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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form 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)

OMB No 1545-1150

2009

Open to Public Inspection

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, 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. G Accounting method: Cash, Accrual. H Check if the organization is not required to attach Schedule B.

I Website: N/A. J Tax-exempt status (check only one): 501(c)(4). K Check if the organization is not a section 509(a)(3) supporting organization.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 60,663.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 60,663. Expenses total: 11,467. Net Assets total: 51,543.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 27 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 2,347. Total liabilities: 0. Net assets: 2,347.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses
What is the organization's primary exempt purpose? SEE STATEMENT 4		<small>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)</small>
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, and other relevant information for each program title.		
28	SEE STATEMENT 3	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 11,467.
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 11,467.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(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 F. SHARPLESS, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	CHIEF EXECUTIVE OFFICER 1.00	0.	0.	0.
JIM F. SIMON, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	EXEC VP/CFO/GEN'L COUN. 1.00	0.	0.	0.
KEITH ADDIS, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	CHAIR 1.00	0.	0.	0.
DR. KRISTIAN PARKER, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	VICE CHAIR 1.00	0.	0.	0.
JAMES SANDLER, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	TREASURER 1.00	0.	0.	0.
SIMON SIDAMON-ERISTOFF, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	SECRETARY 1.00	0.	0.	0.
HERBERT M. BEDOLFE, III, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	DIRECTOR 1.00	0.	0.	0.
TED DANSON, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	DIRECTOR 1.00	0.	0.	0.
CESAR GAVIRIA, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	DIRECTOR 1.00	0.	0.	0.
MARIA EUGENIA GIRON, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	DIRECTOR 1.00	0.	0.	0.
STEPHEN P. MCALLISTER, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	DIRECTOR 1.00	0.	0.	0.
MICHAEL NORTHROP, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	DIRECTOR 1.00	0.	0.	0.
DR. DANIEL PAULY, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	DIRECTOR 1.00	0.	0.	0.
SALLY-CHRISTINE RODGERS, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	DIRECTOR 1.00	0.	0.	0.
SAM WATERSTON, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	DIRECTOR 1.00	0.	0.	0.
VALARIE L. WHITING, 1350 CONNECTICUT AVE, NW, WASH., DC 20036	DIRECTOR 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		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 outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 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	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ SEE STATEMENT 5		
42a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (202) 833-3900 Located at ▶ 1350 CONNECTICUT AVE, NW, 5TH FL, WASHINGTON, DC ZIP + 4 ▶ 20036		
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)?		X
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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: ▶ _____		X
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 <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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

Sign Here Date 11/11/10

Signature of officer *[Signature]*

Type or print name and title **JAMES F. SIMON, EXECUTIVE VICE PRESIDENT & GENERAL COUNSEL**

Paid Preparer's Use Only

Preparer's signature *[Signature]* Date 9/29/10

Check if self-employed

Preparer's identifying number (See instr)

Firm's name (or yours if self-employed), address, and ZIP + 4 **RAFFA, P.C. 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036**

EIN Phone no. (202) 822-5000

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
BANK CHARGES	181.
ADVERTISING	5,000.
MISCELLAENOUS EXPENSE	1,244.
TOTAL TO FORM 990-EZ, LINE 16	6,425.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

- 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

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.

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

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

STATEMENT 5

STATES

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

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

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization OCEANA ADVOCACY RESOURCES, INC.	Employer identification number 31-1814181
	Number, street, and room or suite no. If a P.O. box, see instructions. 1350 CONNECTICUT AVE., NW, NO. 5TH FL	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. WASHINGTON, DC 20036	

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

- Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

THE ORGANIZATION

• The books are in the care of **▶ 1350 CONNECTICUT AVE, NW, 5TH FL - WASHINGTON, DC 20036**
 Telephone No. **▶ (202) 833-3900** FAX No. **▶**

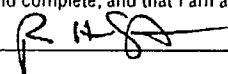
• If the organization does not have an office or place of business in the United States, check this box
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box . If it is for part of the group, check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

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**
 5 For calendar year **2009**, or other tax year beginning _____, and ending _____
 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification

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

Signature **▶ ** Title **▶ CPA** Date **▶ 8/3/10**