Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	ror the a	zui/ cale	moar year, or tax year beginning $0 \pm 0 \pm 1$, 2017, and ending	Jun	. 30	, 20 18
В	Check if a	appiicable:	C Name of organization The Ocean Foundation	1	Employ	er identification number
	Address o	change	Doing business as		71-0	863908
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite			ne number
	Initial retu	ırn	1320 19th Street NW 5th Floo	or	(202) 887-8996
	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code			,
	Amended	return	Washington, DC 20036	l.	Gross re	eceipts \$ 8,496,190.
\Box		n pending				subordinates? Yes No
_	- фриссии	,,, po.,,o.,,,g	Mark J. Spalding, 1320 19th Street NW 5th Floor, Washington, DC 20036 H			
_	Tay-eyem	npt status:	⊠ 501(c)(3)			s included? L. Yes L. No a list. (see instructions)
J	Website:					•
			X Corporation ☐ Trust ☐ Association ☐ Other ▶	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		number ▶
	art !	Summ		2001	MISTATE	of legal domicile: DC
•				, ,		
0.	' '	má a a á a c	escribe the organization's mission or most significant activities: The Ocean Formatter	on is a ur	ique con	munity foundation with a
2	-	11122101	n to support, strengthen, and promote those organization	ns dedi	cated	to reversing the
Ĕ	2 6	Chack th	f destruction of ocean environments around the world. Our sloga	ın ıs "T	ell Us	What You Want To Do
Š			is box > _ if the organization discontinued its operations or disposed of me	ore than :	1 1	_
Ġ			of voting members of the governing body (Part VI, line 1a)		3	9
ş					4	9
Activities & Governance			nber of individuals employed in calendar year 2017 (Part V, line 2a)		5	30
Ċţ	1		nber of volunteers (estimate if necessary)		6	250
⋖			elated business revenue from Part VIII, column (C), line 12		7a	0.
	b i	Net unrel	ated business taxable income from Form 990 , line 34		7b	0.
Revenue		.		Prior Yea	r	Current Year
			tions and grants (Part VIII, line 1h)	6,646	293.	7,983,847.
			service revenue (Part VIII, line 2g)	372	855.	474,807.
ě			nt income (Part VIII, column (A), lines 3, 4, and 7)		953.	2,036.
_			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29	800.	35,500.
	12	Total reve	enue-add lines 8 through 11 (raust equal Part VIII), column (A), line 12)	7,049	901.	8,496,190.
	13 (Grants ar	nd similar amounts paid (Part IX, column (A); lines 1-3)	888	224.	1,543,706.
	14 E	Benefits _I	paid to or for members (Part IX, column (A), line 4)			
S)	15 5	Salaries, d	other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,971,	003.	2,135,441.
Expenses	16a F	Professio	onal fundraising fees (Part IX, column (A), line 11e)			
Š	Ь٦	Total fund	draising expenses (Part IX, column (D), line 25) ▶ 560, 512.			
Ш	17 (Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,393,	169.	3,924,874.
	18 1	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,252		7,604,021.
	19 F	Revenue	less expenses. Subtract line 18 from line 12		505.	892,169.
2 %			Begini	ning of Curr		End of Year
Net Assets Fund Balanc	20 7	Total ass	ets (Part X, line 16)	4,325	615.	5,482,926.
₹ A B B	21 7	Total liab	ilities (Part X, line 26)	***************************************	821.	726,911.
2.5	22		ts or fund balances. Subtract line 21 from line 20	3,826		4,756,015.
	art II		ure Block			3,700,010.
Un	der penalti	ies of perjui	ry, I declare that I have examined this return, including accompanying schedules and statements	and to the	best of n	ny knowledge and helief it is
tru	e, correct,	and comple	ete. Declaration of preparer (other than officer) is based on all information of which preparer has a	any knowled	ige.	iny knowledge and belief, it is
		<u> </u>		111	/14/2	018
Sig	ın	Signa	ature of officer	Date		010
He		Mai	rk J Spalding, President			
			or print name and title			
	<u>-</u>	,	pe preparer's name Preparer's signature Date		_	PTIN
Pa				4/2018	Check [(f
	eparer					Ployed P00105648
Use Only Firm's name ► Kronzek, Fisher & Lopez, PLLC Firm's EIN ► 52-1864182						
Ma	v the IRS	rimis ad	ddress ► 607 2nd Street, NE, Washington, DC 20002-4909 It is this return with the preparer shown above? (see instructions)	Phon	e no. (2	02)547-2727
	, II 1C	- 410003	sale recent with the preparer anown above: (see instructions)			· · 🔀 Yes 🗌 No

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Ocean Fdn is a unique community foundation with a
	mission to support, strengthen, and promote those organizations dedicated to reversing the
	trend of destruction of ocean environments around the world. Our slogan is "Tell Us What You Want To Do
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
_	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,457,374. including grants of \$ 913,582.) (Revenue \$ 183,558.)
	PROTECTING SPECIES OF CONCERN -
	For many of us, our first interest in the oceans began with an interest in the large
	animals that call it home. Whether it be the awe inspired by a gentle humpback
	whale, the undeniable charisma of a curious dolphin, or the ferocious gaping maw of a
	great white shark, these animals are more than just the ambassadors of the sea. These
	apex predators and keystone species keep the ocean ecosystem in balance, and the health
	of their populations often serves as an indicator for the health of the oceans as a whole.

4b	(Code:) (Expenses \$ 1,031,703. including grants of \$ 57,436.) (Revenue \$ 72,204.)
	EXPANDING OCEAN LITERACY AND PUBLIC AWARENESS -
	One of the most significant barriers to progress in the marine conservation sector is a
	lack of real understanding about the vulnerability and connectivity of ocean systems. It is easy to
	think of the oceans as vast, almost unlimited sources of food and recreation with abundant
	animals, plants, and protected spaces. Thus, it can be difficult to see the destructive consequences
	of human activities along the coast and below the surface. This lack of awareness
	creates a significant need for programs that effectively communicate how the health of our oceans
	relates to climate change, the global economy, biodiversity, human health, and our quality of life.
4c	(Code:) (Expenses \$ 1,497,847. including grants of \$ 209,999.) (Revenue \$ 13,479.)
	PROTECTING MARINE HABITATS AND SPECIAL PLACES -
	Our oceans are a mosaic of special places, from the bustling vibrancy
	of coral reefs to the tidal pools of the rocky coasts to the
	stark, glistening beauty of the frozen Arctic. These habitats and
	ecosystems are more than just picturesque; they all provide vital
	benefits to the health of the ocean, the plants and animals
	that live in them, and the human communities that depend on them.
4d	· · · · · · · · · · · · · · · · · · ·
	(Expenses \$ 1,548,298. including grants of \$ 362,689.) (Revenue \$ 22,285.)
4e	Total program service expenses ► 6,535,222.

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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		×
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	×	
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,	-		
6	Part III	5		×
U	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	×	
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	Principle Control Con
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	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e 11f	×	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	×	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a b		14a		×
	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	×	
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	×	
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		×
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		×
18	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		×
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		×

Part IV

Part	Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b		20b		
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	×	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
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			
04-	employees? If "Yes," complete Schedule J	23	×	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
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		***************************************
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		×
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		×
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		J
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<u>×</u>
	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		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		×
	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	complete Schedule N, Part II	32		×
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	22		.,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		×
	or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		×
J	related organization? If "Yes," complete Schedule R, Part V, line 2	36		V
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		_×_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		×
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	×	

Form 990 (2017) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

			T V	T 25
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 69		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	
2a	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 2a 30			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		×
ь	If "Yes," enter the name of the foreign country: ▶	74		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
7	gifts were not tax deductible?	6b		
a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		×
đ	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?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		×
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. 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	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in							
	Check if Schedule O contains a response or note to any line in this Part VI				. X			
Secti	on A. Governing Body and Management	····						
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a)	Yes	No			
b 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or oth	under the direct er person?	3		×			
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organizatio Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	90 was filed? on's assets? elect or appoint	4 5 6		×			
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		×			
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	dertaken during						
a b 9	The governing body?	ot be reached at	8a 8b	×	×			
Secti	on B. Policies (This Section B requests information about policies not required by th			ode.)				
		*******		Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?	f such chapters, opt purposes?	10a		×			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a	×				
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12a 12b	×				
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done		12c	×				
13 14 15	Did the organization have a written whistleblower policy?							
a b	The organization's CEO, Executive Director, or top management official		15a 15b	×				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	lar arrangement	16a		×			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	o safeguard the	16b					
	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply. Own website □ Another's website ▼ Upon request □ Other (explain in Sc		n 501(c)(3)s	only)			
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Science Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.		erest (policy	, and			
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords					

Mark J. Spalding, 1320 19th Street NW 5th Floor, Washington, DC 20036 (202)887-8996

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

		(C)						1			
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Angel Braestrup	1.00										
Secretary & Director		×		×				0.	0.	0.	
(2) Joshua R. Ginsberg Treasurer & Director	1.00	×		×				0.	0.	0.	
(3) Walter Howes Director	1.00	×						0.	0.	0.	
(4) Bill Eichbaum Director	1.00	×						0.	0.	0.	
(5) Dawn Martin Director	1.00	×	-					0.	0.	0.	
(6) Nora Pouillon Director	1.00	×						0.	0.	0.	
(7) Elliot S. Cafritz Director	1.00	×						0.	0.	0.	
(8) Russell F. Smith Director	1.00	×						0.	0.	0.	
(9) Lisa Volgenau Director	1,00	×						0.	0.	0.	
(10)Mark J Spalding President	60.00			×				251,310.	0.	28,567.	
(11) Karen Muir Chief Operating Officer	40.00			×				89,774.	0.	14,864.	
(12) Shana Miller Program Manager	40.00					×		118,576.	0.	8,438.	
(13)											
(14)											

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (c	ontinue	;d)
	(A) Name and title	(B) Average hours per week (list any	box, u	Pos eck s pe l a d	(C) osition ck more than or person is both director/truste			(D) Reportable compensation from	(E) Reportable compensation fror related	3	(F) Estimated amount of other	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		compensation from the organization and related organizations
(15)							ä					
(16)										***************************************		
(17)												
(18)	744-25550										Manager of the second	
(19)								·········	A			
(20)												

										***************************************		,
(23)								V				
(24)									2	Madalate management and a	-	
(25)												
1b c	Sub-total	VII, Sectio						>	459,660.		0.	51,869.
<u>d</u> 2	Total (add lines 1b and 1c)					ed a		▶) w	459,660. ho received me	ore than \$10	0. 0,000 (51,869. of
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direct	tor, o	r tru	uste	ee, l			loyee, or high	·-		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep greater tha	oortab an \$1	ole c 50,0	om 000	per? If	satio	naı s,"	nd other comp complete Sch	ensation fro	m the	
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper	sat	ion	fron	n any	un	related organiz	ation or indiv		4 ×
Section	on B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0111010			ouu		<i>-</i>	don person		•	5 X
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress				·····		********	(B) Description of se	ervices	C	(C) ompensation
Pegg	y Kalas, 255 Huntington Bay Roa	d, Hunti	ngto	n,	NY	11	743	Co	nsulting			107,484.
		We that are the second of the										
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		

Par	t VIII	Statement of Reve	enue				*****	
		Check if Schedule C	contains a res	ponse or note t	o any line in thi	s Part VIII		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns	s 1a	23,511.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b					
S, C	С	Fundraising events .	1c					
芸品	d	Related organizations	s 1d					
ý E	е	Government grants (cor	ntributions) 1e	822,595.				
ë s	f	All other contributions, g	ifts, grants,					
喜		and similar amounts not inc		7,137,741.				
E O	g	Noncash contributions include	ded in lines 1a-1f: \$	4,940.				
S É	h	Total. Add lines 1a-1			7,983,847.			
9				Business Code				
Ę.	2a	Government Con	tracts	900099	72,500.	72,500.	0.	0.
æ	b	Fees for Servi		900099	402,307.	402,307.	0.	Ō.
<u>e</u>	С	***************************************			102,00,1	102,00,.		
ē	d			·····		<u> </u>		
S	ء ا			*				
a a		All other program ser	vice revenue					
Program Service Revenue	g	Total. Add lines 2a-2			474,807.		<u></u>	
	3	Investment income			4/4,00/.		l e	
		and other similar amo			2,036.	0.	0.	2 026
	4	Income from investmen	•		2,030.	0.	0.	2,036.
	5	D 01	· ·		ļ			
	"	noyanies ,	(i) Real	(ii) Personal				
	6-	Gross rents		(ii) i Cidoriai	-			
	6a		35,500.					
	b	Less: rental expenses	25 500					
	C	Rental income or (loss)	35,500.		05 500			
	d	Net rental income or	(IOSS) (i) Securities	(ii) Other	35,500.	35,500.	0.	0.
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	đ	Less: cost or other basis and sales expenses .						
	c	Gain or (loss)						
	d	Net gain or (loss) .		·				
venue	8a	Gross income from fuevents (not including \$	undraising					
Other Revenue		,	· · · · a					
ō	b	Less: direct expenses						
	C	Net income or (loss) f	•	events . 🕨				
	9a	Gross income from ga						
			a					
		Less: direct expenses Net income or (loss) f		Lvities ▶				
		Gross sales of in		VIU65 P				
	IVa	returns and allowance	- '					
			•					
		Less: cost of goods s						
	С	Net income or (loss) f			19. 30.			
	44	Miscellaneous R	revenue	Business Code				
	11a					ļ		
	b	*****	*********					
	C	*********************						**************************************
	d	All other revenue .						
	e	Total. Add lines 11a-						
	. 77	Total revenue See in	antri intinua		10 400 100	L E10 207		A AAC

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX								
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)		(D)			
	o, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses			
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses			
_	and domestic governments. See Part IV, line 21	971,839.	971,839.					
2	Grants and other assistance to domestic	571,035.	371,039.					
	individuals. See Part IV, line 22	12,950.	12,950.					
3	Grants and other assistance to foreign		12,000.					
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	558,917.	558,917.					
4	Benefits paid to or for members							
5	Compensation of current officers, directors,				•			
	trustees, and key employees	439,135.	253,097.	152,079.	33,959.			
6	Compensation not included above, to disqualified			•				
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	1,355,140.	971,172.	116,914.	267,054.			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	71,492.	52,358.	4,455.	14,679.			
9	Other employee benefits	140,161.	76,364.	36,987.	26,810.			
10	Payroll taxes	129,513.	76,428.	26,342.	26,743.			
11	Fees for services (non-employees):							
а	Management							
b	Legal	1,625.	1,625.	0.	0.			
C	Accounting	81,945.	36,806.	36,514.	8,625.			
d	Lobbying							
e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.)	2,115,412.	2,044,410.	12,990.	58,012.			
12	Advertising and promotion	22,212.	20,892.	0.	1,320.			
13 14	Office expenses	157,486.	133,635.	12,146.	11,705.			
15	Information technology ,	60,690.	32,947.	348.	27,395.			
16	Royalties	187,037.	74,126.	60.070	50.000			
17	Travel	620,871.	598,118.	62,079.	50,832.			
18	Payments of travel or entertainment expenses	020,071.	390,110.	11,3/1.	11,382.			
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .	232,292.	216,346.	6,489.	9,457.			
20	Interest	2021200	210,040.	0,400.	9,437.			
21	Payments to affiliates				***************************************			
22	Depreciation, depletion, and amortization .	4,338.	1,841.	2,020.	477.			
23	Insurance	46,309.	20,583.	20,810.	4,916.			
24	Other expenses. Itemize expenses not covered				,			
	above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а	Project & field expenses	356,400.	356,400.	0.	0.			
b	Dues, books & subscriptions	26,627.	19,113.	1,586.	5,928.			
C	Licenses, taxes & fees	11,630.	5,255.	5,157.	1,218.			
d								
e	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	7,604,021.	6,535,222.	508,287.	560,512.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation. Check here if							
	following SOP 98-2 (ASC 958-720)			<u> </u>	Form 990 (2017)			
		REV 10/16/18 PRO			Lover MMI 1/2017)			

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in th	is Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	158,471.
	2	Savings and temporary cash investments		2	918,752.
	3	Pledges and grants receivable, net	3,618,543.	3	4,036,662.
	4	Accounts receivable, net		4	141,341.
	5	Loans and other receivables from current and former officers, director			
		trustees, key employees, and highest compensated employe Complete Part II of Schedule L	ees.	5	
	6	Loans and other receivables from other disqualified persons (as defined under seci			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		sponsoring organizations of section 501(c)(9) voluntary employees' benefic			
Assets		organizations (see instructions). Complete Part II of Schedule L		6	
188	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges	32,237.	9	29,159.
	IVa		20		entra anno sene a com
	b	ther basis. Complete Part VI of Schedule D 10a 133, 23 Less: accumulated depreciation	ALINA METATORI MENTATORI METATORI METAT	100	7 500
	11	Investments—publicly traded securities	· 		7,529. 8,810.
	12	Investments—other securities. See Part IV, line 11			170,160.
	13	Investments—program-related. See Part IV, line 11		13	170,100.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	12,042.	15	12,042.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,325,615.	16	5,482,926.
	17	Accounts payable and accrued expenses		17	450,695.
	18	Grants payable		18	
	19	Deferred revenue	2,950.	19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, director			
Liabilities		trustees, key employees, highest compensated employees, a disqualified persons. Complete Part II of Schedule L	620624292429324455942052411656545665456654362445	22	
	23	Secured mortgages and notes payable to unrelated third parties	• • • • • • • • • • • • • • • • • • •	23	141,081.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related the parties, and other liabilities not included on lines 17-24). Complete Particle (including federal income tax, payables to related the parties, and other liabilities not included on lines 17-24).	nird rt X		
		of Schedule D	1 221/01/1	25	135,135.
	26	Total liabilities. Add lines 17 through 25	498,821.	26	726,911.
S			and		
ည		complete lines 27 through 29, and lines 33 and 34.			
쿌	27	Unrestricted net assets		27	2,821,723.
ä	28	Temporarily restricted net assets		28	1,934,292.
Ę	29	Permanently restricted net assets	PERSONAL PROPERTY AND ADDRESS OF THE PERSON	29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ a complete lines 30 through 34.	and		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ţe t	33	Total net assets or fund balances		33	4,756,015.
_	34	Total liabilities and net assets/fund balances		34	5,482,926.
			**************************************	***********	*

Part	t XII Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				. X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		96,1	190.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,6	04,0)21.	
3	Revenue less expenses. Subtract line 2 from line 1	3		92,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		26,7		
5	Net unrealized gains (losses) on investments	5		15,2		
6	Donated services and use of facilities	6	***************************************			
7	Investment expenses	7				
8	Prior period adjustments	8			***************************************	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		21,8	352.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	4,7	56,0)15.	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆	
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in		Yes	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	 piled or	<u>2a</u>		×	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on a				
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account		2c	×		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		×	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** The Ocean Foundation 71-0863908 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/8% 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 331/3% 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, a 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 þ 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. C its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. d 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 it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10) support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part		ations Descr	ibed in Sect	ions 170(b)(1)(A)(îv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked to	he box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	-		·			
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	- · · · · · · · · · · · · · · · · · · ·	4, 124, 213.	6,654,638.	5,526,291.	6,646,293.	7,983,847.	31,535,342.
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	4,724,273.	6,654,638.	5,526,291.	6,646,293.	7,983,847.	31,535,342.
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)						2 766 100
6	Public support. Subtract line 5 from line 4						2,766,189. 28,769,153.
	on B. Total Support				<u> </u>		20, 109, 133.
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	4,724,273.				7,983,847.	
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources	4,617.	43,850.	40,910.	30,753.	37,536.	157,666.
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.)						
11	Total support. Add lines 7 through 10						31,693,008.
12	Gross receipts from related activities, etc					12	2,322,542.
13	First five years. If the Form 990 is for the						
<u> </u>	organization, check this box and stop he						> 🗆
	on C. Computation of Public Suppor						
14 15	Public support percentage for 2017 (line of Public support percentage from 2016 Sci					14	90.77%
16a	331/3% support test—2017. If the organi					15	85.84 % check this
	box and stop here. The organization qua						
b	331/3% support test-2016. If the organi						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test — 2	017. If the orga	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization me	ets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here.	. Explain in
	Part VI how the organization meets the "					s as a publicly	supported
-	organization						· · 🕨 🗆
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization is						
	Explain in Part VI how the organization resupported organization					on qualifies as	a publicly
18	Private foundation. If the organization di					k this box and	see
	instructions						

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support	***************************************	, in the second				
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees			***************************************			
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		***************************************				***************************************
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			 			
_	furnished by a governmental unit to the						
	organization without charge						
6							
7a	Amounts included on lines 1, 2, and 3		1				
	received from disqualified persons .						
L	, ,			1			
b	Amounts included on lines 2 and 3	***************************************	***				
	received from other than disqualified persons that exceed the greater of \$5,000	-					
	or 1% of the amount on line 13 for the year	And the state of t					
_			ļ				
С 8	Public support. (Subtract line 7c from						
b	line 6.)						
Cooti	on B. Total Support						
	<u> </u>	(-) 0040	T #1 0044	(.) 004F		1 1 2 2 2 2 7	
9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a					***************************************		
IVa	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.]			
h						······································	
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	·						
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					
12	Other income. Do not include gain or				1		
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		1				
4.4	·	<u> </u>	-1-6				- FO4/ \/C\
14	First five years. If the Form 990 is for the	-			•		, ,, ,
Coati	organization, check this box and stop he on C. Computation of Public Support				• • • • •		
15				101 (0)		1 45 1	
	Public support percentage for 2017 (line						<u>%</u>
16 Secti	Public support percentage from 2016 Sc on D. Computation of Investment In					16	<u>%</u>
17	Investment income percentage for 2017			v line 12 sel	mn (fl)	17	0/
18	Investment income percentage for 2017 Investment income percentage from 2016						%
19a	331/3% support tests—2017. If the organ						
134	17 is not more than 33½%, check this box						
b	33 ¹ /3% support tests—2016. If the organiz		_	-		-	
Ð	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						
20	TETTER TOWNSHAUDTE IT THE OTYGINZATION U	in not offect a	NOW OF THE 14	, ıza, ul izb, (いっさした ほりろ ひひろ	aiiu 555 iii584	GROHA 📂 🛄

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

S

Secti	ion A. All Supporting Organizations	W) V V	7	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 Part VI 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		
5a	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 Part VI , 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		
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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	8		
9a	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 Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) 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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			

10a

10b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	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	A family member of a person described in (a) above?	11b
	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. on B. Type I Supporting Organizations	11c
0000	on D. Type I dapporting Organizations	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 Part VI 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.	
2	Did the organization operate for the benefit of any supported organization other than the supported	1
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Secti	on 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 Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	
Secti	on 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, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI 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	0.00
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	
Secti	on E. Type III Functionally Integrated Supporting Organizations] 3
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	in admirable mel
	The organization satisfied the Activities Test. Complete line 2 below.	instructions).
a 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 instructions).
_		· · · · · · · ·
2	Activities Test. Answer (a) and (b) below.	Yes No
а	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
b	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 Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	Oh.
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b
а	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 Part VI .	3a
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 Part VI the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	j tru: nizat	st on Nov. 20, 1970 (expl ions must complete Sect	ain in Part VI). See ions A through E.
Section 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		
Section B - Minimum Asset Amount		(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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)			
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-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		Title Western Control of the Control	
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
<u>b</u>	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u>i</u> _	Carryover from 2012 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
<u>a</u>	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			
<u>u</u>	Excess from 2017			
-	EXCOUSE HOTH ZOTT			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)


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***************************************	
*****	
**********	
27777	
	***************************************

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ➤ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Employer identification number** 

The	Ocean Foundati	.on		71-0863908		
	cation type (check or					
Filers o	f:	Section:				
Form 990 or 990-EZ		<b>区</b> 501(c)(	3 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 politica	al organization			
Form 99	00-PF	501(c)(3) ex	xempt private foundation			
		4947(a)(1)	nonexempt charitable trust treated as a private founda	ution		
		☐ 501(c)(3) taxable private foundation				
	nly a section 501(c)(7	•	General Rule or a Special Rule. lanization can check boxes for both the General Rule a	and a Special Rule. See		
Genera	l Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
X	regulations under se 13, 16a, or 16b, and	ections 509(a)(1) d that received fr	ction 501(c)(3) filing Form 990 or 990-EZ that met the 3 and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 om any one contributor, during the year, total contribu (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	90 or 990-EZ), Part II, line itions of the greater of (1)		
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	contributor, during to contributions totaled during the year for a General Rule applie	the year, contribi d more than \$1,0 an <i>exclusively</i> rel es to this organiz	etion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that utions exclusively for religious, charitable, etc., purpos 200. If this box is checked, enter here the total contributions, charitable, etc., purpose. Don't complete any cation because it received nonexclusively religious, charear	es, but no such utions that were received of the parts unless the aritable, etc., contributions		

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

The Ocean Foundation

Employer identification number 71-0863908

Part I	Contributors (see instructions). Use duplicate co	ppies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 901,998.	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		<b>\$</b> 1,879,400.	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 288,118.	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 285,000.	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 231,000.	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 278,245.	Person

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 is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$ 392,793.	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$ 165,400.	Person Payroll Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
O		\$ 250,000.	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10		\$ 185,000.	Person Payroll Oncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11		\$ 500,000.	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		<b>\$</b>	Person			

Name of organization

Employer identification number

The Ocean Foundation 71-0863908 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.)

Name of organization **Employer identification number** The Ocean Foundation 71-0863908 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held from Part ! (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **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

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. 
► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	of organization			Employer ider	ntification number
The	Ocean Foundation			71-08639	908
Part	I-A Complete if the	e organization is exempt und	er section 501(	c) or is a section 527 of	organization.
1	Provide a description of definition of political car	the organization's direct and ir	ndirect political ca	impaign activities in Part	IV. (see instructions for
2		y expenditures (see instructions)			
3	Volunteer hours for politic	cal campaign activities (see instru	ctions)		
Part	I-B Complete if the	e organization is exempt und	ler section 501(	c)(3).	
1 2 3 4a b	Enter the amount of any of the organization incurred Was a correction made? If "Yes," describe in Part		n managers under orm 4720 for this y	section 4955 <b>&gt;</b> \$ ear?	Yes No Yes No
Part	I-C Complete if the	e organization is exempt und	ler section 501(	c), except section 501	(c)(3).
1	Enter the amount direct activities	ly expended by the filing organi			
2		filing organization's funds contributies			***************************************
3	Total exempt function eline 17b	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL, ▶ \$	
<b>4</b> 5	Enter the names, address organization made payme the amount of political co	n file Form 1120-POL for this year ses and employer identification nu- ents. For each organization listed, ontributions received that were pro- fund or a political action committed	mber (EIN) of all s enter the amount emptly and directly	ection 527 political organi paid from the filing organi delivered to a separate p	zations to which the filing zation's funds. Also enter colitical organization, such
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)			-		
(2)			-		
(3)					
(4)			_		
(5)			-		
(6)					

Sch	nedule C (Form 99	0 or 990-EZ) 2017					Page 2
	S	omplete if the organization ection 501(h)).	•			•	ection under
A	Check ► [	if the filing organization belon				liated group memb	er's name,
		address, EIN, expenses, and			-		
В	Check ► [	if the filing organization check			ovisions apply.		
		Limits on Lobb				(a) Filing	(b) Affiliated
		(The term "expenditures" me				organization's totals	group totals
•		bying expenditures to influence		-	~,	0.	
		bying expenditures to influence				8,855.	
		oying expenditures (add lines 1				8,855.	
		empt purpose expenditures .				7,595,166.	
		mpt purpose expenditures (add				7,604,021.	
		nontaxable amount. Enter	the amount fro	om the following	table in both		
	columns.					530,201.	
	If the amou	unt on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	Not over \$5		20% of the am	ount on line 1e.			
		000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		
	Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.		
	Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	/er \$1,500,000.		
-	Over \$17,0		\$1,000,000.				
		ts nontaxable amount (enter 25	•			132,550.	
	h Subtract I	line 1g from line 1a. If zero or le	ss, enter -0-			0.	
	i Subtract l	line 1f from line 1c. If zero or les	ss, enter -0-			0.	
		s an amount other than zero		1h or line 1i, did	the organization	file Form 4720	
	reporting	section 4911 tax for this year?				<u> </u>	Yes No
	(Some o	organizations that made a sec See the	ction 501(h) ele separate instr	uctions for lines 2	e to complete all 2a through 2f.)	of the five columr	ns below.
		Lobbying	Expenditures	During 4-Year Av	eraging Period		
		ar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) Total
	<b>2a</b> Lobbying	nontaxable amount	441,031.	498,328.	462,620.	530,201.	1,932,180.
		ceiling amount line 2a, column (e))					2,898,270.
	c Total lobb	bying expenditures	25,500.	0.	0.	8,855.	34,355.
	d Grassroot	ts nontaxable amount	110,258.	124,582.	115,655.	132,550.	483,045.

0.

0.

Schedule C (Form 990 or 990-EZ) 2017 REV 10/16/18 PRO

0.

483,045.

724,568.

0.

f

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	Page : 1 5768
		T (	a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity.	Yes	No	Amount
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:  Volunteers?			
a b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?			San and San and Company of the San and
d e f	Mailings to members, legislators, or the public?			
g h i	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?			
j 2a	Total. Add lines 1c through 1i			
b c d	If "Yes," enter the amount of any tax incurred under section 4912			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)(5),	or se	ction
1	Were substantially all (90% or more) dues received nondeductible by members?			Yes No
2	were substantially all (90% or more) dues received nondeductible by members?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."	:)(5),	or se	ction
1	Dues, assessments and similar amounts from members	v	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of		
а	Current year	•	2a	
b	Carryover from last year	•	2b 2c	
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	the ying		
_	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
	Supplemental Information  le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grainstructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup lis	t); Par	t II-A, lines 1 and
				************************

Schedule C (Form	990 or 990-EZ) 2017	age 4
Part IV	Supplemental Information (continued)	<del></del>
*****		
	***************************************	
	***************************************	
********	·	
*************		
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#### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 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

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

The	Ocean Foundation		71-0863908
Par			ds or Accounts.
	Complete if the organization answered '	p*************************************	<b>*</b>
	T-A-I months of the state of	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	8.	5.
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year) .	129,800.	199,976.
4	Aggregate value at end of year	83,951. 437,433.	160,937.
5	Did the organization inform all donors and donor		143,034.
_	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	· · · · · · · 🗵 Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreat		
	Protection of natural habitat	Preservation of	a certified historic structure
^	Preservation of open space		
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eid a qualified conservation contributio	
_			Held at the End of the Tax Year
a b	Total acreage restricted by conservation easement		
c	Number of conservation easements on a certified h		
ď	Number of conservation easements included in		
		, , , , , , , , , , , , , , , , , , , ,	I I
3	Number of conservation easements modified, trans	sferred, released, extinguished, or term	
	tax year ►	<del>-</del>	, ,
4	Number of states where property subject to conser		
5	Does the organization have a written policy reg		
_	violations, and enforcement of the conservation ea		1.00
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing o	conservation easements during the year
,	American de la companya del companya del companya de la companya d		
7	Amount of expenses incurred in monitoring, inspectin ▶\$	ig, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line	2/d) shove esticty the requirements of	section 170/h)////P)/i)
•	and section 170(h)(4)(B)(ii)?	z(d) above satisfy the requirements of	· · · · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports of		
-	balance sheet, and include, if applicable, the text of	of the footnote to the organization's final	ancial statements that describes the
	organization's accounting for conservation easeme		
Part	III Organizations Maintaining Collections	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fo		
b	If the organization elected, as permitted under Si works of art, historical treasures, or other similar		
	public service, provide the following amounts relati		ucation, or research in turtherance or
			▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		· · · · • •
2	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 S	FAS 116 (ASC 958) relating to these its	ems:
а	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Schedule D (Form 990) 2017	Page 2
Port III Organizations Maintaining Callections of Art Historical Traceruses on Other Similar Assats (or	ation (a d)

Par	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		her reco	ords, chec	k any of the	followin	ng that are a si	gnificant us	e of its
а	☐ Public exhibition		d	☐ Loan	or exchange	prograr	ns		
b	☐ Scholarly research		e	☐ Othe	r				
C	Preservation for future generations	8							
4	Provide a description of the organiza XIII.	tion's collections a	ind exp	lain how t	hey further th	ne orgar	nization's exem	pt purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							□ No
Parl									•
4	Complete if the organization 990, Part X, line 21.								orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							t 🗌 Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the f	ollowing to	able:		Δη	nount	
_	Reginning balance					10		· · · · · · · · · · · · · · · · · · ·	
ç	Beginning balance					1c			
d	Distributions during the year					<del></del>			
e f	Ending balance					1e 1f			~~~~~~~
2a	Did the organization include an amount					L	eeeet liebilit./	7 N	
	If "Yes," explain the arrangement in P								☐ MO
Par		art Alli. Check here	s II tile e	xpianauo	mas been p	rovided	UI Fait Aii .	• • •	<u>L_J</u>
1 (21	Complete if the organization	anewored "Vee"	on Fo	rm 000 l	Part IV line	10			
	Complete if the organization	(a) Current year		rior year	(c) Two years		) Three years back	(e) Four yea	re hack
4.	Paginning of year halance	(a) Surrent year	(5)	year	(c) Two years	Dack to	y milee years back	(e) i oui yea	
1a	Beginning of year balance								
b	Contributions								~~~~~~~
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	d balan	ce (line 1g	j, column (a))	held as:	•		
а	Board designated or quasi-endowment	nt ▶	%						
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in the	e possession of th	e organ	ization th	at are held a	nd admi	nistered for the	<b></b>	
	organization by:							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
þ	If "Yes" on line 3a(ii), are the related o	•						3b	
4	Describe in Part XIII the intended uses		n's end	lowment f	unds.	····	·····		
Par									
	Complete if the organization	answered "Yes"	' on Fo	rm 990, I	Part IV, line	11a. Se	ee Form 990,	Part X, line	10.
	Description of property	(a) Cost or oti		1 ' '	or other basis other)		cumulated eciation	(d) Book va	lue
	Land		·			•			
b	Buildings , ,	*			3000				
c	Leasehold improvements	•							
d	Equipment			1	13,284.		105,755.	7,	529.
e	Other			<del></del>	19,936.		19,936.		0.
Total	Add lines 1a through 1e. (Column (d) n		00 Part			1		7	529.

Part VII	Investments – Other Securities. Complete if the organization answ	ered "Yes" on Form	990 Part IV I	ine 11b. See Ford	n 990 Part X line 12
	(a) Description of security or category (including name of security)		(b) Book value	(c) Me	ethod of valuation: d-of-year market value
(1) Financia	I derivatives		was		
• •	held equity interests				
(3) Other		ļ <del></del>	***************************************		<del></del>
(A)					
(B)	~~~~~				
(C)					
(D)					
(E)					
(F)	****	***************************************			Solder Landson Control of the Contro
(G) (H)					
	B) much and F-m 000 Part V and /D) F- 401 b				
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.				
Fait VIII	Complete if the organization answ		000 Part IV B	no 11e Coe Eore	000 Dort V line 12
	(a) Description of investment	elea les oll Follil	(b) Book value		ethod of valuation:
	(a) Description of Alvestment	***************************************	(b) Book value		d-of-year market value
(1)				_	
(2)			***************************************		
(3)					
(4)					
(5)					
(6)			VIII.		MANUTE AND ASSESSMENT OF THE SECOND OF THE S
(7)					
(8)					
(9)				1	
	b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.				
	Complete if the organization answ		990, Part IV, li	ne 11d. See Forn	
	(a)	Description			(b) Book value
(1)					
(2)				**************************************	
(3)					
(4)		MWW.			
(5)					
(6)					
(7)					
(8) (9)		***************************************			
Total. (Colu	mn (b) must equal Form 990, Part X, col.	(B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization answ	ered "Yes" on Form	990. Part IV. li	ne 11e or 11f. Se	e Form 990. Part X.
	line 25.		,,		
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2) Tenant	security deposit	3,10	0.		
(3) Deferr	ed rent liability	127,020			
(4)Charit	able gift annuity	5,01			
(5)					
(6)					
(7)					
(8)					
(9)					
i otal, (Column f	b) must equal Form 990. Part X. col. (B) line 25.)	125 126	c 1		

Schedule D (Form 990) 2017	Page 4

00.1000		300, 2017				rage -
Parl	ΧI	Reconciliation of Revenue per Audited Financial Stateme		•	leturn.	
	T-1-1	Complete if the organization answered "Yes" on Form 990, I			····-	
1		revenue, gains, and other support per audited financial statements	• •		1	8,533,242.
2		unts included on line 1 but not on Form 990, Part VIII, line 12:	ما	1 35 000		
a		unrealized gains (losses) on investments	2a	15,200.		
b		ated services and use of facilities	2b			
C		overies of prior year grants	2c	***************************************		
đ		r (Describe in Part XIII.)	2d	21,852.		
e		lines 2a through 2d			2e	37,052.
3		ract line 2e from line 1		. , . ,	3	8,496,190.
4		unts included on Form 990, Part VIII, line 12, but not on line 1:				
a		etment expenses not included on Form 990, Part VIII, line 7b	4a			
b		r (Describe in Part XIII.)	4b			
_C		lines 4a and 4b ,			4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	8,496,190.
Part	XII	Reconciliation of Expenses per Audited Financial Statem			Return	•
		Complete if the organization answered "Yes" on Form 990, I	Part	V, line 12a.		
1					1	7,604,021.
2		unts included on line 1 but not on Form 990, Part IX, line 25:				
а		ited services and use of facilities	2a			
þ		year adjustments	2b			
C		rlosses	2c			
d	Othe	r (Describe in Part XIII.)	2d			
e		lines 2a through 2d			2e	
3		ract line <b>2e</b> from line <b>1</b>			3	7,604,021.
4		unts included on Form 990, Part IX, line 25, but not on line 1:	1			.,
а		stment expenses not included on Form 990, Part VIII, line 7b	4a			
b		r (Describe in Part XIII.)	4b			
c		lines de suel de	L		4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	7,604,021.
	XIII		, , ,		<u> </u>	7,004,021.
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	11.0	Part IV lines 1h and 2h:	Part V lin	ne 4: Part Y line
		nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
2, 1 01	. 731, 111	nos zo and 40, and 7 art All, lines zo and 40. Also complete this part	to pa	ovide any additional fine	matton.	
		***************************************		************		
Pt X	. 1.i	ne 2: The organization is exempt from income t	200	e under Internal	Perren	226
	,	The 2: The Organization is exempt from income c	ane	s dider internat	. Keven	
Code	501	(c)(3) and applicable DC statutes. No provisi	on	for income taxes		
	·	(c)(3) and applicable be statutes. No plovisi		TOT THOOME CAVES		
remi	ired	at June 30, 2018, as the Organization had no	nat	unrelated bugin	000	
		at dune 30, 2010, as the diganization had no	116.0	uniteraced pusin	1699	
inco	ma	The organization follows FASB ASC 740-10, In	aom	a Tayoo tha auth	. ~ ~ + ~ +	4
11100.		The Organization forflows FASB ASC 740-10, in	COII	e laxes the auth	IOLICAL	
സർദ	22.00					
guia	ance	relating to accounting for uncertainity in in	COM	e taxes. These	provis	ions
prov	ıde	consistent guidance for the accounting for unc	ert	ainity in income	taxes	
reco	gniz	ed in an entity's financial statements and pre	scr	ibe a threshold	of "mo	re
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		*******		
like	ly t	han not" for recognition and derecognition of	tax	positions taken	or	
				1		****
expe	cted	to be taken in a tax return. The Organizatio	ח ח	erformed an eval	nation	1
				orrormod dir cyar		
of iii	ncer	tain tax positions for the year ended June 30,	20	18. and determin	ed the	+
u		tan positions for the year ended dune 50,	20	10, and determin	ica ciid	
thor	0 140	ro no mottore that would magnine macomition i		ha financial ata		_

Part XIII	Supplemental Information (continued)
or which	n may have any effect on its tax-exempt status. As of June 30, 2018,
the stat	cute of limitations for tax years 2014 through 2016 remains open with
federal	and DC authorities.
Pt XI, I	ine 2d: Foreign currency exchange gain


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#### **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

71-0863908

Name of the organization The Ocean Foundation

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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?	0

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 fo	(b) Number of	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
(a) region	offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	a program service, describe specific type of service(s) in the region	expenditures for and investments in the region
(1) North America	0	0	program service	research	403,877.
(2) North America	0	0	grantmaking	grants to recipients	247,192.
(3) Central America	0	0	program service	research & conferences	207,093.
(4) Central America	0	0	grantmaking	grants to recipients	21,670
(5) South America	0	0	program service	research	44,189.
(6) South America	0	0	grantmaking	grants to recipients	40,930.
(7) Sub-Saharan Africa	0	0	program service	research	116,119.
(8) Sub-Saharan Africa	0	0	grantmaking	grants to recipients	35,930.
(9) East Asia and Pacific	0	0	program service	research & conferences	95,083.
(10) East Asia and Pacific	0	0	grantmaking	grants to recipients	64,830.
(11) Europe	0	0	program service	research & conferences	385,666.
(12) Europe	0	0	grantmaking	grants to recipients	140,435.
(13) Middle East	0	0	program service	research & conferences	18,999.
(14) Middle East	0	0	grantmaking	grants to recipients	500.
(15) South Asia	0	0	program service	general & administrative	371.
(16) South Asia	0	0	grantmaking	grants to recipients	7,430.
(17)					
Sub-total      Total from continuation sheets to Part I	0	0			1,830,314.
c Totals (add lines 3a and 3b)	0	0			1,830,314.

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. Part III

Worth America General Support 73,458, Mire 0. n/a A.	1 (a) Name of organization	f (b) IRS code	arion section and EIN (c) Region (d) Purpos	(d) Purpose of	(e) Amount of	se of (e) Amount of (f) Manner of (g) Amount of (h) C	(g) Amount of	(h) Description of noncash assistance	(i) Method of
North America General Support 73,456, Wire 0, n/a   North America General Support 7,000, Wire 0, n/a   North America General Support 7,000, Wire 0, n/a   North America General Support 36,350, Wire 0, n/a   North America General Support 36,350, Wire 0, n/a   North America General Support 47,000, Wire 0, n/a   North America General Support 5,040, Wire 0, n/a   North America General Support 5,040, Wire 0, n/a   South America General Support 7,000, Wire 0, n/a   South America General Support 10,000, Wire 0, n/a   Sub-Sabaran Mica General Support 10,000, Wire 0,000, n/a   N/a   Sub-Sabaran Mica General Support 10,000, wire 0,000, n/a   N/a   Sub-Sabaran Mica General Support 10,000, mica 0,000, n/a   N/a   Sub-Sabaran Mica General Support 10,000, mica 0,000, n/a   N/a					in the second	disbursement	assistance		(book, FMV, appraisal, other)
North America General Support 7,000 Wire 0. n/a				General	73,458.	Wire	0.	n/a	Actual
North America General Support 7,000, Wire 0. n/a	Œ			General	_	Wire	0.	n/a	Actual
North America Marine Science 7,000	<b>©</b>		ì	General S	7,000.	Wire	0.	n/a	Actual
North America General Support 36,3500. Wire 0. n/a	(9)				7,000.	Wire		n/a	Actual
North America General Support 47,000 Wire 0. n/a	(2)		į į	လ	63,500.	Wire	0.	n/a	Actual
North America General Support         47,000. Wire         0. n/a           North America General Support         5,040. Wire         0. n/a           Central America General Support         5,040. Wire         0. n/a           South America General Support         7,000. Wire         0. n/a           South America General Support         10,000. Wire         0. n/a           South America General Support         10,000. Wire         0. n/a           Sub-Sabaran Africa General Support         10,000. Wire         0. n/a           Sub-Sabaran Africa General Support         10,000. Wire         0. n/a           Sub-Sabaran Africa General Support         10,000. Wire         0. n/a           See Statement         214,860.         0. n/a	(9)			တ	6,	Wire		n/a	Actual
North America General Support 6,540. Wire 0. n/a	<b>'</b>			General S	47,000.	Wire		n/a	Actual
Central America General Support 5,040. Wire 0. n/a	(8)			General S		Wire		n/a	Actual
Central America General Support         5,040.         Wire         0. n/a           South America General Support         7,000.         Wire         0. n/a           South America General Support         10,000.         Wire         0. n/a           Sub-Saharan Africa General Support         10,000.         Wire         0. n/a           Sub-Saharan Africa General Support         13,930.         Wire         0. n/a           Sub-Saharan Africa General Support         13,930.         Wire         0. n/a           See Statement         214,860.         0. n/a         0. n/a	(6)			General S		Wire	•	n/a	Actual
South America         General Support         7,000         Wire         0. n/a           South America         TAMAT Turtle proj.         23,930         Wire         0. n/a           South America         General Support         10,000         Wire         0. n/a           Sub-Saharan Africa         General Support         10,000         Wire         0. n/a           See Statement         214,860         0. n/a         0. n/a	(10)			General S	_	Wire	•	n/a	Actual
South America TAMAT Turtle proj.         23,930. Wire         0. n/a           South America General Support         10,000. Wire         0. n/a           Sub-Saharan Africa General Support         10,000. Wire         0. n/a           Sub-Saharan Africa General Support         13,930. Wire         0. n/a           See Statement         214,860.         0. n/a	(44)			ဟ	7,000.	Wire	0.	n/a	Actual
South America         General Support         10,000         Wire         0. n/a           Sub-Saharan Africa         General Support         10,000         Wire         0. n/a           Sub-Saharan Africa         Sea turtle conserv.         13,930         Wire         0. n/a           See Statement         214,860         0. n/a	(12)			Turtl	3,	Wire		n/a	Actual
Sub-Saharan Africa         General Support         10,000         Wire         0. n/a           Sub-Saharan Africa         Sea turtle conserv.         13,930         Wire         0. n/a           See Statement         214,860         0. n/a	(13)			Ś	10,000.	Wire		e/u	Actual
Sub-Saharan Africa Sea turtle conserv. 13,930. Wire 0. n/a See Statement 214,860. 0.	<b>(1)</b>		Sub-Saharan Africa	ഗ	0	Wire		n/a	Actual
See Statement 214,860.	(15)		Sub-Saharan Africa	turtle	3,	Wire		n/a	Actual
	(16)				214,860.		0		e reconsecutiva de de la consecutiva della conse

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 Q

Enter total number of other organizations or entities ß

REV 10/16/18 PRO

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Schedule F (Form 990) 2017

Page 3

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. Schedule F (Form 990) 2017

Part III Grants al

ran III can be dupiic	rait ill call de duplicated il additional space is needed.	s is inecued.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							3
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(6)							
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(15)							
(16)							
(17)							A A A A A A A A A A A A A A A A A A A
(18)							
BAA		REV 10/16/18 PRO				Sche	Schedule F (Form 990) 2017

Part	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)		⊠ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)		🗵 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)		⊠ 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)		⊠ 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)		🗵 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		⊠ No
BAA	REV 10/16/18 PRO	Schedule F (Fe	orm 990) 2017

## 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).

**Continuation Statement** 

The Ocean Foundation Schedule F: Statement of Activities Outside U.S. Part II: Grants and Other Assistance to Organizations or Entities Outside the U.S.

Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of noncash assistance	Description of noncash assistance	Method of valuation
Sub-Saharan Africa	General Support	.000,7	Wire	0.	n/a	Actual
East Asia and Pacific	General Support	10,000.	000. Wire	0	0. n/a	Actual
East Asia and Pacific	Leatherback conserv	14,930.	930. Wire	0	n/a	Actual
East Asia and Pacific	General support	25,000.	Wire	0.	0. n/a	Actual
East Asia and Pacific	General support	11,000.	000. Wire	0.	0. n/a	Actual
Europe	General support	10,000.	Wire	0	n/a	Actual
Europe	General support	10,000.	Wire	0.	n/a	Actual
Europe	General support	10,000.	Wire	0.	n/a	Actual
Europe	General support	10,000.	Wire	0.	n/a	Actual
Europe	General support	.005,68	Wire	0	n/a	Actual
Europe	General support	10,000.	Wire	0.	n/a	Actual
South Asia	Leatherback turtle	7,430.	Wire	0.	n/a	Actual
		214,860.		0		

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

△ U L Copen to Public Inspection

▶ Go to www.irs.gov/Form990 for the latest information.

° □ **Employer identification number** XYes 71-0863908 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? General Information on Grants and Assistance The Ocean Foundation Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. M Mothod of valuation Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

1 (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, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Brick City TV, LLC 601 W 26th St #1776 New York NY 10001	26-2087540	n/a	27,000.	0.	Actual	N/A	Educ documntry
(2) Conservacion ConCiencia 806 Calle Lafayette RQ San Juan	66-0861228	n/a	301,464.	0.	Actual	N/A	General op sup
(3) Deep Green Wilderness 2400 NW 80th St PMB 127 Seattle NA 98117	27-0290082	n/a	24,936.	0.	Actual	N/A	General op sup
(4) Havenworth Coastal Conserv 5120 Beacon Rd Palmetto FL 34221	27-3551539	n/a	47,267.	•0	Actual	N/A	General op sup
(5) DBA Island Reach 21 Rowe Rd Charlemont MA 01339	02-7540925	n/a	26,500.	.0	Actual	N/A	General op sup
(6) Trezco Systems 930 Flying Fish St Foster City CA 94404	81-3844107	n/a	20,000.	0.	Actual	N/A	General op sup
(7) MarAlliance 209 Mississippi St San Francisco CA 94107	46-4381820	501(c)(3)	25,000.	0	Actual	N/A	Shark Conservation
(8) Natl Res. Def. Council 40 W 20th St Fl 11 New York NY 10011	13-2654926	501(c)(3)	17,000.	0.	Actual	N/A	General op sup
(9) Noyo Ctr for Marine Science PO Box 1321 Fort Bragg CA 95437	46-5359631	501(c)(3)	6,572.	•0	Actual	N/A	General op sup
(10) Ocean Discovery Inst.	33-0862531	501(c)(3)	14,930.	.0	Actual	N/A	Ocean Leaders
(11)Ocean River Institute 12 Eliot Street Cambridge MA 02138	20-8273235	501(c)(3)	25,200.	0.	Actual	N/A	Seamont Guardians
(12) See Statement			363,300.	0.			
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li></ul>	n 501(c)(3) and go organizations liste	vernment organizat d in the line 1 table	tions listed in the li	ne 1 table			. • 12

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

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Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)	rm 990) (2017)					Page
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	<b>nestic Individua</b> space is needed	ils. Complete if the	organization answ	ered "Yes" on Form 990	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Fello	Fellowship	-	12,950.	0.	FMV	N/A
7						
ဗ						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information re	quired in Part I, lin	e 2; Part III, column	(b); and any other addit	onal information.
Pt I Line	2: The Ocean Foundation	works closely w	with most all o	of its grantees	to solve Ocean	preservation
issues.	It requires reports when a		an entity other	than one to	public charity	for general operating
support	. Foundation staff travel	widely and attend	end many of the	same policy	conferences with g	grantees and are
closely	involved and aware of grantees'	work in	this manner.			

Schedule | (Form 990) (2017)

The Ocean Foundation

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

**Continuation Statement** Stainable Ldershp Purpose of grant Sup electonic tagging Research in Cuba or assistance Aquaculture/China seafood dns OA Initiative dns dns ďo General General General fo assistance Description noncash N/AN/A N/A N/A N/A N/A N/A N/A (book, FMV, appraisal, valuation Method of Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments other) Actual 0. Actual 0. Actual Actual 0.|Actual 0. Actual 0. Actual Actual 0 ٠. assistance Amount of non-cash Amount of cash grant 5,999. 63,500. 7,907. 95,992. 20,000. 12,500. 363,300. 147,402. 10,000. IRC Section applicable) 501(c)(3) 501(c)(3)501(c)(3) 501(c)(3)501(c)(3) 501(c)(3) 501(c)(3)n/a 208019563 330540475 814325149 941156365 The Harte Research Inst 741760663 131599108 996000354 521693387 EIN 5300 Ocean Dr. #5869, Corpus Christi, TX 78412 Project AWARE Fdtn USA 2440 Campus Rd 20 Box 368, Honolulu, HI 96822 20 Melrose Court, San Mateo, CA 94402 N.S. Former St., \$200, Remoin Santa Margarite, OR 92008 Univ. of Cambridge EN Name and address of 200 Park Avenue, New York, NY 10166 3150 Porter Dr. #100, Palo Alto, CA 94304 727 SW Linette Way, Beaverton, OR 97007 1250 24th St., NW, Washington, DC 20037 World Wildlife Fund organization or Stanford University government of Hawaii Playa Viva LLC SEE Turtles Univ.

### **SCHEDULE J** (Form 990)

Compensation Information
For 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.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Ocean Foundation

**Employer identification number** 

71-0863908

Part	Questions Regarding Compensation				
				Yes	No
1a		ovided any of the following to or for a person listed on Form 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 (such as, maid, chauffeur, chef)			
b	or reimbursement or provision of all of the ex	he organization follow a written policy regarding payment penses described above? If "No," complete Part III to			
	SAPIRITION OF THE SAPIRITION O		1b		
2	directors, trustees, and officers, including the CEO	or to reimbursing or allowing expenses incurred by all D/Executive Director, regarding the items checked on line			
			2		
3	Indicate which, if any, of the following the filing org organization's CEO/Executive Director. Check all the related organization to establish compensation of the	anization used to establish the compensation of the hat apply. Do not check any boxes for methods used by a he CEO/Executive Director, but explain in Part III.			
		☐ Written employment contract			
	☐ Independent compensation consultant	☐ Compensation survey or study			
	▼ Form 990 of other organizations				
4	During the year, did any person listed on Form 990 organization or a related organization:	, Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-contro	l payment?	4a		×
b		ental nonqualified retirement plan?	4b		×
C		pased compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) of For persons listed on Form 990, Part VII, Section A				
	compensation contingent on the revenues of:				
a			5a		×
b	If "Yes" on line 5a or 5b, describe in Part III.		5b		×
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of:	, line 1a, did the organization pay or accrue any			
а	The organization?		6a	SERVICE CONTRACTOR	×
b	Any related organization?		6b		×
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section payments not described on lines 5 and 6? If "Yes,"	on A, line 1a, did the organization provide any nonfixed describe in Part III	7		×
8	Were any amounts reported on Form 990, Part VII,	paid or accrued pursuant to a contract that was subject Regulations section 53.4958-4(a)(3)? If "Yes," describe			
			8		×
9	If "Yes" on line 8, did the organization also fol Regulations section 53.4958-6(c)?	low the rebuttable presumption procedure described in	۵		

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Page 2

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

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. instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown of	W-2 and/or 1099-MIS	3C compensation	Post transition (2)		/_ /_ /_	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred	(U) Nontaxable benefits	(E) (I)-(D)	in column (B) reported as deferred on prior
				compensation				Form 990
Mark J Spalding	8	251,310.	0	0.	18,557.	11,721.	281,588.	0.
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Also complete this part			: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								Schedule J (Form 990) 2017
7, and 8, and for Part II.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
a, 4b, 4c, 5a, 5b, 6a, 6b,											
· Part I, lines 1a, 1b, 3, 4											RO
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 or any additional information.											REV 10/16/18 PRO
Provide the information, explanation, or any additional information.											
Provide the or any addi		* * * * * * * * * * * * * * * * * * * *									BAA

#### 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.

OMB No. 1545-0047

Open to Public

**Employer identification number** 

71-0863908

Department of the Treasury Internal Revenue Service Name of the organization

The Ocean Foundation

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Pt VI, Line 2: RELATIONSHIPS AMONG DIRECTORS, OFFICERS & KEY EMPLOYEES - Angel Braestrup, Director & Mark Spalding, President/Officer, own real estate together, unrelated to the business of the Foundation. Pt VI, Line 11b: 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 12c: 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 form participating in a decision that could lead to a personal gain. Pt VI, Line 15a: 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 (CEO/President) compensation, with Ms. Braestrup (Director) abstaining. Pt VI, Line 15b: 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 budget. Pt VI, Line 19: 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

Name of the organization  The Ocean Foundation	Employer identification number 71-0863908
nonprofit public benefit corporation, makes its audited financials	
to the public on request. It also publishes on its website an annu-	
containing summary information derived from the audited financial s	
Pt XI: Foreign Currency Exchange Gain	
Pt III, Line 4d:	***************************************
Expenses: \$1,548,298 including grants of: \$362,689 Revenue: \$22,285	
Description: BUILDING THE CAPACITY OF THE MARINE CONSERVATION COM	MUNITY -
There are many outstanding conservation organizations dedicated to protecting and preserving our oceans. The Ocean Foundation crowides as	sistance to these entities, which have a need
to develop a certain skill or competence, or for general upgrading of performance ability. The Ocean Foundation was created in part to	bring new financial and technical resources
to the table so that we can increase the capacity of these organizations to	pursue their missions.
Pt VI, Section C, Line 17:	
State: FL	
State: ME	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
State: SC	
State: WA	
Pt IX, Line 11g:	***************************************
Description: Scientific & technical consultants	***************************************
Total: \$43,482	***************************************
Program services: \$25,797	
Management and general: \$9,035	
Fundraising: \$8,650	
Description: Program mgt & support fees	***************************************
Total: \$1,801,411	***************************************
Program services: \$1,796,536	
Management and general: \$3,908	
Fundraising: \$967	
Description: Research & advocacy fees	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization The Ocean Foundation	Employer identification number 71-0863908
Total: \$67,375	
Program services: \$67,375	
Management and general: \$0	
Fundraising: \$0	
Description: Communications & design fees	
Total: \$203,144	
Program services: \$154,702	
Management and general: \$47	
Fundraising: \$48,395	
***************************************	
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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No. 1545-0047	
B No. 1	00

Open to Public Inspection [N

Employer identification number

71-0863908

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990. The Ocean Foundation

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	(t Primary	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						***************************************
(2)	L L					
(C)						
(4)						
(5)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
(9)	-					
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	itions. Complete if the ring the tax year.	organization ar	swered "Yes" or	n Form 990, Par	t IV, line 34, bec	ause it had
(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f)  Direct controlling entity	Section 512(b)(13) controlled entity?
#1 Soswor 50-2156577						Yes No
20 19th St, NW 5th Fl Washington DC 20036	ocean conservation MD	Q	501(c)(3)	509(a)(1)	The Ocean Foundation	×
(6)			The state of the s			
(4)						
(9)						
(9)		and the state of t				
(4)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA	A REV 10/16/18 PRO	3 PRO			Schedule	Schedule R (Form 990) 2017

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Part III Identification of because it had or	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	itions Taxable organizations	as a Partners treated as a pa	<b>ship.</b> Compartnership o	olete if the furing the	organizatio tax year.	n answer	ed "Yes"	on Form 990	), Part IV	, line 3	44,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	ant Sha afed, ii rom -514)		(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		General or R managing partner?	(k) Percentage ownership
(1)								Yes		Yes	2	
(2)							***************************************					***************************************
(6)												
(4)												
(5)		400										
(9)												
(a)	***************************************											
Part IV Identification of Ine 34, because	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization are line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	tions Taxable related organic	le as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, nizations treated as a corporation or trust during the tax year.	tion or Tr	ust. Comploration or t	lete if the or	rganizatio the tax y	n answei ear.	ed "Yes" on	Form 99	0, Par	t IV,
(a) Name, address, and EIN of related organization	ted organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	nicile Dire n country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	ity Shar or trust) in	otal	(g) Share of end-of-year assets	(h) Percentage ownership	e Sectio	(i) Section 512(b)(13) controlled entity?
(1)											Yes	N _o
(2)												
(6)												
(4)												
(5)									A La			
(9)												
(Δ)					-territorie de la companya de la com							
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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

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Dividends from related organization(s)  1 Exchange of assets with related organization(s)  1 Exchange of assets with related organization(s)  1 Dividends of assets with related organization(s)  2 Dividends of accordance or membership or fundations pointations for related organization(s)  3 Dividends of accordance organization(s)  4 Dividends organization(s)  5 Dividends organization(s)  6 Dividends organization(s)  7 Dividends organization(s)  8 Dividends organization(s)  9 Dividen	REV 10/16/18 PRO

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

			19 mm 19 000 mm							
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legał domicile	(d) Predominant	(e) Are all partners			(h) Disproportionate	(i) Code V—UBI		(K) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	<u>.</u>	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
			sections 512-514}				Yes No		Yes No	
(1)										
(2)										
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