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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2005

Form 990-EZ

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

Department of the Treasury Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: OCEANA ADVOCACY RESOURCES, INC. D Employer identification number: 31-1814181. E Telephone number: (202) 833-3900. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method: Cash, Accrual. H Check if the organization is not required to attach Schedule B.

I Website: N/A. J Organization type: 501(c)(4). K Check if the organization's gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 5,989.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions)

Table with 9 rows for Revenue. Line 1: 5,989. Line 9: 5,989.

Table with 8 rows for Expenses. Line 16: MISCELLANEOUS, 785. Line 17: 1,035.

Table with 4 rows for Net Assets. Line 18: 4,954. Line 19: <115,219.>. Line 21: <110,265.>.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

Table with 7 rows for Balance Sheets. Line 25: 3,108. Line 26: 118,327. Line 27: <115,219.>.

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<b>Part III Statement of Program Service Accomplishments</b> (See page 42 of the instructions )		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? <u>SEE STATEMENT 2</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28 <u>SEE STATEMENT 1</u>		
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	1,035.
29 _____		
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____		
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (attach schedule)		
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32 1,035.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 42 of the instructions )				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- )	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ANDREW SHARPLESS 2501 M STREET, NW, WASHINGTON, DC 200	CHIEF EXECUTIVE OFFICER 1.00	0.	0.	0.
JAMES SIMON 2501 M STREET, NW, WASHINGTON, DC 200	EXECUTIVE VP 1.00	0.	0.	0.

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14 )		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement )	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0.			
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A	
39 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> N/A, section 4912 <input type="checkbox"/> N/A, section 4955 <input type="checkbox"/> N/A			
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	40b		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>			0.
d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>			0.

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41 List the states with which a copy of this return is filed ▶ SEE STATEMENT 4
- 42a The books are in care of ▶ THE ORGANIZATION Telephone no ▶ (202) 833-3900  
 Located at ▶ 2501 M STREET, NW, WASHINGTON, DC ZIP + 4 ▶ 20037
- b 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 account)?
- |     | Yes | No |
|-----|-----|----|
| 42b |     | X  |
| 42c |     | X  |
- If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for Form TD F 90-22 1
- c At any time during the calendar year, did the organization maintain an office outside of the U S ?
- If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | N/A

**Please Sign Here**

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

Signature of officer: [Signature] Date: 11/6/06

Type or print name and title: Jim Simon, EVP / CFO

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 10/24/06 Check if self-employed  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed): RAFFA, P.C. EIN: \_\_\_\_\_

address and ZIP + 4: 1899 L STREET, NW, SUITE 600 WASHINGTON, DC 20036 Phone no: (202) 822-5000

FORM 990-EZ STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 1

STATEMENT

OAR'S MISSION IS TO PROMOTE THE DESIGN AND EFFECTIVE IMPLEMENTATION OF POLICIES AT BOTH THE NATIONAL AND INTERNATIONAL LEVELS AIMED AT PROTECTING AND RESTORING MARINE FISHERIES AND OTHER LIVING MARINE RESOURCES AND THE ECOSYSTEMS IN WHICH THEY EXIST; AND TO ENGAGE THE PUBLIC IN MARINE ECOSYSTEM ADVOCACY EFFORTS.

	GRANTS	EXPENSES
	<u>                    </u>	<u>                    </u>
TO FORM 990-EZ, LINE 28		1,035.
	<u>                    </u>	<u>                    </u>

FORM 990-EZ PART III - STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2

EXPLANATION

OCEANA ADVOCACY RESOURCES, INC. (OAR) PROMOTES THE DESIGN AND EFFECTIVE IMPLEMENTATION OF POLICIES AT BOTH THE NATIONAL AND INTERNATIONAL LEVELS AIMED AT PROTECTING AND RESTORING MARINE FISHERIES AND OTHER LIVING MARINE RESOURCES AND THE ECOSYSTEMS IN WHICH THEY EXIST; AND TO ENGAGE THE PUBLIC IN MARINE ECOSYSTEM EFFORTS.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ

LIST OF STATES RECEIVING COPY OF RETURN  
PART V, LINE 41

STATEMENT 4

STATES

AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NY, NC, ND, OH, OK, OR  
PA, RI, SC, TN, UT, VA, WA, WV, WI