# Form **990**

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047 2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2014 calend	dar year, or tax y				, 2014, and	dending	Jun	30	,	2015	
В	Check if a	pplicable:	C Name of organiza	ation The	e Ocean	Foundati	on			D Employ		ication number	<del></del>
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J	Webs	ite: > www	w.oceanfdn	.org				Н(	c) Group e	exemption nu	mber 🟲		
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မွာ	4 N	umber of ind	ependent voting r	members	of the goverr	ning body (Par	t VI, line 16) 🗻		· · · ·		4		4
₹	5 To	otal number o	of individuals emp	ployed in o	calendar yea	r 2014 (Part V	, line 2a)				5		23
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⋖			d business revenu								7a		0.
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Bara		`	(Part X, line 26)			• • • • • • •	· • • • · · · ·	· · · ·	2	,796,0			,522.
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		Signature	***************************************		**************************************							•••	
Unde	r penalties : lete. Declar	of perjury, I decla ration of preparer	are that I have examine r (other than officer) is t	ed this return, based on all i	including accom- information of wh	panying schedules	and statements, and to	o the best of	my knowle	edge and beli	ef. it is true	, correct, and	
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APPENDEN			Washing	gton			C 20002-4	909		Phone no.		547-27	 27
May	the IRS	discuss this	return with the pr	eparer sh	own above?	(see instruction	ons)		• , , ,		· · · ·	X Yes	No

# Form 990 (2014) The Ocean Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2		2	Х	
3	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		Х
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	4	Х	
5	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, Part III	5		Х
6	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	6	Х	
7	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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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	9		Х
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	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
k	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	11 b		X
C	bid 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	11 c		Х
c	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	11 d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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	12 b		Χ
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16	Х	
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		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
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		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

# Form 990 (2014) The Ocean Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
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	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
1	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  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		Х
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):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	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		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		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, Part II, III, or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	of 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		X
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?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
RAA				

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			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	110
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2	a 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 2 a 23			
	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4	a 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)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
3	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		ļ
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a 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?	7 a		Х
	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 с	***************************************	Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Χ
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
٥	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	REALING INC.	(27)0 (36)0	0.0000000000000000000000000000000000000
٥	organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds,	_		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		Χ
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	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.			
	a is the organization licensed to issue qualified health plans in more than one state?	13 a		occupantations.
	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			
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	]	Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
BAA	TEFA0105 05/28/14	Form	000 (2	1044

Form 990 (2014) The Ocean Foundation 71-0863908 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. Section A. Governing Body and Management No Yes 1 a 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 1 a 4 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 . . . . . 4 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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 Χ Did the organization make any significant changes to its governing documents 4 Χ Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . 5 Χ 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8 a Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes 10 a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . . . . 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliales, and branches to ensure their operations are consistent with the organization's exempl purposes?.............. 10 h Χ 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b Χ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х 13 Χ Χ 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? Х 15 a  $\boldsymbol{b}$  Other officers or key employees of the organization . . . . . . . . . . . . . 15 b Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a 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?........... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > See Form 990, Page 6, Line 17 (continued) Section 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. Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

- 1 a 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.

per la	(E) Reportable compensation from	(F)	
Continue   Continue	rotated argonizations	Estimaled amount of other compensation	
Secretary & Director	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
Treasurer & Director X 0.  (3) Carlos De Paco 1.00 X 0.  Director X 0.  (4) Walter Howes 1.00 X 0.  Director (12/14 - Present) X 0.  (5) Samantha Campbell 1.00 X 0.  Director (7/14 - 8/14) X 0.  (6) Kristen Rechberger 1.00	0.	0	
Director X 0.  (4) Walter Howes 1.00 X 0.  Director (12/14 - Present) X 0.  (5) Samantha Campbell 1.00 X 0.  Director (7/14 - 8/14) X 0.  (6) Kristen Rechberger 1.00	0.	. 0	
Director (12/14 - Present) X 0.  (5) Samantha Campbell 1.00 X 0.  Director (7/14 - 8/14) X 0.  (6) Kristen Rechberger 1.00	0.	0	
Director (7/14 - 8/14) X 0.  (6) Kristen Rechberger 1.00	0.	0	
	0.	0	
	0.	0	
(7) Mark J Spalding       60.00         President       X         239,091.	0.	26,835	
(8) Karen Muir Chief Operating Officer 40.00 X 82,747.	0.	10,901	
(9) Shana Miller         40.00         X         109,890.	0.	7 <b>,</b> 803.	
(10) William Mott40.00X101,000.Program ManagerX101,000.	0.	7,070.	
(11)			
(12)			
(13)			
(14)			

Part VII   Section A. Officers, Directors, Tr		Key	En			es,	an	d Highest Con	pensated Em	ployees (continued)
(A) Name and title	Average hours per week	box	, unte	Pos check ess pe	rson	than o	an lee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensalion from the organization and related organizations
(15)						-			A	
(16)							_			
(17)									44444	
(18)										
(19)									**************************************	
(20)						***************************************				
(21)									A STATE OF THE STA	
(22)										
(23)									<del>^</del> ~····	
(24)										
(25)										**************************************
1 b Sub-total			• •		• •		<b>-</b>	532,728.	0.	52,609.
c Total from continuation sheets to Part VII, Secti							•	raa 700		50.600
Total number of individuals (including but not limite from the organization	d to those i	isted	abo	ve)	who	rece	ive	532,728. d more than \$100,0	0.00 of reportable co	52,609. mpensation
THE OF STREET									<del></del>	Ves Ne
3 Did the organization list any <b>former</b> officer, director on line 1a? If 'Yes,' complete Schedule J for such in	, or trustee	, key	emp	ploye	ee, c	r hìg	hes	st compensated em	ployee	Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to	portable co	mper	ısati <i>If "</i> Ye	ion a	nd o	other	cor Sch	mpensation from		
5 Did any person listed on line 1a receive or accrue of for socials and state of the argonization? If I've a line of the argonization and the argonization are also are a line of the argonization and the argonization are also are a line of the argonization and the argonization are also are a	ompensati	on fro	m a	ny ι	nrel	ated	ora	anization or individ	 ual	• 4 X
for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors  1 Complete this table for your five highest compensa:	ed indeper	ident	con	trac	tors	thati	rece	eived more than \$1	00 000 of	
compensation from the organization. Report compe	nsation for	the c	aler	ndar	yea	rend	ling	with or within the o	rganization's tax ye	ear. (C)
Name and business addr	<b>ess</b> Capitol H	<del>l</del> eiah	nts	MD	2	074	3	Description of Financial m		Compensation 115,324.
	.,					- / 4		a accepted to the	on off of	110,023.
Total number of independent contractors (including \$100,000 of compensation from the organization.)	but not lim	ited to	o the	ose I	iste	d abo	ove)	who received more	e than	
BAA	<u></u>	FFA01	ino (	03/00	11 C					Form 990 (2014)

		Check if Schedule O	contains a respo	nse or note to any li	ne in this Part VIII .		<i></i>	[_]
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Tts	1 1	a Federated campaigns .		6,782.				
E 5	1	Membership dues	1b					
S, E	(	Fundraising events	1 с					
# F	•	d Related organizations .	1 d					
J.E	١,	Government grants (contributi	ons) . 1 e	571,144.				
8 00	١.	All other contributions wifts a	ranto and					
五五	'	<ul> <li>All other contributions, gifts, g similar amounts not included a</li> </ul>	above . 1f	6,076,712.				
きる	١,	Noncash contributions include		99,925.				
Contributions, Gifts, Grants and Other Similar Amounts	li	Total. Add lines 1a-1f .		<u> </u>	6,654,638.			
				Business Code	0,004,000.			
\$	2 8	Government Con	tracte	900099	123,892.	122 002	0.	^
<b>₩</b>		Fees_for_Service		900099	298,328.	123,892.	0.	0.
93		Other Program I		900099	9,498.	298,328. 9,498.	†	0.
Ε		. Acter tradrami	vezeine – –	900099	9,498.	9,498.	0,	0.
S								
Ö		All other program service						
Program Service Revenue	ŧ	Total. Add lines 2a-2f .			401 7710			
					431,718.			
	3	Investment income (incluother similar amounts) .			1,450.	0.	0.	1 450
	4	Income from investment			1,430.	V .	<u> </u>	1,450.
	5	Royalties	-	•				
	-		(i) Real	(ii) Personal				
	6 6	Gross rents	42,400					
	i	Less: rental expenses	42,400					
		: Rental income or (loss)	42,400					
	1	Net rental income or (los			40 400	40 466		_
	i	· 1	(i) Securities	(ii) Other	42,400.	42,400.	0.	0.
	7 a	Gross amount from sales of assets other than inventory	98,544		10.000000000000000000000000000000000000			
		1	98,344	•				
	k	Less: cost or other basis and sales expenses	00 005					
	,	Gain or (loss)	99,925 -1,381			5 0 3 5 0 6 0		
		Net gain or (loss)	-1,361	<u>·                                      </u>	1 201			4 0 0 4
ş		Gross income from fundr (not including \$	aising events		-1,381.	0.	0.	-1,381.
ě		of contributions reported	on line 1c).					
P.		See Part IV, line 18		a				
7		Less: direct expenses		b				La Santa de Maria
Other Reven		: Net income or (loss) from						
U		Gross income from gamin See Part IV, line 19	•	a				
		Less: direct expenses		b				
		: Net income or (loss) from		<u> </u>				
			-					
	10 a	Gross sales of inventory, and allowances		a				
	b	Less: cost of goods sold		b				
		: Net income or (loss) from						
		Miscellaneous Revenu		Business Code				
	11 a	<u> </u>		7-7				
	b		**** *** *** *** *** ***					
	c							
	ď	All other revenue		· · · · · · · · · · · · · · · · · · ·				
		Total. Add lines 11a-11d		. , ,			a con con per una protection so	
	12	Total revenue. See instri			7 100 005	474 310		
					7,128,825.	474,118.	0.1	69.

# Part IX Statement of Functional Expenses

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	967,553.	967,553.		expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members	382,310.	382,310.		
5	Compensation of current officers, directors.				
•	trustees, and key employees	389,224.	159,202.	183,578.	46,444.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).		The state of the s		
7	Other salaries and wages	781,296.	645,102.	113,954.	22,240.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,776.			
9	Other employee benefits	68,738.	37,946. 52,742.	4,830.	4,000.
10	Payroll taxes	87,301.	52,742. 62,407.	15,802. 20,256.	194.
11	Fees for services (non-employees):	07,301.	02,407.	20,236.	4,638.
a	Management	and the same of th			
Ł	Legal	17,727.	8,602.	7,425.	1,700.
c	Accounting	139,748.	57,236.	67,140.	15,372.
c	Lobbying	100,710.	37,230,	07,140.	13,312.
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	1,822,702.	1,706,814.	92,263.	23,625.
	Advertising and promotion	<b>8,</b> 556.	7,685.	320.	551.
13	Office expenses	128,500.	110,548.	13,527.	4,425.
14	Information technology	64,803.	46,681.	14,746.	3,376.
15	Royalties				
16	Occupancy	173,315.	85,205.	71,695.	16,415.
17 18	Travel	352,855.	328,530.	11,655.	12,670.
19 20	Conferences, conventions, and meetings Interest	106,204.	87,032.	10,289.	8,883.
21	Payments to affiliates			MW	
22	Depreciation, depletion, and amortization	23,272.	14,227.	7,360.	1,685.
23	Insurance	57,731.	30,468.	22,184.	5,079.
	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.)				
а	Project & field expenses	180,270.	180.270.	0.	0.
	Training & development	7,769.	7.429.	277.	63.
C	Licenses, taxes & fees	7,667	3.449	3,432.	786
d	Exchange rate differential	6,296.	0.	6,296.	0.
	All other expenses				
	Total functional expenses. Add lines 1 through 24e.	5,820,613.	4,981,438.	667,029.	172,146.
	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 ► ☐ if following SOP 98-2 (ASC 958-720)				
3AA	OUT 30-2 (AOC 330-720)	<u> </u>		<u> </u>	Form <b>990</b> (2014)

		Check if Schedule O contains a response or note to any line in this Part X	,		
*****			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing	218,306.	1	47,105.
	2	Savings and temporary cash investments	1,189,419.	2	1,483,835.
	3	Pledges and grants receivable, net	1,139,017.	3	2,301,150.
	4	Accounts receivable, net	83,765.	4	144,355.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	12,787.	9	24,655.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	12,707.		24,033,
	b	Less: accumulated depreciation	1,988.	10 c	11,930.
	11	Investments – publicly traded securities	1,700.	11	11,000.
	12	Investments – other securities. See Part IV, line 11	138,735.	12	133,812.
	13	Investments – program-related. See Part IV, line 11	±20,730.	13	133,012.
	14	Intangible assets		14	30,638.
	15	Other assets. See Part IV, line 11	12,042.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,796,059.	16	12,042.
	17	Accounts payable and accrued expenses	203,654.	17	4,189,522. 127,156.
	18	Grants payable	203,034.	18	12/11/0.
	19	Deferred revenue		19	52 <b>,</b> 877.
	20	Tax-exempt bond liabilities		20	<u> </u>
6)	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		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	3,100.	25	117,303.
	26	Total liabilities. Add lines 17 through 25	206,754.	26	297,336.
ß		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete			
8		lines 27 through 29, and lines 33 and 34.			
밀	27	Unrestricted net assets	1,354,713.	27	1,508,743.
Ba	28	Temporarily restricted net assets	1,234,592.	28	2,383,443.
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds		30	o meninter des des des des des des de la company de la
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>=</u>	33	Total net assets or fund balances.	2,589,305.	33	3,892,186.
Z	34	Total liabilities and net assets/fund balances	2,796,059.	34	4,189,522.
BA			<u> </u>	<del></del>	Form <b>990</b> (2014)

		71-08	363908		P	age '
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. [
1	Total revenue (must equal Part VIII, column (A), line 12)		1		28,	
2	Total expenses (must equal Part IX, column (A), line 25)		2		20,	
3	Revenue less expenses. Subtract line 2 from line 1	[	3		08,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4		89,	
5	Net unrealized gains (losses) on investments		5		-5,	
6	Donated services and use of facilities		6	***************************************	<u> </u>	<u> </u>
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)).	1	0	3,8	92	106
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·		• • •		<del></del>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	eria-Yanameriya	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	on a	A CONTRACTOR OF THE CONTRACTOR			
ı	were the organization's financial statements audited by an independent accountant?			2 b	Х	
	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:			20		
	X Separate basis Consolidated basis Both consolidated and separate basis					
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,		2 c	Х	

BAA Form 990 (2014)

3 a

3 b

Χ

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**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

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# 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.

Attach to Form 990 or Form 990-F7

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2014

The Ocean Foundation 71-0863908 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 Х 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 11 or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (I) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization listed (vi) Amount of other (v) Amount of monetary organization support (see instructions) support (see instructions) in your governing document? Yes No (C) (D) Total

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

# 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						
begi	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Oo not include any 'unusual grants.')	4,766,405.	4,717,934.	4,303,385.	4,724,273.	6,654,638.	25,166,635.
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	4,766,405.	4,717,934.	4,303,385.	4,724,273.	6,654,638.	25,166,635.
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)						5,791,690.
6	Public support. Subtract line 5 from line 4						19,374,945.
Sec	tion B. Total Support						<u> </u>
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	4,766,405.	4,717,934.	4,303,385.	4,724,273.	6,654,638.	25,166,635.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9 <b>,</b> 601.	3,027.	3,723.	4,617.	43,850.	64,818.
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 VI.)	0.	6,102.	0.	0.	0.	6,102.
	Total support. Add lines 7 through 10						25,237,555.
12	Gross receipts from related activitie	es, etc (see instruc	ctions)			12	2,053,013.
13	First five years. If the Form 990 is organization, check this box and st	for the organization top here	on's first, second, t	hìrd, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 2014			, column (f))		14	76.77 <b>%</b>
15	Public support percentage from 20	13 Schedule A, Pa	art II, line 14	. <i></i>	· · · · · · · · · · · ·	15	79.93 <b>%</b>
16 a	33-1/3% support test $-$ 2014. If t and stop here. The organization ${\bf q}$						
b	33-1/3% support test — 2013. If the and stop here. The organization q	ne organization did qualifies as a public	I not check a box o cly supported organ	n line 13 or 16a, a nization	nd line 15 is 33-1/3	3% or more, check	this box
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	ets the 'facts-and-	circumstances' tes	t, check this box a	nd stop here. Exp	lain in Part VI how	
	10%-facts-and-circumstances te or more, and if the organization meorganization meets the 'facts-and-circumstances' facts-and-circumstances te organization meets the 'facts-and-circumstances' facts-and-circumstances te or more, and if the organization meets the 'facts-and-circumstances' facts-and-circumstances' facts-	eets the 'facts-and- circumstances' test	circumstances' tes t. The organization	t, check this box a qualifies as a publ	nd <b>stop here.</b> Exp licly supported org	lain in Part VI how anization	the ▶
18	Private foundation. If the organiza	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instructio	ns ▶

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	ction A. Public Support							
	ndar year (or fiscal yr beginning in) 🟲 👚	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(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							
3	tax-exempt purpose					and a second a second and a second a second and a second		
<b>4</b> 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	Total. Add lines 1 through 5	MANAGEMENT AND ALL OF THE STATE	ANTONIO PARIO PARI			Markette Markette de Markette		***************************************
ŀ	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.							
	Add lines 7a and 7b							
	<b>Public support</b> (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2010	( <b>b)</b> 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
9	Amounts from line 6							
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
c	: 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						1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					and de an abhair de ann de an de		
	Total support. (Add lines 9, 10c, 11 and 12.)							
	First five years. If the Form 990 is organization, check this box and st	top here		hird, fourth, or fifth	tax year as a secti	on 501(c)(3)		▶
	tion C. Computation of Pul			M				
	Public support percentage for 2014						15	e e
	Public support percentage from 20						16	- P
	tion D. Computation of Inv							
	Investment income percentage for						17	ે
	Investment income percentage from						18	용
	33-1/3% support tests — 2014. If is not more than 33-1/3%, check the	nis box and <b>stop h</b> e	<b>ere.</b> The organizat	ion qualifies as a p	ublicly supported o	rganization .		►
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, of	check this box and	stop here. The or	ganization qualifies	as a publicly supp	orted organiz	ation	
20	Private foundation. If the organiza	ation did not check	a box on line 14,	19a, or 19b, check	this box and see ir	structions		•

# Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3 <i>a</i>		
j	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination	3b		
•	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ı	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
•	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 2	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
ı	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
(	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9 a	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <b>Part VI</b>	9a		
k	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
c	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
l0 a	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
k	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Đ:	art IV Supporting Organizations (continued)			4300
10,700,000			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		,,,,	
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	~	
Se	ction B. Type I Supporting Organizations			<u></u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form <i>99</i> 0 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			****
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	:		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
,	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b>	3a		
ı	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3 b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on to other Type III non-functionally integrated supporting organizations must complete Sec	Noven ctions	nber 20, 1970. <b>See instruc</b> A through E.	ctions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ē	Average monthly value of securities	1 a		
k	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1 c		
c	Total (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
_ 5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).	d Typ	e III supporting organizatio	n

BAA

Schedule A (Form 990 or 990-EZ) 2014

	edule <b>A</b> (Form 990 or 990-EZ) 2014			Page 7
	rt V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	itions (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizatio	ns,	
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ation is responsive (provid	e details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			,
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
е	From 2013			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
***************************************	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
C				
d	Excess from 2013			
e	Excess from 2014		A Section of the Control of the Cont	

**Part VI** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Pt II Ln 10 Other Income Part II, Line 10 Description: Miscellaneous revenue 2010: 0. 2011: 6102. 2012: 0. 2013: 0. 2014: 0.

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990 PF) and its instructions is at www.irs.gov/form990.

2014

Name of the organization		Employer identification number	
The Ocean Foundation		71-0863908	
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	🔀 501(c)( 3 ) (enter n	number) organization	
	4947(a)(1) nonexempt c	charitable trust <b>not</b> treated as a private foundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private	e foundation	
	4947(a)(1) nonexempt c	charitable trust treated as a private foundation	
	501(c)(3) taxable private		
Check if your organization is covered by	the General Rule or a Special Rule		
Note. Only a section 501(c)(7), (8), or (	10) organization can check boxes for bo	oth the General Rule and a Special Rule. See instructions.	
General Rule			
For an organization filing Form 990, property) from any one contributor.	990-EZ, or 990-PF that received, during Complete Parts I and II. See instructions	ng the year, contributions totaling \$5,000 or more (in money or is for determining a contributor's total contributions.	
Special Rules			
X For an organization described in secunder sections 509(a)(1) and 170(b received from any one contributor of	)(1)(A)(vi), that checked Schedule A (Fo	EZ that met the 33-1/3% support test of the regulations orm 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that e greater of (1) \$5,000 or (2) 2% of the amount on (i) nd II.	
during the year, total contributions of	ction 501(c)(7), (8), or (10) filing Form 99 of more than \$1,000 e <i>xclusively</i> for religiouelty to children or animals. Complete F	990 or 990-EZ that received from any one contributor, gious, charitable, scientific, literary, or educational Parts I, II, and III.	
during the year, contributions exclus \$1,000. If this box is checked, enter charitable, etc., purpose. Do not cor	sively for religious, charitable, etc., purpo here the total contributions that were re	990 or 990-EZ that received from any one contributor, boses, but no such contributions totaled more than eceived during the year for an exclusively religious, eral Rule applies to this organization because \$,000 or more during the year	
990-PF), but it <b>must</b> answer 'No' on Par	rered by the General Rule and/or the Sp t IV, line 2, of its Form 990; or check the eet the filing requirements of Schedule I	pecial Rules does not file Schedule B (Form 990, 990-EZ, or ne box on line H of its Form 990-EZ or on its Form 990-PF, B (Form 990, 990-EZ, or 990-PF)	

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

1 of

2 of Part 1

Name of organization Employer identification number
The Ocean Foundation 71-0863908

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>370,000</u> .	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$300,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$570 <b>.</b> 000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$465,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$800 <u>,</u> 000.	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$475,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

	90, 990-EZ, or 990-PF) (2014)	Page	2 of 2 of Part
Name of organization  The Ocean Fo	undation		ver identification number 0863908
	utors (see instructions). Use duplicate copies of Part I if ad		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$,155,000	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1.185,683.	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$149,944.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10.		\$140,000.	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll

Noncash

(Complete Part It for noncash contributions.)

# SCHEDULE C (Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public. Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

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

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

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

•	Section 501(c)(4), (5), or (6) org	ganizations: Complete Part III.				
Name	e of organization		*	Employer identific	cation number	
The	e Ocean Foundation			71-086390	)8	
Pa		rganization is exempt under secti			ization.	
1		rganization's direct and indirect political camp				
2					\$	
3	Volunteer hours					
Pa	ft I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).			
1	Enter the amount of any excis	se tax incurred by the organization under sect	ion 4955	· · · · · · · · · · · · · · · · · · ·		
2	Enter the amount of any excis	se tax incurred by organization managers und	er section 4955		>	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for this	year?		· · · · Yes	No
4 :	Was a correction made?				Yes	No
	b If 'Yes,' describe in Part IV.				<b></b>	
Pä	rt I-C Complete if the o	rganization is exempt under secti	on 501(c) , exce	pt section 501(c)(3)		
1	Enter the amount directly exp	ended by the filing organization for section 52	7 exempt function ac	tivities ▶ Ş	\$	<del></del>
2	Enter the amount of the filing function activities	organization's funds contributed to other orga	nizations for section t	527 exempt	<u> </u>	
3	Total exempt function expend	itures. Add lines 1 and 2. Enter here and on I	Form 1120-POI		·	
4		Form 1120-POL for this year?				No
5	Enter the names, addresses a organization made payments. amount of political contribution	and employer identification number (EIN) of a For each organization listed, enter the amou no received that were promptly and directly di action committee (PAC). If additional space is	Il section 527 political nt paid from the filing	organizations to which the	ie filing	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of politic contributions received promptly and direct delivered to a separe political organization none, enter -0	i and Ily ate
(1)						
(2)						
(3)		Man Mile Mile Mile Chie Cher were seen mile Sale Sale Sale Sale offer offer days were man and				***************************************
(4)				The state of the s		
(5)				nd		
(6)						

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

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete if section 501	the organization (h)).	n is exempt under se	ection 501(c)(3) and	d filed Form 5768 (e	election under
		gs to an affiliated group (an	d list in Part IV each affili	ated group member's nar	me.
		share of excess lobbying ex			
B Check ► if the filing	ng organization check	ed box A and 'limited contro	ol' provisions apply.		
(The term	Limits on Lobbyi 'expenditures' mea	ng Expenditures ns amounts paid or incur	red.)	(a) Filing organization's lotals	(b) Affiliated group totals
1 a Total lobbying expenditu				0.	
		slative body (direct lobbying		25,500.	
		1b)		25,500.	
				5,795,113.	With the development
				5,820,613.	
f Lobbying nontaxable am both columns	ount. Enter the amou	nt from the following table i	n 	441,031.	
If the amount on line 1e, col		The lobbying nontaxable		441,031.	
Nol over \$500,000		20% of the amounl on line 1e.			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess	s over \$500,000.		
Over \$1,000,000 bul not over		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over 5		\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000	·	\$1,000,000.	<del></del>		
		line 1f)		110,258.	
		ter-0		0.	
		line 1h or line 1i, did the or			
section 4911 tax for this	year?		ganization nie Form 4/20	· · · · · · · · · · · · · · · · · · ·	Yes No
	4	-Year Averaging Period U	Inder Section 501(h)	***************************************	
(Som	e organizations that	made a section 501(h) el s below. See the instructi	ection do not have to c	omplete all of the five h 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	( <b>d</b> ) 2014	(e) Total
2 a Lobbying non-taxable amount	403,293	425,636.	420,078.	441,031.	1,690,036.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					2,535,054.
c Total lobbying expenditures	117,900	309,607.	136,800.	25,500.	589,807.
d Grassroots nontaxable amount	100,823	3. 106,409.	105,020.	110,258.	422,510.
e Grassroots ceiling amount (150% of line 2d, column (e))					633,765.
f Grassroots lobbying expenditures	(	0.	0.	0.	0.
BAA				Schedule C (Form	990 or 990-EZ) 2014

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

	No. 1	(:	a)			b)	······································
of th	each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description le lobbying activity.	Yes	No		Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
	a Volunteers?	5252568563					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
	Media advertisements?	<b> </b>		BEARING SHEWISH		54507707E0E0Q6	
	d Mailings to members, legislators, or the public?	<u> </u>					
	Publications, or published or broadcast statements?			<b>——</b>			
	Grants to other organizations for lobbying purposes?	ļ					
	Direct contact with legislators, their staffs, government officials, or a legislative body?	<del> </del>		<del>                                     </del>			
	n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	Other activities?			<b></b>			
	Total. Add lines 1c through 1i			<b></b>			
	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	of Yes, enter the amount of any tax incurred under section 4912			Para Kalpana (Kili)			
	If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			<b></b>			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	1 III-A Complete if the organization is exempt under section 501(c)(4), section 501	(~\/5\	٥r				
	section 501(c)(6).	(C)(J)	, 01				
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?						<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?						
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		<u> </u>
	Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part l	, or s III-A,	secti line	on 5 3, is	01(c)	)
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
ź	Current year		2 a				
ŀ	Carryover from last year		2 b				
•	:Total		2 c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4	A			
5	Taxable amount of lobbying and political expenditures (see instructions)		5				
Par	IV Supplemental Information	<u> </u>			<del></del>		

Part IV |Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

## SCHEDULE D (Form 990)

# Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

The Ocean Foundation 71-0863908 Part : 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 1 Aggregate value of contributions to (during year) . . . 2 113,000. 1,027,274. Aggregate value of grants from (during year) . . . . . 141,500. 629,201. Aggregate value at end of year . . . . . . . . . 570,472. 517,271. 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? . . . . . . Nο 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? No Part II 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 a 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 2b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . 2 ¢ d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No 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) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a 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: 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: 

Part III Organizations Maintai	ning Collection	is of Art, His	torical Treasures,	or Other Similar Ass	ets (cont	inued)
3 Using the organization's acquisition items (check all that apply):	, accession, and oth	er records, chec	k any of the following th	at are a significant use of its	s collection	
a Public exhibition		d Loar	or exchange programs			
b Scholarly research		e Othe				
c Preservation for future generation	ons	<b></b>	***************************************		***************************************	·······
4 Provide a description of the organize Part XIII.	ation's collections a	nd explain how t	ney further the organizat	tion's exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather than	n solicit or receive de to be maintained as	onations of art, h part of the orga	istorical treasures, or ot nization's collection?	her similar assets	Yes	□No
Part IV Escrow and Custodial line 9, or reported an an	Arrangements nount on Form 9	. Complete if 90, Part X, lii	the org <b>a</b> nization <b>a</b> n ne 21.	swered 'Yes' to Form	990, Part	īV,
1 a Is the organization an agent, trustee on Form 990, Part X?	, custodían, or othe	r intermediary fo	contributions or other a	assets not included	Yes	∏No
<b>b</b> If 'Yes,' explain the arrangement in I	Part XIII and comple	te the following t	able:	'		لسسا
					Amount	***************************************
c Beginning balance				1с		
<b>d</b> Additions during the year						
e Distributions during the year					+	· · · · · · · · · · · · · · · · · · ·
f Ending balance						****
2 a Did the organization include an amo	unt on Form 990, Pa	art X, line 21, for	escrow or custodial acc	ount liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in F	Part XIII. Check here	if the explanation	on has been provided in	Part XIII		. 🗂
	······································					h
Part V Endowment Funds. Co	mplete if the org	ganization ans	swered 'Yes' to For	m 990, Part IV, line 10	).	
<u> </u>	(a) Current year	(b) Prior yea			(e) Four y	ears back
1 a Beginning of year balance						***************************************
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships					<del>                                     </del>	
e Other expenditures for facilities and programs				VIII.		Whot
f Administrative expenses	***************************************				<b>†</b>	
g End of year balance						
2 Provide the estimated percentage of	the current year end	d balance (line 1	g. column (a)) held as:		I	······································
a Board designated or quasi-endowme		· ·	<b>5</b> , (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b Permanent endowment ►	<del></del>					
c Temporarily restricted endowment		O.C.				
The percentages in lines 2a, 2b, and		 0%.				
3 a Are there endowment funds not in the organization by:			t are held and administe	ered for the	[ <del></del>	
(i) unrelated organizations					Yes	s No
(ii) related organizations					3a(i)	<del></del>
<b>b</b> If 'Yes' to 3a(ii), are the related organ					3a(ii)	
4 Describe in Part XIII the intended use					3b	
Part VI Land, Buildings, and E		113 Chdownleht	uijus.			
Complete if the organiza		es' to Form 9	990, Part IV, line 11	a. See Form 990, Pai	rt X, line 1	0.
Description of property	) (ín	or other basis vestment)	( <b>b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
<b>1a</b> Land						
<b>b</b> Buildings	<del></del>					
c Leasehold improvements						
<b>d</b> Equipment			100,271.	100,271.	***************************************	0.
e Other			19,936.	8,006.	1	1,930.
Total. Add lines 1a through 1e. (Column (d	) must equal Form 9	990, Part X, colu	mn (B), line 10c.)			1,930.

BAA

(a) Description of security or calegory (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		1444
(3) Other		
(A) (B)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)	·····	
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments — Program Related.	/ac' ta Earm 000	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	(b) book value	(c) Method of Valuation. Cost of end-of-year tharket value
(2)		
(3)	<del>-  </del>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	<del></del>	
Part IX Other Assets.		
Complete if the organization answered 'Y	es' to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Des	cription	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	***	
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B), lii	ne 15.)	· · · · · · · · · · · · · · · · · · ·
Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo	rm 000 Dort IV line 1	To or 11f Coo Form 000 Dowl V line 25
(a) Description of liability	(b) Book value	16 OF TH. See FORM 990, Part A, line 25
(1) Federal income taxes	(b) Book value	
(2) Tenant security deposit	3,1	00.
(3) Deferred rent liability	114,2	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the foolnot		
→ LIQUARY FOR UNICERTAIN TAX POSITIONS. IN PART AND, PROVIDE THE TEXT OF THE TOOLOG	ue io ine organization's fina	incal statements that renorts the organization's liability for uncertain

Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	eturn.	
1 Total revenue, gains, and other support per audited financial statements	J 1	7,123,494.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1,120,301.
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	- 35 (35)	
c Recoveries of prior year grants	-[1-37]	
d Other (Describe in Part XIII.)	-	
e Add lines 2a through 2d	. 2 e	-5,331.
3 Subtract line 2e from line 1	-	7,128,825.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,120,020.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	. 4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1	7,128,825.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		1,120,020.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Ketuiii	•
1 Total expenses and losses per audited financial statements	1	5,820,613.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments	1: 3	
c Other losses	-kil	
d Other (Describe in Part XIII.)	13031	
e Add fines 2a through 2d	. 2e	
3 Subtract line 2e from line 1		5,820,613.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		J,020,013.
a Investment expenses not included on Form 990, Part VIII, line 7b	1000	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	5,820,613.
Part XIII Supplemental Information.		

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

The organization is exempt from income taxes under Internal Revenue Code 501(c)(3) and applicable DC statutes. No provision for income taxes is required at June 30, 2015, as the Organization had no net unrelated business income. The organization follows FASB ASC 740-10, Income Taxes the authoritative guidance relating to accounting for uncertainity in income taxes. These provisions provide consistent guidance for the accounting for uncertainity in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The Organization performed an evaluation of uncertain tax positions for the year ended June 30, 2015, and determined that there were no matters that would require recognition in the financial statements or which may have any effect on its tax-exempt status. As of June 30, 2015, the statute of limitations for tax years

# Schedule D (Form 990) 2014 The Ocean Foundation Part XIII Supplemental Information (continued)

2011 through 2013 remains open with federal and DC authorities. Pt X, Line 2

### Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.
 Information about Schedule F (Form 990) and its instructions is

2014

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

The Ocean Foundation

at www.irs.gov/form990. Inspectio

71-0863908

Part I General Information of on Form 990, Part IV, li	n Activities Outside t ne 14b.	he United States.	. Compl <b>ete</b> if the organization	n answ <b>ere</b> d 'Y <b>e</b> s'
		***************************************		

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?.... XYes

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the	(c) Number of employees.	(d) Activities conducted in region (by type) (e.g.,	(e) If activity listed in	(f) Total
	region	agents, and independent contractors in region	fundraising, program services, investments, grants to recipients located in the region)	(d) is a program service, describe specific type of service(s) in region	expenditures for and investments in region
(1) North America	0	0	program service	research	354,293.
(2) North America	0	0	grantmaking	grants to recipients	174,988.
(3) Central America	0	0	program service	research & conferences	162,610.
(4) Central America	0	0	grantmaking	grants to recipients	61,199.
(5) South America	0	0	program service	research	55,802.
(6) South America	0	0	grantmaking	grants to recipients	41,500.
(7) Sub-Saharan Africa	0	0	program service	research	107,610.
(8) Sub-Saharan Africa	0	0	grantmaking	grants to recipients	7,000.
(9) East Asia and Pacific	. 0	0	program service	research & conferences	54,984.
(10) East Asia and Pacific	0	0	grantmaking	grants to recipients	15,000.
(11) Europe	0	0	program service	research & conferences	115,472.
(12) Europe	0	0	grantmaking	grants to recipients	76,623.
(13) Middle East	0	0	program service	research	1,360.
(14) South Asia	0	0	grantmaking	grants to recipients	6,000.
(15)					
(16)					
(17) 3 a Sub-total					
b Total from continuation sheets to Part I	0	0			1,234,441.
C Totals (add lines 3a and 3b)	0	0			1,234,441.

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

Schedule F (Form 990) 2014

71-0863908

Schedule F (Form 990) 2014

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	section and EIN (if applicable)	(c) Kegron	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(0)		North America	General Support	97,163.	Wire		n/a	A C + 1.1
(2)		North America		5,825.	wire	0	æ/u	ACTID
(3)		North America	General Support	45,000.	wire		n/a	Actual
(4)		North America	General Support	25,000.	wire		n/a	Actual
(5)		Central America	High Seas Prog	40,000.	wire	0.	l	Actual
(9)			Proje	18,699.	wire			Actual
ω		South America	Shark Research	5,500.	wire	0.	n/a	Actual
(8)		South America	Peru Tarte Bycatch	8,000.	wire	0	n/a	Actual
(6)		South America Loggeshead Nesting	Loggerhead Nesting	15,000.	wire	0	n/a	Actual
(10)		Sub-Saharan Africa	Africa Sea Turile Conserv	7,000.	wire	0	n/a	Actual
(11)		East Asia and Zacific	General Support	15,000.	wire	0.		Actual
(12)		Europe	Cape Verde Conserv	6,500.	wire	0		Actual
(13)		Europe	General Support	57,000.	wire	0.	n/a	Actual
(14)		South Asia	leatherback turtle	6,000.	wire	0		Actual
(15)						THE REAL PROPERTY OF THE PARTY		
(16)							The state of the s	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . ▶ 3 Enter total number of other organizations or entities. . . . .

BAA

Schedule F (Form 990) 2014

Page 3

71-0863908

The Ocean Foundation

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book. FMV. appraisal, other) Schedule F (Form 990) 2014 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region Europe (a) Type of grant or assistance (1) Education (2) (18) BAA 3 <u>4</u> 9 6 (10) (11) (14) 9 8 6 (12) (13) (12) (16) (17)

	edule F (Form 990) 2014 The Ocean Foundation	71-0863908	Page 4
Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	· · · · Tyes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	· · · · · Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	· · · · Tyes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	· · · · Tyes	∑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	· · · · · Yes	X No
BAA	TEEA3505 06/16/13	Schedule E (Ec	rm 990\ 2014

Schedule F (Form 990) 2014

TEEA3505 06/16/13

# Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Pt I Line 2

The Ocean Foundation's fund and project managers work very closely with foreign grantees on public education, ocean preservation, and achieving the organization's programmatic goals. In addition to regular reporting, the relationship between the Foundation's various funds & projects and foreign grantees is closer to that of a partnership than a passive grantor relationship. Frequent visits and direct involvement in all cases contribute to direct oversight over foreign grant recipients. Other Required Narrative Information - The instructions ask that we report the accounting method used to determine the amounts in Part I, Column F. We have no employees stationed in foreign countries, so there is no payroll included. We analyzed line item detail for Consultants and Service Providers of all types, Meeting and Conferences, and Travel, as well as Grants Awarded, to identify monies spent in foreign regions and that is the method used for reporting on Column F. For Parts II and III the accounting method used was to include and report all foreign grantees (subject to the Part II threshold). Part II and Part III amounts are included in Part I column F (which is therefore the total spent in each region on all types of activity).

# SCHEDULE I

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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OMB No. 1	•

2014

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Department of the Treasury Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Inspection
Name of the organization		Employer identification number
The Ocean Foundation	ation	71-0863908
Part.I General Info	Part   General Information on Grants and Assistance	The state of the s
<ol> <li>Does the organization the selection criteria</li> </ol>	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the grants or assistance?	N
Occurring to Don 1/4	9 Describe in Double With a common retirents according to the control of the cont	

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisat, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Alaska Marine Conserv Cl - 333 West 4th Ave. #306 - Anchorage AK 99501	92-0155875	501(0)(3)	15 500	C		K/W	1
(2) Coast Range Association.	of the state of th	1	J.	•	T C C C C C C C C C C C C C C C C C C C	Minimum Vietnamin Vietnami	dellerar ob sup
3U1_Ka1_Way_AVeBox13 <u>29</u> Seward AK 99664	93-1066629	501(c)(3)	15,273.	0	Actual	N/A	General op sup
(3) Cook_Inlet_Keeper							, ,
Homer AK 99603	92-0156450	501(c)(3)	12,000.	Ó	Actual	¥/N	General on sun
(4) Day_ Follows_Night_LLC				Additional invitation	-		
EQ_Box_1203	26-2407677	n/a	465,500.	C	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N/N	denones de des
(5) DBA_Island Reach							2
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339	02-7540925	n/a	34,260.	0	Actual	N/A	Gen sup of Sea
(6) Florida Aquarium							
	59-2807815	501(c)(3)	28.400.	C	\ \ \ \	Ø/ N	1
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208_D_St., SE_1st_Fl							
Washington DC 20003	68-0633254	501(c)(3)	20,000.	0	Actual	N/A	Ocean Acidific
(8) Ocean Champions							A STATE OF THE PARTY OF THE PAR
202_San_Jose_Ave							
Capitola CA 95010	37-1502415	501(c)(4)	25,500.	7.0	Actual	N/A	Dir lobby ocea
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government orga	anizations listed in the	line 1 table			<b>A</b>	1
3 Enter total number of other organizations listed in the line 1 table	ns listed in the line 1	able	• • • • • • • • • • • • • • • • • • • •		•		7
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s, see the Instruction	ns for Form 990.		TEEA3901 0	06/19/14	Schedu	Schedule I (Form 990) (2014)

# Continuation Sheet for Schedule I (Form 990)

2014

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Stewards  $\sim$ Schedule I Cont (Form 990) 2014 Ocean Leaders (h) Purpose of grant or assistance Hydrodynamics sup ans ans ans ö Jeneral Seneral General Seneral General Seneral eneral Continuation Page Employer identification number cean Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 71-0863908 (g) Description of non-cash assistance N/A N/À N/AN/AN/A N/A N/A N/AN/A N/A (f) Method of valuation (book, FMV, appraisal, other) Actual Actual Actual Actual Actual Actual Actual Actual Actual Actua 0 C (e) Amount of non-cash assistance 0 0 d 0 118,000. 10,962. 500 15,300. 9,000 (d) Amount of cash 34,000 12,000 30,809 9,722 28,000 TEEA4001 06/19/14 ۲. grant (c) IRC section if applicable 501(c)(3)501(c)(3) 501(c)(3) 501 (c) (3) 501 (c) (3) 501(c)(3) 501(c)(3) 501 (c) (3) 501(c)(3)n/a 90-1015993 20-8273235 93-0952202 33-0862531 94-3105570 20-8019563 95-6006144 56-0946437 94-1156365 91-6070005 (b) EIN Ocean\_Discovery\_Institute Oregon Shores Conservatio Oceanic Society Expeditio 30 Sir Francis Drake Blvd \_12\_Eliot\_Street\_\_\_\_\_\_ Cambridge\_MA 02138 - Riverbanks\_Zoo\_& Garden (a) Name and address of organization or government - 2211 Pacific Beach Dr. 3160 Porter Drive\_#100 Ocean\_River\_Institute\_ Stanford University San Diego CA 92109 Regents of Univ CA. Ocean Foundation 9102 Bowdoin Way -Seal Rock OR 97376 San Mateo CA 94402 601 N 59th Street \_ 9500\_Gilman\_Drive\_ CA 92093 Palo Alto CA 94304 Woodland Park Zoo Columbia SC 29202 Ocean\_Initiative Edmonds WA 98026 20\_Melrose\_Court Seattle WA 98103 - Playa\_Viva\_LLC\_ Ross CA 94957 PO\_Box\_1060 \_ <u>PO\_Box\_33\_</u> Name of the organization La Jolla

# Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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2014

 $\sim$ Schedule I Cont (Form 990) 2014 (h) Purpose of grant or assistance General sup C/I Continuation Page **Employer Identification number** Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 71-0863908 (g) Description of non-cash assistance N/A (f) Method of valuation (book, FMV, appraisal, other) Actual (e) Amount of non-cash assistance 30,000 (d) Amount of cash grant TEEA4001 06/19/14 (c) IRC section if applicable 501(c)(3) 23-1352298 (p) EIN Zoological Soc. of Philad 3400 West Girard Ave. -(a) Name and address of organization or government Philadelphia PA 19104 Ocean Foundation Name of the organization 1 1 1 1 1 | | | |

The Ocean Foundation Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					
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Part IV Supplemental Information Drovide the information required in Deat II and Deat III and Deat III	do the information	The Contract of the Contract of	11 to 0 Cox	/4	

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Pt I Line 2

The Ocean Foundation works closely with most all of its grantees to solve Ocean preservation issues. operating support. Foundation staff travel widely and attend many of the same policy conferences It requires reports when a grant is to an entity other than one to a public charity for general with grantees and are closely involved and aware of grantees' work in this manner. Schedule I (Form 990) (2014)

## SCHEDULE J (Form 990)

Compensation Information

or certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. ► Attach to Form 990.

OMB No. 1545-0047

2014

**Open to Public** 

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Ocean Foundation 71-0863908 Part I **Questions Regarding Compensation** Yes No 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain . . . 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: 4 a 4 h Х c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . . . . 4 c Χ If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5 a Х **b** Any related organization?..... 5 b Χ If 'Yes' to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? . . . . . . . . 6 a Χ **b** Any related organization? 6 b Χ If 'Yes' to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III . . . . . . 7 X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? Χ If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations 

Schedule J (Form 990) 2014 The Ocean Foundation

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(i)-(D) in column (B) reported as deferred in prior Form 990	in column (B) reported as deferred in prior Form 990
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ВАА		THE PROPERTY OF THE PROPERTY O	TEEA4102 06/19/14				Schedule J	Schedule J (Form 990) 2014

Page 3

# Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2014

# **SCHEDULE M** (Form 990)

# **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Employer identification number

Th	e Ocean Foundation			71-	-0863908		
Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) of determin ontribution a	ning amounts
1	Art — Works of art						
2	Art — Historical treasures						
3	Art — Fractional interests						
4	Books and publications					***************************************	
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities – Publicly traded	X	1	99,925.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities – Miscellaneous						
13	Qualified conservation contribution — Historic structures						
14	Qualified conservation contribution - Qther						
15	Real estate – Residential						<del></del>
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies		***************************************	**************************************		· · · · · · · · · · · · · · · · · · ·	
21	Taxidermy			· · · · · · · · · · · · · · · · · · ·			
22	Historical artifacts						***************************************
23	Scientific specimens			**************************************			
24	Archeological artifacts						
25	Other► () .						
26	Qther ( ) .		,				
27	Other () .						
28	Other ( ) .						·
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee A	during the ta cknowledge	x year for contributions for ment	or which the	29	· · · · · · · · · · · · · · · · · · ·	
					<u> </u>	Yes	No
30a	During the year, did the organization receive by contr hold for at least three years from the date of the initial purposes for the entire holding period?	l contributior	i, and which is not require	ed to be used for exemp	t 🏻	0 a	
b	If 'Yes,' describe the arrangement in Part II.	•				va	X
	Does the organization have a gift acceptance policy the	hat requires	the review of any non-sta	andard contributions?		1	X
	Does the organization hire or use third parties or relationness contributions?	ted organiza	tions to solicit, process, o	or sell			
h	If 'Yes,' describe in Part II.				3	2 a	X
	If the organization did not report an amount in column describe in Part II.	(c) for a typ	e of property for which co	olumn (a) is checked,			
	. =				1388	wani kasamasini	PERMITTED !

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

## 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.

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer Identification number

The Ocean Foundation 71-0863908 RELATIONSHIPS AMONG DIRECTORS, OFFICERS & KEY EMPLOYEES - Angel Braestrup, Director & Mark Spalding, President/Officer, own real estate Pt VI, Line 2 together, unrelated to the business of the Foundation. PROCESS FOR REVIEW OF FORM 990 - Prior to filing a complete copy of the Form 990 it is emailed to all Foundation directors calling their attention to sections most likely to be of interest to contributors, the public and seeking comments on any part of the Form 990. Pt VI, Line 11b CONFLICT OF INTEREST MONITORING & ENFORCEMENT - The Foundation's conflict of interest policy covers all directors, officers & staff. Any conflict of interest is to be reported to either the Chair or President. The "cure" is full disclosure, and recusal by the conflicted person Pt VI, Line 12c form participating in a decision that could lead to a personal gain. REVIEW OF COMPENSATION OF CEO - An independent director annually surveys the field of intl NGOs marine philanthropic orgs & community foundations. This director also is on the compensation committee of the Board of a comparable size international NGO which receives a report by an independent compensation consultant based on a compensation survey. Based on this research and experience, the director reports the findings to the Foundation Board. The Board approves Mr. Spalding's Pt VI, Line 15a (CEO/President) compensation, with Ms. Braestrup (Director) abstaining. COMPENSATION OF OFFICERS AND KEY EMPLOYEES - The President of the organization sets salaries levels for officers & key employees which is then approved by the board of directors in the salary line of the Pt VI, Line 15b budget. DISCLOSURE - The Foundation considers all requests for disclosures of documents on a case by case basis. It annually posts a copy of its audit to Guidestar in the section which allows additional information, and as a California nonprofit public benefit corporation, makes its audited financials available to the public on request. It also publishes on its website an annual report containing summary information Pt VI, Line 19 derived from the audited financial statements.

The Ocean F	Foundation	71-0863908	1
		plemental Information to Form 990 ine 1 (continued)	
trend of desi	ibe the organizat truction of ocear n, We Will Take C	ion's mission:  n environments around the world. Our slogan is "Tell Us What You Want To Do are Of The Rest." We work with donors who care about the coasts and oceans.	
		olemental Information to Form 990 ine 4d (continued)	
services, a report the	as measured by	BUILDING THE CAPACITY OF THE MARINE CONSERVATION COMMUNITY -	
Code: Expenses Grants Of Revenue	Description: 659,181. 45,739. 0.	OTHER PROGRAM SERVICES	

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 6, Line 17 (continued)

California Florida Maine

Washington

South Carolina