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Clean Ocean Action, Inc.

Employer identification number 22-2897204

Pa	art I	Rease	on for Public Charity	Status (All organizations	must co	mplete t	this pa	rt.) See	e instr	uctions	3.			
The	orgai	nization is not a	a private foundation because	it is: (For lines 1 through 11, che	eck only o	ne box.)								
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A	A)(i).							
2	П	A school desc	cribed in section 170(b)(1)(A	)(ii). (Attach Schedule E.)										
3	П	A hospital or	a cooperative hospital service	e organization described in secti	ion 170(b)	(1)(A)(iii).								
4	П	A medical res	search organization operated	in conjunction with a hospital de	scribed in	section 1	170(b)(1)	)(A)(iii).	Enter th	he hospi	ital's na	ame,		
		city, and state		,			. , ,	. , ,		·		-		
5		•		a college or university owned or	operated	by a gove	ernmenta	al unit de	escribed	in				
-	ш	-	b)(1)(A)(iv). (Complete Part I	•	.,	-, - 9								
6		•		vernmental unit described in <b>sec</b>	ction 1700	b)(1)(Δ)(v	1							
7	X		•	ubstantial part of its support from			•	n the dei	neral ni	ıhlic				
•	لخشا	-	section 170(b)(1)(A)(vi). (Co		. a govoiii	momar an	01 11011	ii iiio goi	noral po	.DiiO				
8				'0(b)(1)(A)(vi). (Complete Part I	1.)									
9	Н	-		more than 33 1/3% of its suppo		ntributions	memb	archin fa	ac and	aross				
3	Ш	-	• , ,	t functions—subject to certain ex				•		-				
		-	·	•						115				
		• •	•	I unrelated business taxable inco	,		i lax) ii	OIII DUSI	1169969					
40			<u> </u>	1975. See <b>section 509(a)(2).</b> (		,	-\/4\							
10	Н	_	•	clusively to test for public safety		•			4 41					
11	Ш			clusively for the benefit of, to pe						tion				
				d organizations described in sec	•					LION				
		$\sim$		e type of supporting organization		•		r i i						
		a Type	ш	c Type III–Functiona	, ,		d		e III–Otl					
е	Ш			nization is not controlled directly				•	•					
			•	than one or more publicly support	orted orga	nizations (	Jeschber	u in seci	1011 509	(a)(1)				
		or section 509	( ) ( )	ningtion from the IDC that it is a	Time LTi		مالا مست		~					
f				nination from the IRS that it is a	туре і, ту	pe II, or I	ype iii s	upporting	g					
			check this box											Ш
g		-	<u>-</u>	on accepted any gift or contribution	on from ai	ny of the								
		following per				_								
		.,	•	ntrols, either alone or together wi	th persons	s describe	d in (ii) a	and					Yes	No
		, ,	v, the governing body of the s									11g(i)		
			member of a person describe									11g(ii)		
		. ,	ontrolled entity of a person de	******								11g(iii)		
h			ollowing information about the	e supported organization(s).	165				( )					
(i		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	organization sted in your		you notify nization in	(vi) organizat	Is the ion in col		(vii) Amo		
	Oit	jai iization		above or IRC section		document?	col. (i)	of your	(i) organi	ized in the		Зирр	Oit	
				(see instructions))				port?	1	S.?				
					Yes	No	Yes	No	Yes	No				
(A)														
(B)														
(C)														
(D)					+	-								
(D)														
(E)					+				<u> </u>					
_	_													
Tota	ı										1			

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	482,595	687,400	675,166	598,299	676,170	3,119,630
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	482,595	687,400	675,166	598,299	676,170	3,119,630
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						556,272
6	Public support. Subtract line 5 from line 4						2,563,358
	tion B. Total Support						2,303,330
	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4	482,595	687,400	675,166	598,299	676,170	3,119,630
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,970	31,236	12,999	4,236	2,959	83,400
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						3,203,030
12	Gross receipts from related activities, etc. (s	see instructions)				12	23,925
13	First five years. If the Form 990 is for the	organization's first, s				3)	
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Su	pport Percenta	ige				
14	Public support percentage for 2011 (line 6,	column (f) divided b	y line 11, column (1	f))		14	80.03 <b>%</b>
15	Public support percentage from 2010 Scheo	dule A, Part II, line 1	4			15	71.70 <b>%</b>
16a	33 1/3% support test—2011. If the organization	zation did not check	the box on line 13,	and line 14 is 33 1	/3% or more, chec	k this	
	box and stop here. The organization qualifi	es as a publicly sup	ported organization	١			► X
b	33 1/3% support test—2010. If the organization	zation 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 organiza	ation qualifies as a p	oublicly supported of	organization			▶ _
17a	10%-facts-and-circumstances test—201	1. If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	is	
	10% or more, and if the organization meets	the "facts-and-circu	ımstances" test, ch	eck this box and <b>st</b>	op here. Explain ir	1	
	Part IV how the organization meets the "fac	ts-and-circumstance	es" test. The organi	zation qualifies as a	a publicly supported	d	
	organization						
b	10%-facts-and-circumstances test—201	<ol><li>If the organization</li></ol>	n did not check a b	ox on line 13, 16a,	16b, or 17a, and lir	ne	
	15 is 10% or more, and if the organization	meets the "facts-and	d-circumstances" te	st, check this box a	nd stop here.		
	Explain in Part IV how the organization med supported organization	ets the "facts-and-cir					<b>&gt;</b> [
18	<b>Private foundation.</b> If the organization did instructions	not check a box on	line 13, 16a, 16b, 1	17a, or 17b, check t	his box and see		

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

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

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5						$\dashv$	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b						$\perp$	
8	Public support (Subtract line 7c from							
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	$\top$	(f) Total
9	Amounts from line 6	(4) 200.	(2) 2000	(0) 2000	(4) 20.0	(5) 25 1 1	$\dashv$	(1) 10101
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						$\prod$	
С	Add lines 10a and 10b						4	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)		. 🗆
<u></u>	organization, check this box and stop here						<u></u>	<b>&gt;</b>
	tion C. Computation of Public Su			(£))		Ι,	<u>.</u> T	0/
15 16	Public support percentage for 2011 (line 8,						15 16	<u>%</u>
16 Sec	Public support percentage from 2010 Schero tion D. Computation of Investment						0	%
<u>360</u> 17	Investment income percentage for 2011 (lin			column (f))		1	17	%
	Investment income percentage from 2010						18	<u> </u>
18 19a	33 1/3% support tests—2011. If the organ			 14. and line 15 is m		<del></del>	<u> </u>	/0
ıJa	17 is not more than 33 1/3%, check this box							▶ □
b	33 1/3% support tests—2010. If the organ		-					
-	line 18 is not more than 33 1/3%, check this			·		·		▶ □
20	<b>Private foundation.</b> If the organization did							······· •

Schedule A (Fo	orm 990 or 990-EZ)	2011 Clean	Ocean A	ction,	Inc.	22-2897204	Page 4
Part IV	Supplementa	Information.	Complete this	part to pr	ovide the exp	red by Part II, line onal information. (	10;
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number Clean Ocean Action, Inc. 22-2897204 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year \_\_\_\_\_ Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year \_\_\_\_\_ 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located  ${f u}$ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X u \$ \_\_\_\_\_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X .

3 Using the organization's acquisition, accessors, and other records, check any of the following that are a significant use of its collection terre (check all that apply):  a   Public enhibition   d   Loan or exchange programs	Pa	rt III Organizations Maintaining	Collections of	Art, Historical	Treasures, o	r Other Simila	ar Assets	(continue	ed)	
Scholarly research   c	3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records,	check any of the fo	llowing that are a	significant use of	its			
c   Preservation for thurse generations   A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  Suring the year, did the organization solicit or receive densitions of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, III or 9, or reported an amount on Form 990, Part XI, III or 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part XIV and complete the following table:  4. Amount   1c	а	Public exhibition	d 🗌	Loan or exchange	programs					
c   Preservation for thurse generations   A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  Suring the year, did the organization solicit or receive densitions of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, III or 9, or reported an amount on Form 990, Part XI, III or 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part XIV and complete the following table:  4. Amount   1c	b	Scholarly research	е 🗌	Other	-					
XIV.   So	С	Preservation for future generations	<u></u>							
5 During the year, did the organization solicit or receive donesions of art, historical treasures, or other similar seases to be sold to raise hunds rather han to be maintained as part of 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, insulate, outsidian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIV and complete the following table:  1c Beginning balance  1d Additions during the year  1d Beginning balance  2 Did the organization include an amount on Form 990, Part X, line 21?  2a Did the organization include an amount on Form 990, Part X. line 21?  1b If "Yes," explain the arrangement in Part XIV.  1a Beginning of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment tu	4	Provide a description of the organization's coll	ections and explain I	how they further the	organization's ex	empt purpose in F	Part			
assets to be sold to riske funds rather than to be maintained as part of the organization's collection?		XIV.								
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?	5	During the year, did the organization solicit or	receive donations of	f art, historical treasu	ires, or other sim	ilar				
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?										No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Land Beginning balance  1	Pa	rt IV Escrow and Custodial Arra	angements. Co	mplete if the org	ganization ans	swered "Yes" to	Form 990	, Part IV	′,	
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distribution arrangement in Part XIV  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions c Net Investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment u % c Temporarily restricted endowment u % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (in) unrelated organizations (iii) related organizations (ivestiment) (ivestimen		line 9, or reported an amour	nt on Form 990,	Part X, line 21.						
b If "Yes," explain the arrangement in Part XIV and complete the following table:    C   Beginning balance	1a	•		•						
b If "Yes," explain the arrangement in Part XIV and complete the following table:    C   Beginning balance		included on Form 990, Part X?						Ye	s	No
c Beginning balance	b	If "Yes," explain the arrangement in Part XIV a	and complete the follo	owing table:						
d Additions during the year   1d								Amount		
d Additions during the year   1d	С	Beginning balance								
f Ending balance 2a Dut the organization include an amount on Form 990, Part X, line 217  Deart V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    A Beginning of year balance	d	Additions during the year					1d			
2a Did the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance	е									
b If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the 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 (e)	f	Ending balance								
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c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment u % b Permanent endowment u % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of propeny (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold Improvements d Equipment  4 Equipment 3,457 2,939 518	la h							-		
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programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment u										
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2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment u										
a Board designated or quasi-endowment u %  b Permanent endowment u %  c Temporarily restricted endowment u %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  (investment) (other) (other)  5 Leasehold improvements  d Equipment 3,457 2,939 518  e Other				(line 1g, column (a)	) held as:	•				
b Permanent endowment u % c Temporarily restricted endowment u % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(ii)    b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of properry (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment 4 Q South of the state of the organization is an analysis of the organization of the organization is an analysis of the organization of property  (a) Cost or other basis (other) (other)  5 South of the state of the organization of the organization of the organization of property  (b) Cost or other basis (c) Accumulated depreciation  4 Description of property  5 Suildings 5 C Leasehold improvements 6 Equipment 7 South of the state of the organization of the organizat	а	, •	•	· · · · · · · · · · · · · · · · · · ·						
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(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment) (other)  C Leasehold improvements  d Equipment  Other  3 , 457  2 , 939  518  e Other		organization by:							Yes	No
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment) (other)  C Leasehold improvements  d Equipment  Other  3 , 457  2 , 939  518  e Other		(i) unrelated organizations						3a(i)		
4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment 5 Other  3,457 2,939 518		(ii) related organizations						3a(ii)		
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (a) Equipment  (b) Cost or other basis (other)  (a) Cost or other basis (other)  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value	b	If "Yes" to 3a(ii), are the related organizations	listed as required on	Schedule R?				3b		
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other	4									
(investment)         (other)         depreciation           1a Land         Image: Control of the control of t	Pa						ı			
1a Land         b Buildings         c Leasehold improvements         d Equipment       3,457       2,939       518         e Other		Description of property	` '	, ,			d	(d) Book	value	
b Buildings         C Leasehold improvements         C Leasehold improvem			(investment)	1	(other)	depreciation				
c Leasehold improvements         3,457         2,939         518           e Other         30         3,457         2,939         518	_									
d Equipment       3,457       2,939       518         e Other		Buildings								
e Other	_				2 4 5 7		020		-	10
					3, <del>4</del> 5/		, 737		:	סדמ
				X column (R) line 1	0(c) )		u			.1 Ω

Part VII	Investments—Other Securities. See Form 990,	Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of	f valuation:
	(including name of security)		Cost or end-of-year	ar market value
(1) Financial d	lerivatives			
(2) Closely-hel	d equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u> </u>				
Total. (Column	u (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments—Program Related. See Form 990	, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities. See Form 990, Part X, line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal i	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	(b) must equal Form 990. Part X. col. (B) line 25.)			

<sup>2.</sup> FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2011 Clean Ocean Action, inc.		22-203/204	Page 4
Part XI Reconciliation of Change in Net Assets from Form 99			
1 Total revenue (Form 990, Part VIII, column (A), line 12)			703,054
2 Total expenses (Form 990, Part IX, column (A), line 25)		2	688,631
3 Excess or (deficit) for the year. Subtract line 2 from line 1		3	14,423
4 Net unrealized gains (losses) on investments			-419
5 Donated services and use of facilities		5	
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV.)			
9 Total adjustments (net). Add lines 4 through 8			-419
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 a			14,004
Part XII Reconciliation of Revenue per Audited Financial Stat			,
			702,635
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			,
a Net unrealized gains on investments	2a	-419	
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIV.)	2d		
e Add lines 2a through 2d		2e	-419
3 Subtract line 2e from line 1			703,054
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			7037031
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV.)			
		4c	
<ul> <li>5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</li> </ul>		5	703,054
Part XIII Reconciliation of Expenses per Audited Financial Sta	tements With Fy		703,031
			688,631
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		·····	000,031
a Donated services and use of facilities	2a		
• • • • • • • • • • • • • • • • • • • •			
C Other losses			
d Other (Describe in Part XIV.)		20	
e Add lines 2a through 2d			688,631
<ul> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> </ul>			000,031
· · · · ·	40		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a   4b		
b Other (Describe in Part XIV.)	40	40	
c Add lines 4a and 4b		4c	688,631
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	000,031
Part XIV Supplemental Information	I lines to and to Dort	IV lines the and Oh.	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II			
Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2	za ana 4b. Also comple	ete triis part to provide	
any additional information.			
Part X - FIN 48 Footnote			
Financial Accounting Standards Board (FAS	B) ASC 740-	10, Income Ta	axes,
provides guidance for reporting uncertaint	ty in incom	e taxes. For	the year

ended December 31, 2011, the Organization has documented its consideration of FASB ASC 740-10 and determined that no material uncertain tax positions qualify for either recognization or disclosure in the financial statements.

Schedule D (Form 990) 2011

Schedule D (Fo	rm 990) 2011	Clean	Ocean	Action,	Inc.	22-289720	04	Page <b>5</b>
Part XIV	Supplementa	al Informa	ation (cor	ntinued)				
			(					
• • • • • • • • • • • • • • • • • • • •						 		
•						 		

### 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, Iines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

Open To Public

Name of the organization Employer identification number 22-2897204 Clean Ocean Action, Inc. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations 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? 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. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 2 5 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2011 Clean Ocean Action, Inc. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Special events (add col. (a) through None col. (c)) (event type) (event type) (total number) 23,925 23,925 1 Gross receipts 2 Less: Charitable contributions ..... 3 Gross income (line 1 minus 23,925 23,925 line 2) 4 Cash prizes 5 Noncash prizes ...... 6 Rent/facility costs ..... **Direct Expenses** 7 Food and beverages ... 8 Entertainment ..... 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 ...... Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes ..... **Direct Expenses** 3 Noncash prizes ..... 4 Rent/facility costs ...... 5 Other direct expenses 6 Volunteer labor 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 Enter the state(s) in which the organization operates gaming activities: Is the organization licensed to operate gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2011 Clean Ocean Action, Inc. 22-289	∂720 <i>4</i>	4	F	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	No
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?		Ш	Yes	∐ No
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility	13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name <b>u</b>				
	Address u				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ${f u}$ \$ and the				_
	amount of gaming revenue retained by the third party ${f u}$ \$				
С	If "Yes," enter name and address of the third party:				
	Name <b>u</b>				
	Address <b>u</b>				
16	Gaming manager information:				
	Name <b>u</b>				
	Gaming manager compensation <b>u</b> \$				
	Description of services provided <b>u</b>				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
 а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
_	retain the state gaming license?		$\Box$	Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		ш		ш -
	spent in the organization's own exempt activities during the tax year <b>u</b> \$				
Par	Supplemental Information. Complete this part to provide the explanations required by Part I, li columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also columns to provide any additional information (see instructions).				
	, , , , , , , , , , , , , , , , , , ,				

# SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2011 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Clean Ocean Action, Inc.

Employer identification number 22-2897204

Form 990, Part III, Line 4a - First Accomplishment motivate contemporaries in their schools in action campaigns to protect the ocean. New and emerging leaders are recruited and empowered through the "Next Generation" by connecting with 18 to 30-year old ocean defenders. Volunteers who participate in the COA events and programs are a crosssection of NJ and NY, coming from diverse areas throughout the states. Pollution Abatement - Since its inception in 1984, COA has targeted sources of ocean pollution and has succeeded in closing all eight ocean dumpsites off the coast of NJ. The number one ocean pollution problem in New Jersey and the nation is non-point source pollution (NPSP). COA has many programs to motivate citizens to get involved and make a difference to ebb the tide of NPSP. In addition, COA has worked through state and federal programs to enhance and improve regulations to identify and reduce pollution sources. COA also works at the grassroots level, including litter abatement programs and the Bay Buddy Program to reduce inadvertent sources of pollution from homeowners. Research- COA continues to target sources of ocean pollution by reviewing all ocean discharge permit applications, as well as dredged material management permit applications. In addition, COA monitors federal register notices and state public notices to determine if proposed projects will be detrimental to marine water quality and responds accordingly. Moreover, ocean energy proposals and climate change impacts are reviewed to ensure ocean water quality protection. COA also acts as a watchdog by responding to and investigating calls from citizens about possible polluting activities. All evaluations and subsequent comments are prepared

Name of the organization  Clean Ocean Action, Inc.	Employer identification number 22-2897204
with scientific, technical, and legal expertise to	ensure protection of
marine water quality from pollution, including from	chemical, biological,
litter and floatable materials.	
Form 990, Part VI, Line 2 - Related Party Informati	on Among Officers
Cindy Zipf Adelaide Fr	anklin
Exec. Direct Trustee	
In-law of Adelaide Franklin	
Form 990, Part VI, Line 11b - Organization's Proces	s to Review Form 990
Reviewed at Board of Trustees meeting.	
Form 990, Part VI, Line 12c - Enforcement of Confli	cts Policy
The Board of Trustees meets and monitors compliance	÷
Form 990, Part VI, Line 15a - Compensation Process	for Top Official
The Board of Trustees reviews and approves compensa	tion for the Executive
Director using comparable data and approval is docu	mented
contemporaneously.	
Form 990, Part VI, Line 15b - Compensation Process	for Officers
The Executive Director and Board of Trustees review	s and approves
compensation of officers using comparable data and	approval is documented
contemporaneously.	
Form 990, Part VI, Line 19 - Governing Documents Di	sclosure Explanation
Upon request	

Department of the Treasury Internal Revenue Service

### **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)

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

OMB No. 1545-0047 2010 Open to Public Inspection

<u>A</u>	For the 2010 ca	lendar year, or tax year beginning , and ending				
В	Check if applicable:	C Name of organization		D Emplo	yer identification number	
	Address change	Clean Ocean Action, Inc.				
$\Box$	Name change	Doing Business As		22-	2897204	
$\equiv$	Ü	Number and street (or P.O. box if mail is not delivered to street address)	/suite	E Telepho	one number	
Ħ	Initial return	18 Hartshorne Drive		732	-872-0111	
$\sqsubseteq$	Terminated	City or town, state or country, and ZIP + 4				
	Amended return	Highlands NJ 07732		<b>G</b> Gross recei	pts \$ 623,960	
$\overline{\Box}$	Application pending	F Name and address of principal officer:	<b>\</b>		ffiliates? Yes X No	
ш		Cindy Zipf	) is this a gr	oup return for a		
		18 Hartshorne Drive	Are all af	filiates includ	ed? Yes No	
		Highlands NJ 07732	If "No	," attach a lis	st. (see instructions)	
1	Tax-exempt statu	s: X 501(c)(3) 501(c) ( ) <b>t</b> (insert no.) 4947(a)(1) or 527				
J	Website: u V	ww.cleanoceanaction.org H(c	) Group ex	cemption nun	nber <b>u</b>	
K	Form of organization:	X Corporation Trust Association Other <b>u</b> L Year of for	mation: 1	984	${f M}$ State of legal domicile: ${f NJ}$	
Р	art I S	ummary				
	1 Briefly de	escribe the organization's mission or most significant activities:				
	Our	goal is to improve the degraded water quality of the wat				
Governance	Jers	ey/New York coast through research, education, and citize	zen ac	tion.		
rna						
ove.	2 Check th	is box <b>u</b> if the organization discontinued its operations or disposed of more than 25% of its r	net assets			
Ğ		of voting members of the governing body (Part VI, line 1a)			12	
න් ගු	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	12	
Activities	5 Total nur	nber of individuals employed in calendar year 2010 (Part V, line 2a)		. 5	14	
댨		about of walking to any faction of the contract of the contrac			9000	
⋖		elated business revenue from Part VIII, column (C), line 12		· · <del></del>	7000	
		lated business taxable income from Form 990-T, line 34				
	<b>D</b> Not unic	aded business taxable income from Form 550-1, line 54	Prior Year		Current Year	
_	8 Contribut	ions and grants (Part VIII, line 1h)	675	5,166	598,299	
Jue		service revenue (Part VIII, line 2g)			•	
Revenue	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)	12,999			
æ	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,346	4,236 21,425	
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,511	623,960	
		nd similar amounts paid (Part IX, column (A), lines 1–3)		,		
		and to be for an archan (Dort IV) and archan (A) line (A)				
	l		406	5,804	421,170	
ses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)		,, , , ,		
xpenses	h Total fun	other compensation, employee benefits (Part IX, column (A), lines 5–10)  anal fundraising fees (Part IX, column (A), line 11e)  draising expenses (Part IX, column (D), line 25) u 50,885				
Ä		(Death) (Death) (A) Free AA - A	360	,202	258,183	
		penses (Part IX, column (A), lines 11a-11d, 11f-24f) penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,006	679,353	
	l .	less expenses. Subtract line 18 from line 12		1,495	-55,393	
ρď			ning of Curr		End of Year	
sets	20 Total ass	ets (Part X, line 16)	1,013	3,556	953,900	
ASS	21 Total liab	ilities (Part X, line 26)	13	3,183	7,764	
Net Assets or	22 Net asse	ts or fund balances. Subtract line 21 from line 20	1,000		946,136	
P	art II Si	gnature Block			•	
U		erjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my	knowledge a	nd belief, it is	
tru	ue, correct, and co	mplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	dge.	· ·		
Sig	an 🔽 🗆	Signature of officer		Date		
He		Cindy Zipf Executive	Dir	ector		
		Type or print name and title				
		pe preparer's name Preparer's signature	Date	Check	if PTIN	
Pai	. l `	Maisano, CPA	05/12/		ployed P00359999	
Pre	parer Firm's r	Comment of the state of the sta	•	irm's EIN }	22-1866743	
	e Only	7 Century Drive, Suite 301		IIII S EIIN <b>f</b>	22 1000/13	
		D		hono no	973-605-2777	
Max	firm's a	e this return with the preparer shown above? (see instructions)	Į P	hone no.	y voc	

Pa	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	
0	Our goal is to improve the degraded water quality of the waters of Jersey/New York coast through research, education, and citizen ac	
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 X 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 X No
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section	
4	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.	
	and the total of the total act, it any, for each program control reported.	
4a	a (Code: ) (Expenses \$ 575,421 including grants of \$ ) (Revenue \$	)
	Education and Outreach - Clean Ocean Action, Inc. (COA) works to	educate
	and motivate citizens, businesses, and organizations to improve a	
t	the waters off the New Jersey and New York coast. COA is a coalit	cion of
0	over 125 participating organizations with thousands of individual	
	memberships and sends monthly newsletters and action alerts to th	
	participating organizations and over 2000 individuals on the mail	
	Essential to educating and motivating citizens are diverse and er	
р	programs, including the semi-annual Beach Sweeps, semi-annual Stu	ıdent
	Summits, Education Curriculum Kit, 10 Tip Series, and e-activism	and social
	networking campaigns. The Student Ocean Advocate program engages	
r	representatives from high schools in Ocean and Monmouth Counties	to
4h	n (Code: \ \ (Evpenses \$ \ including grants of \$ \ \ \ Revenue \$	1
4b	o (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4b		
4c	Code: (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
4c		

**Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ complete Schedule A Χ Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C. Χ Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," Χ complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." Χ complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a **b** Did the organization report an amount for investments—other securities in Part X. line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Χ 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Χ to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Form 990 (2010) Clean Ocean Action, Inc.

Part IV Checklist of Required Schedules (continued)

	One of the dame of		V	NI.
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
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? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Χ
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			7.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R,			7.5
	Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		3,7	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable \_\_\_\_\_\_ b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Χ 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ account)? If "Yes," enter the name of the foreign country:  ${f u}$ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible? Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Χ If "Yes," did the organization notify the donor of the value of the goods or services provided? Χ 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities h Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Χ Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ......

Form 990 (2010) Clean Ocean Action, Inc. 22-2897204 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. X Check if Schedule O contains a response to any question in this Part VI ... Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? Χ Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Χ 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Each committee with authority to act on behalf of the governing body? Χ 8b 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 ... Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10a Does the organization have local chapters, branches, or affiliates? Χ 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? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13 Χ 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization ...... 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 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 **u** NJ 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.

for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website U Upon request

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

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  $\mathbf{u}$  Clean Ocean Action, Inc. 18 Hartshorne Drive

organization: **u** Clean Ocean Action, Inc. 18 Hartshorne Drive Highlands NJ 0773

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

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

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

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

,								npensated any current officer, director, or trustee.			
(A) Name and Title	(B) Average	Doo	ition /		C)	hat ap	ادرام	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated	
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	or director		Officer		ਲੇ Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
(1) Larry Hall											
Treasurer	1.00	Х		Х				0	0	0	
(2) John Wnek											
Trustee	1.00	Х						0	0	0	
(3) Tom Fagan	1 00	37		Х				0	0	0	
<u>President</u> (4) William Feinberg	1.00	X		Λ				U	0	0	
Trustee	1.00	Х						0	0	0	
(5) Ben Forest	1.00	$\frac{1}{\Lambda}$						0	U	<u> </u>	
Trustee	1.00	Х						0	0	0	
(6) Adelaide Frankli		1									
Trustee	1.00	Х						0	0	0	
(7) Leo Gasienica											
Vice President	1.00	Х		Х				0	0	0	
(8) Suzanne Golas											
Trustee	1.00	Х						0	0	0	
(9) Patsy Guttenplan											
Trustee	1.00	Х						0	0	0	
(10) Pat Schneider											
Secretary	1.00	Х		Х				0	0	0	
(11) Jim Lovgren	4 00	l									
Trustee	1.00	X						0	0	0	
(12) Jeff Martin	1 00	3,7							0	0	
Trustee (13) Cindy Zipf	1.00	X						0	0	0	
	40.00			37				F2 020	0	0 002	
Exec. Direct (14) Mary-Beth Thomps	40.00	<del> </del>		Х				52,838	0	8,003	
	40.00			Х				40 000	0	0	
Operat. Dir.	40.00	$\vdash$	$\vdash$	^				48,000	U	0	
(15)											
(16)											

(A) Name and Title	(B) Average			((	C)	hat ap		(D)  Reportable compensation	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of					
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		other compensions from organize and rel organize	er sation the ation ated			
(17)															
(18)															
(19)															
(20)															
(21)															
(22)	-														
(23)	-														
(24)	-														
(25)															
(26)															
(27)															
(28)															
1b Sub-total							u	100,838				8,	003		
c Total from continuation she d Total (add lines 1b and 1c)	•							100,838				0	003		
<ul><li>d Total (add lines 1b and 1c) .</li><li>2 Total number of individuals (in</li></ul>									00,000 in			ο,	003		
reportable compensation from	the organization	u	0										1		
3 Did the organization list any fo	ormer officer. dire	ctor o	or tru	stee.	. kev	emr	olove	e. or highest compensated				Yes	No		
employee on line 1a? If "Yes,"  4 For any individual listed on line								and other companion from			3		X		
organization and related organ	nizations greater tl	nan 🤄	150,	,000?	? If "	Yes,"	con	nplete Schedule J for such							
individual		ue co	 ompe	 ensat	 ion f	rom a	 anv i	unrelated organization or inc	dividual		4		X		
for services rendered to the or	rganization? If "Ye						•	<u> </u>			5		Х		
Section B. Independent Contract  1 Complete this table for your fi		nsate	ed in	dene	nder	nt coi	ntrac	tors that received more than	n \$100 000 of						
compensation from the organia	zation.	- Ioutt	, a iii				T					(C)			
Name an	(A) d business address							Descript	(B) tion of services		Co	(C) mpensa	tion		
2 Total number of independent	contractors (includ	ling b	out no	ot lim	nited	to th	ose	listed above) who							
received more than \$100,000	in compensation t	rom	the c	organ	nizati	on u	ı		0						

Pa	<u>rt V</u>	III Statement of Reve	enue					
					<b>(A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s s	1a	Federated campaigns	1a			TOVOTIGO		012, 010, 01 011
ant	h	Manakanakia aktaa	1b	-				
nog	١	E - Lateta	1c	-				
fts, r al	ا ا							
<u>.</u>	a	Related organizations	1d					
ns,	e		1e					
utic	f	All other contributions, gifts, grants,						
oth		and similar amounts not included above	1f	598,299				
Contributions, gifts, grants and other similar amounts	g h			u	598,299			
				Busn. Code	·			
Service Revenue	2a							
Rev	b							
ce		·		1				
ervi	ا 2							
Se	d							
Program \$	e							
rog	l t	All other program service rever						
Ь	g							
	3	Investment income (including of	dividends, intere	est,				
		and other similar amounts)		u	4,236			4,236
	4	Income from investment of tax-	exempt bond p	roceeds <b>u</b>				
	5	Royalties	<u></u>	u				
		(i) Real	(ii)	Personal				
	6a	Gross Rents						
	b	Less: rental exps.						
	c	Rental inc. or (loss)						
	d	Net rental income or (loss)		u				
		Gross amount from (i) Securities		ii) Other				
		sales of assets	,	.,,				
	١.	other than inventory						
	D	Less: cost or other						
		basis & sales exps.						
	С	Gain or (loss)						
	d	Net gain or (loss)		u				
ne	8a	Gross income from fundraising even						
nu		(not including \$						
eve		of contributions reported on line 1c)						
Other Reven		See Part IV, line 18	a	21,425				
the	b	Less: direct expenses	b					
0		Net income or (loss) from fund		u	21,425			
		Gross income from gaming activities						
		See Part IV, line 19						
	b	Less: direct expenses	b					
		Net income or (loss) from gam		- ,,				
		Gross sales of inventory, less	ing activities	u				
	IVa		_					
	١.	returns and allowances						
		Less: cost of goods sold	b					
	С	Net income or (loss) from sales						
		Miscellaneous Revenue	•	Busn. Code				
	11a	·						
	b							
	С	*						
	d	All other revenue						
	е	Total. Add lines 11a–11d		u				
	ا ا	Total revenue See instruction			623 960	0	0	4 236

### 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).

_		complete column (A) but a		(C)	(D)
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	Management and	( <b>D</b> ) Fundraising
	, <b>8b</b> , <b>9b</b> , and <b>10b</b> of Part VIII.  Grants and other assistance to governments and		expenses	general expenses	expenses
1	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2					
3	the U.S. See Part IV, line 22  Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	•				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 020	66 270	20 526	E 042
_	trustees, and key employees	100,838	66,270	29,526	5,042
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	060 460	025 526		06.004
7	Other salaries and wages	262,460	235,536		26,924
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	25.25	21 252	2 1 5 5	
9	Other employee benefits	26,304	21,852	2,138	2,314
10	Payroll taxes	31,568	26,225	2,565	2,778
11	Fees for services (non-employees):				
а	Management				
b	Legal	25,400	20,574	4,826	
С	Accounting	6,000	4,860	1,140	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	180	150	14	16
13	Office expenses	33,315	27,850	2,632	2,833
14	Information technology				
15	Royalties				
16	Occupancy	9,000	7,524	711	765
17	Travel	9,733	8,137	769	827
18	Payments of travel or entertainment expenses	į	Ź		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	691	577	55	59
23	Insurance	7,304	6,106	577	621
24	Other expenses. Itemize expenses not covered	7,301	0/100	311	V-1-1
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	Printing and publications	62,963	52,637	4,974	5,352
b	Direct program expense	37,746	37,746	1,011	3,332
C	Consultants	26,372	26,372		
d	Supplies	16,666	13,933	1,317	1,416
	Equipment rental	9,063	7,577	716	770
e		13,750	11,495	1,087	1,168
f 25	All other expenses		575,421		
25	Total functional expenses. Add lines 1 through 24f	679,353	3/3, <del>4</del> ∠⊥	53,047	50,885
26	Joint costs. Check here <b>u</b> if following SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational				
DAA	campaign and fundraising solicitation				Form <b>990</b> (2010)

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest bearing			706,310	1	648,695
	2	Savings and temporary cash investments			300,000	2	300,000
	3	Pledges and grants receivable, net		L		3	
	4	Accounts receivable, net		L		4	
		Receivables from current and former officers, directors, to					
		employees, and highest compensated employees. Compl	ete Part II	of			
		Schedule L		L		5	
	6	Receivables from other disqualified persons (as defined u					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contrib	uting			
		employers and sponsoring organizations of section 501(c	)(9) volunt	ary			
		employees' beneficiary organizations (see instructions) .		6			
Assets		Notes and loans receivable, net				7	
SS	8	Inventories for sale or use		Γ		8	
⋖	9	Prepaid expenses and deferred charges		Γ	3,694	9	3,589
-		Land, buildings, and equipment: cost or	.[				
		other basis. Complete Part VI of Schedule D	10a	3,457			
	b	Less: accumulated depreciation	10b	2,595	1,553	10c	862
-		Investments—publicly traded securities				11	
-	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
		Intangible assets				14	
-	15	Other assets. See Part IV, line 11			1,999	15	754
.		Total assets. Add lines 1 through 15 (must equal line 34)			1,013,556	16	953,900
		Accounts payable and accrued expenses			13,183	17	7,764
-		Grants payable				18	
-	19	Deferred revenue		· · · · · · · · · · · · · · · · · · ·		19	
:	20	Tax-exempt bond liabilities				20	
တ	21	Escrow or custodial account liability. Complete Part IV of	Schedule	D		21	
OΙ		Payables to current and former officers, directors, trustee					
ig		employees, highest compensated employees, and disqua	-	ons.			
<u>  a</u>		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third				23	
		Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			13,183	26	7,764
S		Organizations that follow SFAS 117, check here u			,		,
Balances		lines 27 through 29, and lines 33 and 34.		·			
<u> </u>		Unrestricted net assets			945,373	27	916,136
Ba	28	Temporarily restricted net assets			55,000	28	30,000
<u> </u>		B			,	29	,
Fund		Organizations that do not follow SFAS 117, check he	re u	and			
		complete lines 30 through 34.					
S		One ital ata also as to sat ordinal and assessment formula				30	
je j		Paid-in or capital surplus, or land, building, or equipment				31	
35	32	Retained earnings, endowment, accumulated income, or	other fund	s		32	
~		Total net assets or fund balances			1,000,373	33	946,136
ž	34	Total liabilities and net assets/fund balances		·····	1,013,556	34	953,900

Form **990** (2010)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		 		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	23,9	960
2	Total expenses (must equal Part IX, column (A), line 25)	2	679,353		
3	Revenue less expenses. Subtract line 2 from line 1	_	_	55,	393
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,0	00,3	373
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,	156
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	9.	46,	136
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		 		
	, , , , , , , , , , , , , , , , , , ,			Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		2a		Х
b			2b	Х	
С	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?		2c	Х	
	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 separate basis, consolidated basis, or both:				
	X 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?		3a		Х
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.	<u></u>	 3b		

### SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Clean Ocean Action, Inc.

Employer identification number 22-2897204

Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ns.			
	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)													
1	J.ga.	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
_	Н	•												
2	Н		scribed in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E.) r a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>											
3	Н	•	•	· ·	` '		70/1-1/41	/ A \ /:::\	C-4 4b		italla mana			
4	Ш	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	Ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
		section 170(I	b)(1)(A)(iv). (Complete Part I	I.)										
6	Ш	A federal, sta	te, or local government or go	vernmental unit described in sec	tion 170(l	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). (Co	mplete Part II.)										
8		A community	trust described in section 17	'0(b)(1)(A)(vi). (Complete Part II	.)									
9	П	An organization	on that normally receives: (1)	more than 33 1/3% of its suppo	rt from co	ntributions	, membe	ership fe	es, and	gross				
	_	receipts from	activities related to its exemp	ot functions-subject to certain ex	ceptions,	and (2) no	o more t	han 33 1	1/3% of	its				
		support from	gross investment income and	I unrelated business taxable inco	me (less :	section 51	1 tax) fr	om busii	nesses					
			·	, 1975. See <b>section 509(a)(2).</b> (	•		,							
10			-	clusively to test for public safety		,	a)(4).							
11	Н	-	•	clusively for the benefit of, to pe		•		carry ou	t the					
•	ш	Ū	•	d organizations described in sec				•		tion				
			. ,	e type of supporting organization	,	, , ,		` , ` ,						
		a Type		c Type III–Functiona			d	—ĭ	e III–Otł	ner				
е	$\Box$	ш	<b>□</b> ′′	nization is not controlled directly										
-	Ш			than one or more publicly support										
			·	than one of more publicly suppo	Jiteu oigai	iizalions (	aescribe(	J 111 3601	1011 303	(a)(1)				
		or section 509	` , ` ,	nination from the IDS that it is a	Tuno I Tu	no II or T	مالا مصن	unnortin	~					
t				nination from the IRS that it is a	туре і, ту	pe II, or I	ype III s	upporun	g					
		•	check this box										Ш	
g				on accepted any gift or contribution	on from ar	ny of the								
		following per												
		(i) A persor	who directly or indirectly cor	ntrols, either alone or together wi	th persons	describe	d in (ii) a	and			_	Yes	No	
		(iii) belov	v, the governing body of the s	supported organization?							11g(i)		<u> </u>	
			member of a person describe											
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(i	i)		
h		Provide the f	ollowing information about the	supported organization(s).										
(i)		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	3	. ,	ou notify		ls the	(vii) A	(vii) Amount of		
	org	anization		(described on lines 1–9	in col. (i) listed in your governing document?		the organization in col. (i) of your support?		organization in col. (i) organized in the U.S.?		sup	port		
				above or IRC section (see instructions))										
				, , ,	Yes	No	Yes	No	Yes	No				
(A)														
					<u> </u>									
(B)												·		
(C)														
יחי									-					
(D)														
(E)														
Tota														

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

Schedule A (Form 990 or 990-EZ) 2010

Part II

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

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

Sec	tion A. Public Support				•						
Cale	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	)	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	586,935	482,595	687,400	675,166	598	, 299	3,030,395			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
<b>4 5</b>	Total. Add lines 1 through 3  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	586,935	482,595	687,400	675,166	598	,299	3,030,395			
	shown on line 11, column (f)							776,383			
6	Public support. Subtract line 5 from line 4							2,254,012			
	etion B. Total Support	( ) 2000	# > 0007	( ) 0000	( 1) 0000	( ) 0046					
	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	(d) 2009	<b>(e)</b> 2010		(f) Total			
7 8	Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	586,935 32,870	482,595 31,970	687,400 31,236	675,166 12,999	598,299 4,236		3,030,395			
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)										
11	Total support. Add lines 7 through 10							3,143,706			
12	Gross receipts from related activities, etc. (s	,				<b>.</b>	12	21,425			
13	First five years. If the Form 990 is for the	-		•				. $\Box$			
	organization, check this box and stop here	<u></u>					<u></u>	<b>.</b>			
Sec	tion C. Computation of Public Su										
14	Public support percentage for 2010 (line 6,	column (f) divided b	y line 11, column (	f))			14	71.70 %			
15	Public support percentage from 2009 Scheo						15	69.49 <b>%</b>			
16a	33 1/3% support test—2010. If the organize				/3% or more, check	k this		٠. ==			
	box and <b>stop here.</b> The organization qualifies as a publicly supported organization $X$										
b	33 1/3% support test—2009. 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										
17a b	10%-facts-and-circumstances test—2010. 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
	Explain in Part IV how the organization med	ets the "facts-and-ci	rcumstances" test.	The organization qu	ualifies as a publicl	•		▶ □			
18	supported organization  Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check t	this box and see			. $\Box$			
	instructions							<u> </u>			

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

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

Sec	tion A. Public Support	-								
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year									
С	Add lines 7a and 7b									
8	<b>Public support</b> (Subtract line 7c from line 6.)									
Sec	tion B. Total Support									
	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total			
9	Amounts from line 6	,	, ,	, ,	. ,	, ,	, , , , , , , , , , , , , , , , , , ,			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
С	Add lines 10a and 10b									
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
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, fourt	h, or fifth tax year a	s a section 501(c)(	3)				
	organization, check this box and stop here						<b>&gt;</b> L			
	tion C. Computation of Public Su			(D)			<del></del>			
15	Public support percentage for 2010 (line 8,	column (f) divided I	by line 13, column	(t))		15	%			
16 Sec	Public support percentage from 2009 Sched tion D. Computation of Investment						%			
<u>360</u>	Investment income percentage for 2010 (lir			column (f))		17	%			
18	Investment income percentage from 2009 S						%			
19a	33 1/3% support tests—2010. If the organ			4, and line 15 is mo						
	17 is not more than 33 1/3%, check this box						▶ □			
b	33 1/3% support tests—2009. 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 <b>stop here.</b> The organization qualifies as a publicly supported organization									
20	Private foundation. If the organization did						▶□			

Schedule A (Fo	orm 990 or 990-EZ) 2010	Clean	Ocean	Action,	Inc.		22-2897204	Page 4
Part IV	Supplemental Info	ormation. (	Complete 1	this part to p	provide the	explanations requise part for any add	uired by Part II, line 10 ditional information. (So	);

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

OMB No. 1545-0047

2010

Employer identification number

Clean Ocean <i>P</i>	Action, Inc.   22-2897	204
Organization type (check or	·	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or one contributor. Complete Parts I and II.	
Special Rules		
sections 509(a)(1) ar	)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the 0 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts	
the year, aggregate	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or es, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
the year, contribution aggregate to more the year for an exclusive applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during one for use exclusively for religious, charitable, etc., purposes, but these contributions did not than \$1,000. If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> nization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more	
Caution. An organization tha 990-EZ, or 990-PF), but it muline 2 of its Form 990-PF, to	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, nust 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
For Paperwork Reduction Act	t Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990,	990-EZ, or 990-PF) (2010)

Name of organization

Clean Ocean Action, Inc.

Employer identification number 22-2897204

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 1	Geraldine Dodge Foundation 63 Madison Avenue  Morristown NJ 07962	\$ 60,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 2	Aveda 4000 Pheasant Ridge Dr. NE Blaine MN 55449	\$ 32,963	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 3	Mary Reinhart Stackhouse Foundation 100 Federal Street  Boston MA 02110	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 4	The William Penn Foundation  2 Logan Square 11th Floor  100 North 18th Street Philadelphia PA 19103	\$ 82,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 5	The Fund For New Jersey 94 Church Street Ste 303 New Brunswick NJ 08901	\$ 30,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 6	Atlantic City Electric 5100 Harding Highway Mays Landing NJ 08330	\$ 20,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Page	2	of	2	of Part I

Name of organization Clean Ocean Action, Inc. Employer identification number 22-2897204

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 7	Comcast 3220 Tillman Dr. Ste 400 Bensalem PA 19020	\$ 18,760	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	• • • • • • • • • • • • • • • • • • • •	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

 $\boldsymbol{u}$  Attach to Form 990.  $\boldsymbol{u}$  See separate instructions.

2010
Open to Public Inspection

Name of the organization Employer identification number Clean Ocean Action, Inc. 22-2897204 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year \_\_\_\_\_ 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located  ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? | Yes | No 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 \_\_\_\_\_\_\_\_ u \$\_\_\_\_\_\_\_ (ii) Assets included in Form 990, Part X u \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X . . . .

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Pa	art III Organizations Maintaining C	collections of Art, Hi	storical Treas	ures, o	r Other Si	milar As	sets (d	continu	ed)	
3	Using the organization's acquisition, accession, a collection items (check all that apply):	and other records, check an	y of the following t	hat are a	significant us	e of its				
а	a Public exhibition d Loan or exchange programs									
b	Scholarly research	_								
С	Preservation for future generations									
4	Provide a description of the organization's collect	tions and explain how they	further the organiz	ation's ex	empt purpose	in Part				
	XIV.	,	ŭ							
5	During the year, did the organization solicit or rec	ceive donations of art. histo	rical treasures, or o	other simi	lar					
	• •							Ye	s	No
Pa	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
	line 9, or reported an amount		-					,	,	
1a	Is the organization an agent, trustee, custodian of			assets no	ot .					
	included on Form 990, Part X?	•						Ye	s	No
b	If "Yes," explain the arrangement in Part XIV and	complete the following tab	le:							J
	, ,	,						Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year									
f										
	Did the organization include an amount on Form	990. Part X. line 21?						Ye	s	No
	If "Yes," explain the arrangement in Part XIV.									,
Pa	art V Endowment Funds. Complet	e if organization ans	wered "Yes" to	Form	990, Part I	V, line 1	0.			
		(a) Current year	(b) Prior year		years back	(d) Three y		(e) Four	years	back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the year end	d balance held as:		l .						
	Board designated or quasi-endowment <b>u</b>									
	Permanent endowment <b>u</b> %									
	: Term endowment <b>u</b> %									
_	Are there endowment funds not in the possession	n of the organization that a	re held and admini	stered for	the					
	organization by:	· ·						[	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations list	ted as required on Schedule	e R?					3b		
4	Describe in Part XIV the intended uses of the organization									
Pa	art VI Land, Buildings, and Equipn	nent. See Form 990,	Part X, line 10	Э.						
	Description of investment	(a) Cost or other basis	(b) Cost or other	basis	(c) Accur	mulated		(d) Book	value	
		(investment)	(other)		depred	iation				
1a	Land									
	Buildings									
	: Leasehold improvements									
d	I Equipment		3	,457		2,59	5		- {	362
	Other									

Schedule D (Form 990) 2010

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Part VII	Investments—Other Securities. See Form 990	, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-year	ar market value
(1) Financial of	derivatives			
(2) Closely-hel	ld equity interests			
(3) Other				
(C)				
/⊔\				
(I)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments—Program Related. See Form 990	, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-yea	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
	n (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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities. See Form 990, Part X, line 25			
1.	(a) Description of liability	(b) Amount		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)			-	
(6)			-	
(7)				
(8)				
(9)				
(10)			-	
(11)	n (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>			
· Juli (Obluitii	1 (5) mast oqual i omi 500, i alt A, 601. (b) iiilo 20.)	Ī		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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.

Schedule D (Fo	rm 990) 2010	Clean	Ocean	Action,	Inc.	22-289720	)4	Page <b>5</b>
Part XIV	orm 990) 2010 Supplement	al Informa	ation (con	itinued)				
				-				
•						 		

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

Supplemental Information Regarding

OMB No. 1545-0047

Open To Public

Internal Revenue Service

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.

u Attach to Form 990 or Form 990-EZ. u See separate instructions. Department of the Treasury

Employer identification number Name of the organization 22-2897204 Clean Ocean Action, Inc. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events In-person solicitations 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? 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. (iii) Did fund-(i) Name and address of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) (or retained by) from activity (or retained by) custody or fundraiser listed in organization control of contributions? col. (i) Yes No 2 5 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Clean Ocean Action, Inc. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Special events (add col. (a) through None col. (c)) (event type) (event type) (total number) 1 Gross receipts ...... 21,425 21,425 2 Less: Charitable contributions ..... 3 Gross income (line 1 minus 21,425 21,425 line 2) 4 Cash prizes ..... 5 Noncash prizes ..... 6 Rent/facility costs ..... **Direct Expenses** 7 Food and beverages 8 Entertainment ...... 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 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. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes ..... **Direct Expenses** 3 Noncash prizes ..... 4 Rent/facility costs ..... 5 Other direct expenses 6 Volunteer labor ..... 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 ...... Enter the state(s) in which the organization operates gaming activities: Is the organization licensed to operate gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2010 Clean Ocean Action, Inc. 22-289		4	ı	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	No
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?		$\sqcup$	Yes	∐ No
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility	13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name <b>u</b>				
	Address u				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ${f u}$ \$ and the				
	amount of gaming revenue retained by the third party ${f u}$ \$				
С	If "Yes," enter name and address of the third party:				
	Name <b>u</b>				
	Address <b>u</b>				
16	Gaming manager information:				
	Name <b>u</b>				
	Gaming manager compensation <b>u</b> \$				
	Description of services provided ${f u}$				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
47	Manufatan, distributions				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			Vaa	□ No
h	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or		Ш	Yes	NO
b	spent in the organization's own exempt activities during the tax year <b>u</b> \$				
Par	Trick Supplemental Information. Complete this part to provide the explanations required by Part I,	line 2	h		
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also part to provide any additional information (see instructions).			this	
	, ,				

## SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Clean Ocean Action, Inc.

Form 990, Part III, Line 4a - First Achievement

Employer identification number 22-2897204

motivate contemporaries in their schools in action campaigns to protect the
ocean. New and emerging leaders are recruited and empowered through the
"Next Generation" by connecting with 18 to 30-year old ocean defenders.
Volunteers who participate in the COA events and programs are a cross-
section of NJ and NY, coming from diverse areas throughout the states.
Pollution Abatement - Since its inception in 1984, COA has targeted sources
of ocean pollution and has succeeded in closing all eight ocean dumpsites
off the coast of NJ. The number one ocean pollution problem in New Jersey
and the nation is non-point source pollution (NPSP). COA has many programs
to motivate citizens to get involved and make a difference to ebb the tide
of NPSP. In addition, COA has worked through state and federal programs to
enhance and improve regulations to identify and reduce pollution sources.
COA also works at the grassroots level, including litter abatement programs
and the Bay Buddy Program to reduce inadvertent sources of pollution from
homeowners.
Research- COA continues to target sources of ocean pollution by reviewing
all ocean discharge permit applications, as well as dredged material
management permit applications. In addition, COA monitors federal register
notices and state public notices to determine if proposed projects will be

detrimental to marine water quality and responds accordingly. Moreover,

ocean energy proposals and climate change impacts are reviewed to

ensure ocean water quality protection. COA also acts as a watchdog by

Employer identification number

Name of the organization

Clean Ocean Action, Inc.	22-2897204
responding to and investigating calls f	rom citizens about possible
polluting activities. All evaluations as	nd subsequent comments are prepared
with scientific, technical, and legal e	xpertise to ensure protection of
marine water quality from pollution, in	cluding from chemical, biological,
litter and floatable materials.	
Form 990, Part VI, Line 2 - Related Par	ty Information Among Officers
Cindy Zipf	Adelaide Franklin
Exec. Direct	Trustee
In-law of Adelaide Franklin	
Form 990, Part VI, Line 11b - Organizat	ion's Process to Review Form 990
Reviewed at Board of Trustees meeting.	
Form 990, Part VI, Line 12c - Enforceme	nt of Conflicts Policy
The Board of Trustees meets and monitor	s compliance.
Form 990, Part VI, Line 15a - Compensat	
The Board of Trustees reviews and appro	
Director using comparable data and appr	
contemporaneously.	
	' B
Form 990, Part VI, Line 15b - Compensat	
The Executive Director and Board of Tru	
compensation of officers using comparab	
contemporaneously.	

Name of the organization Clean Ocean Action, Inc.	Employer identification number 22-2897204
Form 990, Part VI, Line 19 - Governing Documents Disclosu	re Explanation
Upon request	

REQUEST FOR 45R CREDIT ONLY **Exempt Organization Business Income Tax Return** OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2010 or other tax year beginning Open to Public Inspection for Department of the Treasury Internal Revenue Service u See separate instructions. 501(c)(3) Organizations Only Check box if Name of organization ( Check box if name changed and see instructions.) D Employer identification number address changed (Employees' trust, see instructions.) Exempt under section X 501( C)( 3) Clean Ocean Action, Inc. Print 22-2897204 408(e) 220(e) or Number, street, and room or suite no. If a P.O. box, see instructions. 18 Hartshorne Drive 408A 530(a) Type Unrelated business activity codes City or town, state, and ZIP code 529(a) (See instructions.) Highlands NJ 07732 Book value of all assets F Group exemption number (See instructions.) **u** at end of year 953,900 401(a) trust **G** Check organization type **u** X 501(c) corporation 501(c) trust Other trust Describe the organization's primary unrelated business activity. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No If "Yes," enter the name and identifying number of the parent corporation. 732-872-0111 Clean Ocean Action, The books are in care of **u** Telephone number u Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Gross receipts or sales 1a Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) b Capital loss deduction for trusts ..... 4c C Income (loss) from partnerships and S corporations (attach statement) 5 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule.) 12 12 13 **Total.** Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 17 18 18 Interest (attach schedule) 19 Taxes and licenses Charitable contributions (See instructions for limitation rules.) 20 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 22 23 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26 26 Excess readership costs (Schedule J) 27 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 28 29 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Net operating loss deduction (limited to the amount on line 30) 31 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) 33 1,000 33 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, 34

enter the smaller of zero or line 32

Pa	rt III	Tax Computation												
35	Organiza	ations Taxable as Corporati	ons. See	e instruction	s for tax	com	putation. Controlle	d group	)					
	members	s (sections 1561 and 1563) c	heck here	u	See i	nstru	ctions and:							
а	Enter yo	ur share of the \$50,000, \$25,					ne brackets (in tha	t order	):					
	(1) \$	(2) \$												
b		ganization's share of: (1) Add												
	(2) Addi	tional 3% tax (not more than	\$100,000)						\$					
С	Income t	ax on the amount on line 34								. •	35c			
36	Trusts T	axable at Trust Rates. See	instruction	ns for tax c	omputation	on. In	come tax on							
											36			
37	Proxy ta	x. See instructions								. •	37			
38	Alternativ	ve minimum tax									38			
39	Total. A	dd lines 37 and 38 to line 35c	or 36, wh	nichever ap	olies			<u></u>			39			
		Tax and Payments												
40a		tax credit (corporations attach	Form 11	18; trusts a	ttach Fo	rm 11	116)	40a			4			
b		edits (see instructions)						40b			_			
С	General	business credit. Attach Form	3800					40c			_			
d		r prior year minimum tax (atta												
e	Total cre	edits. Add lines 40a through	40d								40e			
41	Other taxe	line 40e from line 39									41			
42	Check if fi										42			0
43	December 1	c. Add lines 41 and 42						   44a			43			
		s: A 2009 overpayment credi						44a 44b			4			
b	Tay don	imated tax payments				• • • •		44c			-			
c d	Foreign	osited with Form 8868 $\dots$ organizations: Tax paid or wit	hhold at e		inetruction	nne)		44d			-			
e		withholding (see instructions)						44e			-			
f	Credit fo	r small employer health insur	ance nren	 niums (Δtta	ch Form	8941		44f	1	, 586				
g		edits and payments:			CIT I OIIII	0541	'/	177	<u> </u>	, 500				
9	Form	n 4136	T 01111 2-43	Other			Total 11	44a						
45		yments. Add lines 44a through									45		1.5	586
46	Estimate	d tax penalty (see instructions	s). Check	if Form 22:	 20 is atta	ched				u III	46			
47		. If line 45 is less than the total									47			
48		ment. If line 45 is larger than									48		1,5	586
49		amount of line 48 you want: Crec					•		Refund		49			586
Pa	rt V	Statements Regarding				nd	Other Informa	ation	(see instructions)					
1	At any tim	e during the 2010 calendar year,	did the orga	anization hav	e an intere	est in	or a signature or othe	er autho	rity over a financial				Yes	No
	account (b	oank, securities, or other) in a fore	ign country	? If YES, the	organizat	ion m	ay have to file Form	TD F 90	0-22.1, Report of Forei	gn				
	Bank and	Financial Accounts. If YES, enter	the name of	of the foreign	country h	nere u	ı							Х
2	During th	ne tax year, did the organizati	on receive	a distribut	ion from,	or w	as it the grantor of	f, or tra	nsferor to, a foreigr	r trust?				Х
	If YES, s	see instructions for other form	s the orga	nization ma	ay have t	to file								l
3		e amount of tax-exempt intere												
Sche		- Cost of Goods Sol	<b>d.</b> Ente	r method	l of inv	ento	ory valuation u	1						
1	Inventory	at beginning of year	1			6	Inventory at end	of year			6			
2	Purchase	es	2			7	· ·		Subtract line 6 from					
3	Cost of la		3			4	line 5. Enter here	e and ir	Part I, line 2		7		1 1	
	costs (atta		4a			8			263A (with respect				Yes	No
b		hedule)	4b			4			equired for resale) a	apply				
_5		dd lines 1 through 4b penalties of perjury, I declare that I have	5	io rotura indudi	ing cocoming	nuina a	to the organization		he heat of my limeuladge o	nd boliof	it in true	<del></del>		
C:	correct	, and complete. Declaration of preparer (								na beller,	it is true,	May the IDC d	licauca thia	c roturn
Sign												May the IRS d with the preparation (see instruction	rer shown	below
Her	l —				<u>u</u>							(see instruction		7
	Signa	ature of officer		Date	Tit	tle							ν <b>3</b>	No
D-!-!			Victor	Maisano,	CPA			Da		Check		PTIN	000	0
Paid	0.00	Preparer's signature	n 17-	60070	، 7	7\ ~	anainta		<u>5/12/11</u>		nployed	P0035		
Prep							<u>sociates,</u> a 201	LL	r			u 22-1		
OSE	Only	Firm's address <b>u</b> 7 Cen	_	Σ M.T DETV∈	-		= 301			L	rnone no.	973-60	J-Z	111

(see instructions)	me (From R	leal Propert	y and	Per	sonal Propert	y Lea	ased With Ro	eal Property	/)		
1. Description of property											
(1) N/A											
(2)											
(3)											
(4)											
	<b>2.</b> Rer	nt received or acc	rued								
(a) From personal property (if the for personal property is more more than 50	than 10% but not	ре	rcentage o	of ren	and personal property at for personal property at is based on profit or	y excee	eds	n) Deductions dire in columns 2(a)	-	cted with the income attach schedule)	
(1)											
(2)											
(3)											
(4)											
Total		Total					(b) To	otal deductions.			
(c) Total income. Add totals of here and on page 1, Part I, line	o 1 (a)	nd 2(b). Enter			u		Enter	here and on page line 6, column (B)			
Schedule E - Unrelated							•				
			:	<b>2.</b> Gr	oss income from or ble to debt-financed			ctions directly con lebt-financed prop		h or allocable to	
1. Description of deb	or-illanced property	y		alloca	property		(a) Straight line (attach se		(b) Other deductions (attach schedule)		
(1) N/A											
(2)											
(3)											
(4)											
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	cquisition debt on or cable to debt-financed of or allocable to debt-financed property		<b>6.</b> Column 4 divided by column 5			7. Gross incor (column 2 x	•	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)						%					
(2)						%					
(3)						%	)				
(4)						%					
Totals						u	Enter here and Part I, line 7, o			here and on page 1, line 7, column (B).	
Total dividends-received dedu			<u> </u>	<u></u>	<u></u>		<u> </u>	u			
Schedule F - Interest, A	Annuities, Ro	oyalties, an	d Rent					(see instruction	ons)		
1. Name of controlle	.d	2. Employ	·or	<u>E</u>	xempt Controlled	Orga	inizations	1			
organization	eu	identification r			Net unrelated income (ss) (see instructions)		Total of specified ayments made	5. Part of column included in the organization's g	controlling	<b>6.</b> Deductions directly connected with income in column 5	
(1) N/A											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations										
7. Taxable Income	,	8. Net unrela (loss) (see in			<b>9.</b> Total of specifi payments made		<b>10.</b> Part of co included in thorganization's	ne controlling		Deductions directly nected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals						u	Add columns 5 a Enter here and o Part I, line 8, col	on page 1,	Enter h	lumns 6 and 11. ere and on page 1, ine 8, column (B).	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income		2. Amount of income		Deductions     directly connected     (attach schedule)		4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col.4)	
(1) N/A										
(2)										
(3)										
(4)										
Totals u		Enter here and on page 1, Part I, line 9, column (A).							er here and on page 1, I, line 9, column (B).	
Schedule I – Exploited Exen	npt Activity In	come, Oth	ner Than	Advertising In	come	(see instruc	tions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp dire connect produc unrel business	ctly ted with tion of lated	4. Net income (loss) from unrelated trade or business (column) 2 minus column 3). If a gain, compute cols. 5 through 7.	from is no	oss income activity that t unrelated ess income	<b>6.</b> Expe attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1) N/A										
(2)										
(3)										
(4)										
Totals u	Enter here and on page 1, Part I, line 10, col. (A).	Enter her page 1 line 10,	, Part I,						Enter here and on page 1, Part II, line 26.	
Schedule J – Advertising Inc	come (see instr	ructions)								
Part I Income From P			a Conso	lidated Basis						
1. Name of periodical	2. Gross advertising income	3. D advertisir		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1) N/A										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5)) u  Part II Income From P	osio dio ala Dos			to Basia (Fan		- wi- di- al li	ata dia F	) - ut         t'	II in anhuman	
2 through 7 on a	-		a Separa	ile basis (FUI 6	васп р	enouicai ii	sted III F	ait II, II	ii iii coluiiiis	
2 tillough 7 on 8	inie-by-line b	14515.)			1					
(2)										
(3)										
(4) (5) Totals from Part I										
Totals, Part II (lines 1-5) u	Enter here and on page 1, Part I, line 11, col. (A).	Enter her page 1, line 11,							Enter here and on page 1, Part II, line 27.	
Schedule K – Compensation	of Officers	Directors	and Trus	stees (see instru	ctions)					
<b>1.</b> Name				2. Title 3. Perce time devo			Percent of devoted to usiness	voted to		
(1) N/A							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, Part	II, line 14						u			
									Form 990-T (2010)	

### Form **894**1

**Credit for Small Employer Health Insurance Premiums** 

See separate instructions.Attach to your tax return.

OMB No. 1545-2198

2010
Attachment 63

Department of the Treasury Internal Revenue Service

Internal	Revenue Service		Sequence No. <b>03</b>	
Name(s)	) shown on return	Identifying	Identifying number $22 - 2897204$	
Cle	ean Ocean Action, Inc.	22-28		
	·			
	Enter the number of individuals you employed during the tax year who are considered			
•	employees for purposes of this credit (see instructions)	1	14	
2	Enter the number of full-time equivalent employees you had for the tax year (see instructions). If			
)	you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2	8	
3 /	Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or			
ı	more, skip lines 4 through 11 and enter -0- on line 12	3	45,000	
4	Premiums you paid during the tax year for employees included on line 1 for health insurance			
(	coverage under a qualifying arrangement (see instructions)	4	31,727	
	Premiums you would have entered on line 4 if the total premium for each employee equaled the			
á	average premium for the small group market in which you offered health insurance coverage			
(	(see instructions)	5	47,207	
<b>6</b> I	Enter the <b>smaller</b> of line 4 or line 5		31,727	
7 1	Multiply line 6 by the applicable percentage:			
•	• Tax-exempt small employers, multiply line 6 by 25% (.25)			
•	• All other small employers, multiply line 6 by 35% (.35)	7	7,932	
<b>8</b> I	If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions		7,932	
9	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	9	1,586	
	Enter the total amount of any state premium subsidies paid and any state tax credits available to		•	
	you for premiums included on line 4 (see instructions)	10		
11 5	Subtract line 10 from line 4. If zero or less, enter -0-	11	1,586	
12	Enter the <b>smaller</b> of line 9 or line 11	12	1,586	
	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of		= / = = =	
	employees included on line 1 for whom you paid premiums during the tax year for health			
	insurance coverage under a qualifying arrangement (see instructions)	13	9	
	Enter the number of full-time equivalent employees you would have entered on line 2 if you only			
		14	20	
	included employees included on line 13  Credit for small employer health insurance premiums from partnerships, S corporations,		20	
	· · · · · · · · · · · · · · · · · · ·	15		
	cooperatives, estates, and trusts (see instructions)  Add lines 12 and 15. Partnerships and S corporations, stop here and report this amount on			
		16	1,586	
	Schedule K; all others, go to line 17		1,300	
	Credit for small employer health insurance premiums included on line 16 from passive activities	47		
	(see instructions)		1,586	
	Subtract line 17 from line 16	18	1,560	
	Credit for small employer health insurance premiums allowed for 2010 from a passive activity			
	(see instructions)	19		
	Carryback of the credit for small employer health insurance premiums from 2011	20		
	Add lines 18 through 20. Cooperatives, estates, and trusts, go to line 22. Tax-exempt small			
	employers, skip lines 22 and 23 and go to line 24. All others, stop here and report this amount		1 506	
(	on Form 3800, line 29h	21	1,586	
	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see			
i	instructions)	22		
	Cooperatives, estates, and trusts, subtract line 22 from line 21. Stop here and report this amount			
•	on Form 3800, line 29h	23		
<b>24</b>	Enter the amount you paid in 2010 for taxes considered payroll taxes for purposes of this credit		4.5.5.5	
(	(see instructions)	24	48,292	
25	Tax-exempt small employers, enter the <b>smaller</b> of line 21 or line 24 here and on Form 990-T,			
I	ine 44f	25	1,586	