(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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

A	For the	2019 calend	dar year, or tax year beginning ${ m Jul} \ 1$, 2019, and ending	ng Ju	n 30	, 20 2 0			
В	Check if	applicable:	C Name of organization The Ocean Foundation		D Empl	oyer identification number			
	Address	change	Doing business as		71-0863908				
	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telep	hone number			
	Initial ret	turn	1320 19th Street NW	5th Floor	(202)887-8996				
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amende	d return	Washington, DC 20036		G Gross	s receipts \$18,510,600.			
$\overline{\Box}$	Applicat	ion pending	F Name and address of principal officer:	H(a) Is this a gro		or subordinates? Yes No			
		, ,	Mark J. Spalding, 1320 19th Street NW 5th Floor, Washington, DC 20	0036 H(b) Are all s	ubordina	tes included? Yes No			
ī	Tax-exe	mpt status:	X 501(c)(3)			ist. (see instructions)			
J	Website	∷ ► www.o	ceanfdn.org	H(c) Group e	xemption	number ►			
K		****	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	nation: 2001	M State	e of legal domicile: DC			
	art I	Summa							
	1	Briefly des	cribe the organization's mission or most significant activities: The Oct	ean Fdn is a uni	aue com	munity foundation with a			
ě			to support, strengthen, and promote those organiz						
aŭ			destruction of ocean environments around the world. Our s						
E	2		box ▶ ☐ if the organization discontinued its operations or disposed						
Governance	3		voting members of the governing body (Part VI, line 1a)		3	10			
8	4		independent voting members of the governing body (Part VI, line 1)		4	10			
es	5		per of individuals employed in calendar year 2019 (Part V, line 2a)	•	5	36			
Σį	6		per of volunteers (estimate if necessary)		6	250			
Activities &	7a		ated business revenue from Part VIII, column (C), line 12		7a	0.			
	b		ted business taxable income from Form 990-1, line 39		7b	0.			
	1	1101 0111 010		r	Current Year				
Revenue	8	Contributio	ons and grants (Part VIII, line 1h) .	201.	17,828,372.				
	9	Program s	ervice revenue (Part VIII, line 2g)	947.	636,145.				
	10		t income (Part VIII, column (A), lines 3, 4, and 7d)		961.	7,743.			
æ	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	089.					
	12		nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		T				
	13		d similar amounts paid (Part IX, column (A), lines 1–3)	8,532, 1,326,		1,349,586.			
	14		aid to or for members (Part IX, column (A), line 4)	,000.	1,349,300.				
	4-		ther compensation, employee benefits (Part IX, column (A), lines 5–10)	2,130	212	2,918,091.			
ses	16a		nal fundraising fees (Part IX, column (A), line 11e)	2,130		2,910,091.			
Expenses	b		raising expenses (Part IX, column (D), line 25) 791,702.						
Ä	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,745	024	4,492,957.			
	18		enses, Add lines 13–17 (must equal Part IX, column (A), line 25)						
	19		ess expenses. Subtract line 18 from line 12	8,202		8,760,634.			
		nevenue i	ess expenses. Subtract line to north line 12	Beginning of Cur	,082.	9,749,966. End of Year			
Net Assets or	20	Total acco	ts (Part X, line 16)			15,351,389.			
Asse	21		ities (Part X, line 26)	5,940	, 618.	492,259.			
e e	22		s or fund balances. Subtract line 21 from line 20	5,107		14,859,130.			
-	art II		ire Block	3,107	, 200.	14,009,100.			
			, I declare that I have examined this return, including accompanying schedules and sta	stements, and to the	e best of	my knowledge, and helief it is			
			te. Declaration of preparer (other than officer) is based on all information of which prepare			my knowledge and belief, it is			
	·····	T	Mark O. Spalding	T ₁₁	/10/2	2020			
Si	gn	Signat	ture of officer	Date		2020			
	ere	1 .	\mathcal{O}						
Mark J Spalding, President Type or print name and title						, , , , , , , , , , , , , , , , , , ,			
_			e preparer's name Preparer's kignature	Date	Check	if PTIN			
	aid	Mari +1	11/10/2020		ployed P00105648				
	repare	er Finales			1	52-1864182			
U	se On	IIV	dress ► 607 2nd Street, NE, Washington, DC 20002			202)547-2727			
Ma	av the I		this return with the preparer shown above? (see instructions)			X Yes No			

Part	Statement of Program Service Accomplishments 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"
	trend of destruction of ocean environments around the world. Our slogan is fell os what fou want to bo
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	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.
	the total expenses, and revenue, it any, for each program out too repertour
4a	(Code:) (Expenses \$ 1,909,060. including grants of \$ 467,191.) (Revenue \$ 106,975.)
	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 \$ 1,219,186. including grants of \$ 32,085.) (Revenue \$ 110,088.)
	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.
	relates to crimate change, the grobal economy, brodiversity, numan health, and our quarity of fire.
4c	(Code:) (Expenses \$ 2,901,101. including grants of \$ 545,549.) (Revenue \$ 34,663.)
70	
	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	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,130,717. including grants of \$ 304,761.) (Revenue \$ 44,205.)
4e	Total program service expenses ▶ 7,160,064.

10111130				age
Part	IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	NO
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? <i>If "Yes," complete Schedule C, Part II</i>	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, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	×	
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? <i>If</i> "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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, VIII, 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	×	
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	×	
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	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		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	, , , , , , , , , , , , , , , , , , , ,	20b		<u> </u>
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	×	

Part I	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	×	l
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		
	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		
	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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? <i>If "Yes," complete Schedule M</i>	30 31		×
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		├ ^
33	complete Schedule N, Part II	32		×
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	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 controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
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	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
·	Oneon il Schedule O contains a response oi note to any line in tills Fait V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	×	
	reportable gaining (gainbing) winnings to prize withers:	1c	_ ^	1

Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
Research				Ye	s No
	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	36		
	If at least one is reported on line 2a, did the organization file all required federal employment to		9/2006/200	· >	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instru			+	
2-		•	(FX)\$535827959		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		. 3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sc		. 3b	<u> </u>	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe a financial account in a foreign country (such as a bank account, securities account, or other finance).			,	×
b	If "Yes," enter the name of the foreign country ▶				
.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	-	in a resident and a second of the		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y			_	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter				×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		. <u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,00 organization solicit any contributions that were not tax deductible as charitable contributions?			ı	×
b	If "Yes," did the organization include with every solicitation an express statement that such or the state of	contributions	3		
7	gifts were not tax deductible?		. 6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	partly for go	ode		
а	and services provided to the payor?	bartiy for got	. 7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				+^
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for			+	
С	required to file Form 8282?	or writeri it v	. 7c	.	×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	. , ,		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be		ct? 7e		
e •	Did the organization receive any runds, directly or indirectly, to pay premiums on a personal benef				×
f					 ^
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		123,811,700,000		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ma	-			
•			. 8		×
9	Sponsoring organizations maintaining donor advised funds.		0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?				×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	on?	. 9b	,	×
10	Section 501(c)(7) organizations. Enter:	1			
а	 	10a			
b		10b			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	,	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		? 12	a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		. 13	а	
	Note: See the instructions for additional information the organization must report on Schedule	∍O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		. 14	a	×
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on S				+^
b 45				-	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in excess parachute payment(s) during the year?		n or . 1 8	_	
			. 13	4	
46	If "Yes," see instructions and file Form 4720, Schedule N.	atmost incom	mo2 4	2	
16	Is the organization an educational institution subject to the section 4968 excise tax on net inve If "Yes," complete Form 4720, Schedule O.	oundit incol	me? 16	,	

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Section	on A. Governing Body and Management			
		100100000000000000000000000000000000000	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 10	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	×	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5 6		×
6	Did the organization have members or stockholders?	0		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1a		×
b	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		^
Ū	the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.))
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			2000
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	×	ļ
13	Did the organization have a written whistleblower policy?	13	×	ļ
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- د	l	
a	The organization's CEO, Executive Director, or top management official	15a	×	<u> </u>
b	Other officers or key employees of the organization	15b	×	
40-				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Ca_4!	organization's exempt status with respect to such arrangements?	16b	<u></u>	
<u>Secti</u>	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ See Part VI, Line 17 stm			
	***************************************			E04/-\
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	1 (560	uion	ου I (C)
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest	oolicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-			
	Mark I Smalding 1320 10th Stroot NW 5th Floor Washington DC 20036 (203	100	7_00	06

Form 990 (2019) Page **7**

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 employees."
- 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	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 (through 7/24/19)	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) Imani Fairweather Morrison Director (9/19/19 -	1.00	×						0.	0.	0.
(11) Denise Naguib Director (9/19/19 -	1.00	×						0.	0.	0.
(12) Mark J Spalding President	60.00			×				274,918.	0.	32,121.
(13) Tamika Washington Finance & Operations Director	40.00					×		123,500.	0.	15,548.
(14) Shana Miller Program Director	40.00					×		131,753.	0.	

Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Em	plo	yee	s, an	d H	lighest Compe	nsated Emp	oloyees (continued)		
						C)							
	(A)	(B)	(do n	not ch		ition	e than o	nna	(D)	(E)	(F)		
	Name and title	Average	box,	unles	ss pe	rson	is both	an	Reportable	Reportable	Estimated amount		
		hours per week		1		T	or/trus		compensation from the	compensation from related	of other compensation		
		(list any hours for related	ndiv or di	nsti	Officer	ey	emp High	Former	organization	organizations	from the		
			1	related	related	recto	utio	Œ,	emp	est c	व्	(W-2/1099-MISC)	(W-2/1099-MIS
		organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee						
		dotted line)	stee	rust		0	ens						
				6			ated						
(15) W	illiam Mott	40.00		†		T							
	rogram Director		1				×		101,000.		7,070.		
(16) Ka	ate Morrison	40.00											
St	trategic Partnerships Director				<u> </u>		×	<u> </u>	102,343.	(9,092.		
	ason Donofrio	40.00											
	kternal Relations Officer		ļ	<u> </u>	-	<u> </u>	×	ļ	108,530.	(0. 10,220.		
(18)			-										
(40)					-	-	-	-					
(19)			-										
(20)	4.14.5.44.44.44.44.44.44.44.44.44.44.44.44.		1	\dagger	╁	\vdash	+						
(20)		 	-										
(21)			 	+	+	T							
35.22		†	1										
(22)				1	1	1							
2000000			1										
(23)						T							
(24)													
				-	ļ	ـ		<u> </u>					
(25)													
	Cubbatal			J			1		042 044		02 027		
1b	Subtotal	 VII Sootie		•	•	•		>	842,044.		0. 83,837		
c d	Total (add lines 1b and 1c)			•	•	•		A	842,044.		0. 83,837		
2	Total number of individuals (including bu					ted	abov	e) w		1			
_	reportable compensation from the organ		a 10 11		0 110		6	o,	7110 10001100 11101	σ ιπαιτ φτου,	,00 01		
***************************************											Yes No		
3	Did the organization list any former	officer, dir	ector.	. trı	uste	e,	kev e	emp	lovee, or highe	st compensa	ted T		
	employee on line 1a? If "Yes," complete									•	1 - 1 1		
4	For any individual listed on line 1a, is the												
	organization and related organizations	greater th	nan \$	150	,00	0?	lf "Υε	es, "	complete Sche	dule J for su	uch		
	individual					•		•			. 4 ×		
5	Did any person listed on line 1a receive of												
Soct	for services rendered to the organization	? If "Yes,"	comp	iete	SC	nea	uie J	tor .	sucn person .	· · · · · ·	. 5 ×		
	on B. Independent Contractors	hoot comm		tad	ind	lone	ndon	+ 0	antractors that	raceivad mar	to then \$100,000 c		
1	Complete this table for your five high compensation from the organization. Rep												
	(A)	or compe	isatio	71110	, (11		alor lac	1 9	(B)	Within the Or	(C)		
	Name and business add	dress							Description of ser	vices	Compensation		
Coas	st Consulting, LLC, PO Box 165		larbo	or,	W	A 9	8243	Co	onsulting		116,738.		
	a Fordham, 2100 Connecticut Ave., NW										129,800.		
2	Total number of independent contract		_					o t	hose listed abo	ve) who			
	received more than \$100,000 of compens	sation from	the o	rga	niza	tion) >		2.				

Part VIII Statement of Revenue

		Check if Schedule	O cor	ntains a re	spon	se or note to ar	ny line in this Pa	rt VIII....		🔲
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
छ छ	1a	Federated campaigr	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b			400		
ج ق	С	Fundraising events			1c					
r A	d	Related organization	ns .		1d					
<u>a</u>	е	Government grants			1e	1,896,999.				
Sir.		All other contribution								
er er		and similar amounts no			1f	15,931,373.				
اغ ق	а	Noncash contribution	ons in	cluded in						477
d d	Ū					\$ 9,338,472.				
မှု င	h	Total. Add lines 1a-	-1f .				17,828,372.	50.0		
						Business Code				100
e c	2a	Fees for Serv	ices			900099	636,145.	636,145.	0.	0.
اه ₹	b									
gram Ser Revenue	С									•••••••••••••••••••••••••••••••••••••••
E Š	d									
5 %	е									
Program Service Revenue	f	All other program se								
_	g	Total. Add lines 2a-				>	636,145.			
	3			***************************************		***************************************				
	_	Investment income (including dividends, other similar amounts)					7,743.	0.	0.	7,743.
	4	Income from investment of tax-exempt bo			-					
	5				-					***************************************
		,		(i) Real		(ii) Personal				
	6a	Gross rents	6a	38,3	340.					
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с	38,3	340.					
	d	Net rental income o	r (loss			>	38,340.	38,340.	0.	0.
	7a	Gross amount from		(i) Securit		(ii) Other		-		
		sales of assets							1000	
		other than inventory	7a							
<u>o</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							100
ě	С	Gain or (loss)	7c		•					
_	d	Net gain or (loss)				>				
Other	8a	Gross income from	m fu	ndraising						
ō		events (not including		J						
		of contributions rep	porte	d on line						
		1c). See Part IV, line	e 18		8a					
	b	Less: direct expens	es .		8b					
	С	Net income or (loss)) from	n fundraisin	g eve	ents 🕨				
	9a	Gross income 1	from	gaming				30 May 20		
		activities. See Part I	IV, lin	e 19 .	9a					
	b	Less: direct expens	es .		9b					
	C	Net income or (loss)) from	n gaming ac	ctivitie	es 🕨				
	10a	Gross sales of in	nvent	ory, less						
		returns and allowan			10a					
	b	Less: cost of goods			10b	<u> </u>				
	С	Net income or (loss) from	sales of in	vent					
Sn						Business Code		8.4	And the second	
e e	11a									
scellaneo Revenue	b									
e ell	С			~~~~~~~~~~~						
Miscellaneous Revenue	d	All other revenue	-		-					
2	е	Total. Add lines 11:	a-11c			>				
	12	Total revenue. See	instr	uctions		🕨	18,510,600.	674,485.	0.	7,743.

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 (B) Program service expenses (D) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 877,772. 877,772. 2 Grants and other assistance to domestic individuals. See Part IV, line 22 90,000. 90,000. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 381,814. 381,814. 4 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 32,653. 326,526. 277,547. 16,326. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 2,121,025. 1,162,174. 491,915. 466,936. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 101,595. 54,679. 24,573. 22,343. Other employee benefits 9 174,150. 81,743. 49,630. 42,777. 10 Payroll taxes 194,795. 115,105. 40,047. 39,643. Fees for services (nonemployees): 11 Management а Legal b 7,957. 3,673. 3,465. 819. 28,141. 13,231. 12,061. 2,849. Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 2,768,949. 2,857,532. 67,336. 21,247. 12 Advertising and promotion 49,137. 49,137. 0. 0. 169,504. 127,354. 18,965. 23,185. 13 Office expenses 34,187. Information technology 47,651. 55. 13,409. 14 15 200,717. 73,624. 54,180. 72,913. 16 17 647,991. 622,347. 1,703. 23,941. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 176,553. 164,820. 614. 11,119. 20 Payments to affiliates 21 13,818. 7,015. 5,503. 1,300. 22 Depreciation, depletion, and amortization . 23 39,050. 17,502. 17,394. 4,154. Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Project & field expenses 200,228. 200,228. 0. 0. 30,798. 19,979. 346. 10,473. Dues, books & subscriptions 13,005. 12,187. 818. c Promotional merchandise 0. d Licenses, taxes & fees 10,875. 4,997. 4,755. 1,123. e All other expenses 8,760,634. Total functional expenses. Add lines 1 through 24e 7,160,064. 808,868. 791,702. 25 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) . . .

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	s Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	. 14,518.	1	615,387.
	2	Savings and temporary cash investments	. 289,676.	2	1,131,543.
	3	Pledges and grants receivable, net	. 5,204,735.	3	3,910,772.
	4	Accounts receivable, net	. 134,329.	4	51,437.
	5	Loans and other receivables from any current or former officer, directed trustee, key employee, creator or founder, substantial contributor, or 35 controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as definunder section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
4	9	Prepaid expenses and deferred charges	. 55,696.	9	33,643.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 133, 22	20.		
	b	Less: accumulated depreciation 10b 133,22	3,192.	10c	0.
	11	Investments—publicly traded securities	. 12,794.	11	44,835.
	12	Investments—other securities. See Part IV, line 11	. 190,627.	12	9,499,537.
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets			52,193.
	15	Other assets. See Part IV, line 11	. 12,042.		12,042.
	16	Total assets. Add lines 1 through 15 (must equal line 33)			15,351,389.
	17	Accounts payable and accrued expenses			374,716.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or former officer, direct trustee, key employee, creator or founder, substantial contributor, or 35	5%	00	
ia	22	controlled entity or family member of any of these persons		22	0.
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	U .
		· ·		24	
	25	Other liabilities (including federal income tax, payables to related the parties, and other liabilities not included on lines 17–24). Complete Part of Schedule D	t X	25	117,543.
	26	Total liabilities. Add lines 17 through 25			492,259.
ces		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.	. 033,010.		432,233.
<u>a</u>	27	Net assets without donor restrictions	. 2,698,652.	27	12,181,363.
Ва	28	Net assets with donor restrictions			2,677,767.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.	2,100,031.		2,377,773.
ō	29	Capital stock or trust principal, or current funds		29	
sts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	31	
ťΑ	32	Total net assets or fund balances			14,859,130.
Š	33	Total liabilities and net assets/fund balances			15,351,389.
			= 1 = 7 = 20, 30 = 1		

-	4	•
Page		4

Part					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u> .			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,5	10,6	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,7	60,6	34.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,7	49,9	66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		07,2	
5	Net unrealized gains (losses) on investments	5		1,8	
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	14,8	59,1	30.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
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," e	xplain	in		
	Schedule O.				
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 cor	npiled	or		•
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	n a 📗		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	the audit, review, or compilation of its financial statements and selection of an independent account		****	×	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in t			
	Single Audit Act and OMB Circular A-133?		. <u>3a</u>	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_	i		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits			
	REV 10/27/20 PRO		For	m 990	(2019)

The Ocean Foundation 71-0863908

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

Continuation Statement

States Where Copy of Return is Required				
CA				
FL				
ME				
SC				
WA				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name	of the or	ganization					Employer identification	number
		n Foundation					71-0863908	
Par		Reason for Public Char						ns.
	_	ation is not a private founda						
1								
2		chool described in section		•			• •	
3 4		ospital or a cooperative hos nedical research organizatio						iii) Enter the
-	hos	spital's name, city, and state	ə: 					
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6 7	🛛 An	ederal, state, or local govern organization that normally scribed in section 170(b)(1)	receives a subst	tantial part of its supp				the general public
8	□ A c	community trust described in	n section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	or i uni	agricultural research organ university or a non-land-gra versity:	nt college of agri	iculture (see instructio	ns). Ente	r the nam	ne, city, and state of	the college or
10	rec	organization that normally is eipts from activities related oport from gross investmen quired by the organization a	to its exempt fur t income and unr	nctions—subject to ce related business taxat	ertain exc ole incom	eptions, a e (less se	and (2) no more than ection 511 tax) from	n 331/3% of its
11	☐ An	organization organized and	l operated exclus	sively to test for public	safety. S	See secti	on 509(a)(4).	
12		organization organized and	•	•			· · · · · · · · · · · · · · · · · · ·	, , ,
		one or more publicly suppo eck the box in lines 12a thro	•		•			· · · · ·
а		Type I. A supporting organithe supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of th		
b		Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
c		Type III functionally integits supported organization	rated. A support	ting organization oper	ated in c			ally integrated with,
d		Type III non-functionally						orted organization(s)
·	ا ا	that is not functionally inte requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
e		Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from th	ne IRS tha organizati	at it is a Type I, Type ion.	e II, Type III
f	Ente	r the number of supported						
6	Prov	ide the following informatio	n about the supp	oorted organization(s).				***************************************
	(i) Nam	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (f) Total **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 5,526,291. 6,646,293. 7,983,847. 7,733,201. 17,828,372. 45,718,004. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge 5,526,291. 6,646,293. 7,983,847. 7,733,201. 17,828,372. 45,718,004. Total. Add lines 1 through 3. . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 8,618,006. **Public support.** Subtract line 5 from line 4 37,099,998. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 5,526,291. 6,646,293. 7,983,847. 7,733,201. 17,828,372. 45,718,004. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 40,910. 30,753. 37,536. 39,050. 46,083. 194,332. 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 80.81% Public support percentage from 2018 Schedule A, Part II, line 14 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

Page **3**

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	under the te	sata nateu pen	ovv, piease ci	omplete rait	11.)	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2013	(5) 2010	(0) 2017	(4) 2010	(6) 2013	(i) IOIAI
•	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						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						29-24/24/04/24/24/24/24/24/24/24/24/24/24/24/24/24
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		****				
b	Amounts included on lines 2 and 3						
D	received from other than disqualified				E-		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ū	line 6.)					and the second s	
Secti	on B. Total Support			1	<u> </u>	l	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(1)	(-, : :	(0, 000)	(0, 00)	<u> </u>	(1)
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	\$44 44 44 44 44 44 44 44 44 44 44 44 44					
С	Add lines 10a and 10b				TO THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER O	***************************************	
11	Net income from unrelated business						·
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or	1					
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		***************************************				
	and 12.)						
14	First five years. If the Form 990 is for t	he organizatio	n's first, secor	nd, third, fourt	h, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	ere					🕨 🗆
Sect	ion C. Computation of Public Suppo	rt Percentag	ge				
15	Public support percentage for 2019 (line	8, column (f),	divided by line	13, column (f))	15	%
16	Public support percentage from 2018 Sc						%
Sect	ion D. Computation of Investment Ir						
17	Investment income percentage for 2019	(line 10c, colu	mn (f), divided	by line 13, col	umn (f))	17	%
18	Investment income percentage from 201	8 Schedule A,	, Part III, line 17	⁷		18	%
19a	331/3% support tests-2019. If the organ						
	17 is not more than 331/3%, check this box	and stop here	e. The organizat	tion qualifies as	a publicly supp	orted organizati	on . ▶ [
b	331/3% support tests-2018. If the organi						
	line 18 is not more than 331/3%, check this	box and stop	here. The organ	nization qualifie	es as a publicly s	supported organ	ization 🕨 🛭
20	Private foundation. If the organization of	lid not check a	a box on line 14	4, 19a, or 19b.	check this box	and see instru	ctions 🕨 🛚

Supporting Organizations Part IV

(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.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe (b) and (c) below.
- b Did the organization confirm that each supported organization gualified 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.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determinatio 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)(E purposes.
- 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 Ell 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- c 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) t anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		res	NO
g y	1		
s d	•		
er	2		
d e	3a		
3)	3b 3c		
lf	4a		
n n	4b		
n d 3)	4c		
," N n; n	-4C		
у	5b		
o d or	5c 6		
or ty	7		
?	8		
e d	9a		
h	9a 9b		
fit	9c		
n ed	10a		
to	10a		
orm	CONTRACTOR OF THE PARTY	990-E	Z) 2019

Part	V 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		
	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		
Secu	on B. Type i Supporting Organizations		Vaa	
4	Did the divertors trustees or membership of one or more supported examinations have the newer to		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.	1		***************************************
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in 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).			
Sacti	on D. All Type III Supporting Organizations	1		
Secu	on b. 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		163	140
•	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?	1	***************************************	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		TEAPERSON 2007
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Sooti	on E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	natru	otion	<u> </u>
1 a	The organization satisfied the Activities Test. Complete line 2 below.	nsıru	cuons	S).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.	000 //	Yes	, <i>'</i>
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			100
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? <i>Provide details in Part VI</i> .	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	3h		

Schedule A (Form 990 or 990-EZ) 2019	Page 6	

Date V Type III New Functionally Interveted 500(a)(2) Supporting Ox		-ations	raye
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org		· · · · · · · · · · · · · · · · · · ·	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income	lizati	(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)
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)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	NIM CONTROL PRINCES SCIENCE MERCO E PRE CUSTO DE PRINCES PRINCES PRINCES POR CONTROL PRINCES PRINCES PRINCES P
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			***************************************
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	\$0000000000000000000000000000000000000		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
<u>=</u> _b	From 2015			E. 1.
	From 2016			
d	From 2017			
— <u>-</u>	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
Ť	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			9 10 10 10 10 10 10 10 10 10 10 10 10 10
a	Excess from 2015			
<u>u</u>	Excess from 2016			
		2.00		
d				
<u>е</u>	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)
	·
	·

Schedule A (Form 990 or 990-EZ) 2019

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 Foundation 71-0863908 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **×** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General 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** lacktriangle For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 / $_{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Name of organization

Employer identification number

The Oce	ean Foundation	71	-0863908
Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 482,086.	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 622,525.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 9,300,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
The Ocean Foundation

Employer identification number

71-0863908

Part I Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Equity interest in Baja Dad Holdings Mexico		
		\$ 9,300,000.	12/24/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization	Employer identification number
The Ocean Foundation	71-0863908
Part III Exclusively religious, charitable, etc., contributions to organizations described in	section 501(c)(7), (8), or

		ons completing Part III, enter the	utor. Complete columns (a) through (e) and e total of exclusively religious, charitable, etc., ce. See instructions.)
	Use duplicate copies of Part III if addi		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an		telationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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.

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** 71-0863908 The Ocean Foundation Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") 2 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes 3 No Yes No If "Yes," describe in Part IV. b Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function 2 Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 Did the filing organization file Form 1120-POL for this year? Yes 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4)(5) (6)

Page **2**

Pa	rt II-A	Complete if the organizati section 501(h)).	on is exempt ur	nder section 50	1(c)(3) and filed	d Form 5768 (ele	ection under
Α	Check >					liated group memb	er's name,
		address, EIN, expenses, an			•		
В	Check ▶				ovisions apply.		
			obying Expenditu			(a) Filing	(b) Affiliated
		(The term "expenditures" i				organization's totals	group totals
1	l a Totall	obbying expenditures to influence	ce public opinion (grassroots lobbyir	ng)	0.	
		lobbying expenditures to influence	-		•	0.	
	c Total I	lobbying expenditures (add lines	1a and 1b)			0.	
		exempt purpose expenditures .				8,760,634.	
	e Total	exempt purpose expenditures (a	dd lines 1c and 1d)		8,760,634.	
		ring nontaxable amount. Enter	the amount fro	m the following	table in both		
	colum	ıns.				588,032.	
	If the a	mount on line 1e, column (a) or (b)	is: The lobbying r	nontaxable amount	is:		
	Not over	er \$500,000	20% of the ame	ount on line 1e.			
	Over \$	500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		
	Over \$	1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.		
	Over \$	1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	ver \$1,500,000.		
	Over \$	17,000,000	\$1,000,000.				
	g Grass	roots nontaxable amount (enter	25% of line 1f) .			147,008.	
	h Subtra	act line 1g from line 1a. If zero or	less, enter -0			0.	
		act line 1f from line 1c. If zero or	•			0.	
		re is an amount other than zei ting section 4911 tax for this yea	_		the organization		Yes No
	(Sor	ne organizations that made a s	Year Averaging P section 501(h) ele ne separate instru	ction do not have	e to complete all	of the five colum	ns below.
		Lobbyi	ng Expenditures	During 4-Year Av	veraging Period	1	
	Cal	lendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
	2a Lobby	ying nontaxable amount	462,620.	530,201.	560,106.	588,032.	2,140,959.
		ying ceiling amount 6 of line 2a, column (e))					3,211,439.
	c Total	lobbying expenditures	0.	8,855.	1,990.	0.	10,845.
		sroots nontaxable amount	115,655.	132,550.	140,027.	147,008.	535,240.
		sroots ceiling amount 6 of line 2d, column (e))					802,860.
	f Grass	sroots lobbying expenditures	0	0			

	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	т		
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(;	a) 	(b)
lescr	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:			
а	Volunteers?			1.0
c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			••••
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>		-
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)(5),	or se	ction
	σο τ(σ)(σ).			Yes
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3
	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" O answered "Yes."		Part	
1	Dues, assessments and similar amounts from members		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	
C	Total		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 o excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	ying	4	
	Taxable amount of lobbying and political expenditures (see instructions)			
E		• •	5	
5 Par				rt II-A, lines 1 a

Schedule C (Forn	n 990 or 990-EZ) 2019	ige 4
Part IV	Supplemental Information (continued)	
	·	

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

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

Name of the organization **Employer identification number** 71-0863908 The Ocean Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 5,948. 2 Aggregate value of contributions to (during year) . 103,289. 23,500. 3 Aggregate value of grants from (during year) . . 101,324. Aggregate value at end of year 284,022. 96,624. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? X Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose X Yes □ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X

Schedule D (Form 990) 2019 Page 2

Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures, or C	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and ot	her record	ds, checl	cany of the follo	owing that make sig	nificant use of its
а	☐ Public exhibition				or exchange pro		
b	☐ Scholarly research		e [\square Other	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***
С	☐ Preservation for future generations						
4	Provide a description of the organizati XIII.	on's collections a	and expla	in how th	ney further the o	rganization's exem	ot purpose in Part
5	During the year, did the organization sassets to be sold to raise funds rather						
Part			ineu as p	art Or tire	organization s	conection:	
	Complete if the organization 990, Part X, line 21.		" on Forr	n 990, F	art IV, line 9, c	r reported an amo	ount on Form
	Is the organization an agent, trustee, included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fol	lowing ta	ıble:		
						Am	ount
C	Beginning balance	·				Ic	
d	Additions during the year					ld	
е	Distributions during the year				[le	
f	Ending balance				[_	1f	
2a	Did the organization include an amoun	t on Form 990, P	art X, line	21, for e	scrow or custod	ial account liability?	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check her	e if the ex	planation	n has been provi	ded on Part XIII .	🗆
Part	t V Endowment Funds.		,				
	Complete if the organization	answered "Yes	" on For	n 990, F	Part IV, line 10.		
		(a) Current year	(b) Pric	r year	(c) Two years back	(d) Three years back	(e) Four years back
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 the	he current vear er	nd balanc	e (line 1o	, column (a)) hel	d as:	
а	Board designated or quasi-endowmer			` •			
b	Permanent endowment ▶	%					
С	Term endowment ▶ %						
	The percentages on lines 2a, 2b, and 2	2c should equal 1	00%.				
За	Are there endowment funds not in the	•		zation th	at are held and a	administered for the	į
-	organization by:						Yes No
	(i) Unrelated organizations						3a(i)
							3a(ii)
b	If "Yes" on line 3a(ii), are the related or	rganizations listed	as requi	red on Se	chedule R?		3b
4	Describe in Part XIII the intended uses	-	-				
Part							
	Complete if the organization		on For	m 990. i	Part IV. line 11a	a. See Form 990.	Part X. line 10.
	Description of property	(a) Cost or o				c) Accumulated	(d) Book value
		(investr	nent)	1 ' '	other)	depreciation	
1a	Land	•	0.				0.
b	Buildings						
С	Leasehold improvements	•					
d	Equipment	•		1	13,284.	113,284.	0.
<u>e</u>	Other			<u> </u>	19,936.	19,936.	0.
Total	Add lines 1a through 1e (Column (d) n	nust equal Form 9	190 Part	x columi	n (R) line 10c)	> 1	Λ

BAA

Part VII	Investments – Other Securities.	000 D+ IV II-	- 44b O F	000 Dark V. Par. 40
	Complete if the organization answered "Yes" on Form (a) Description of security or category	n 990, Part IV, IIn	Y	990, Part X, line 12.
	(including name of security)	(b) Book value		of-year market value
(1) Financia	I derivatives			
	neld equity interests			
	artnership interest - Rockefeller Ocean Fund L.P.	199,537.	FMV	
	ty interest - Baja Dad Holdings	9,300,000.		
(B)				
(C)				
(D)				
(E)				***************************************
(F)				
(G)				
(H)				
	ımn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	9,499,537.		
Part VIII	Investments—Program Related.	J , 133 , 337.		
	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment	(b) Book value	1	nod of valuation:
	(a) Description of investment	(b) Dook value		of-year market value
(1)				
(2)				
(3)				
		:		
(4)				· · · · · · · · · · · · · · · · · · ·
(5)				
(6)				
(7)				
(8)		, , 1, , 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		***************************************
(9)	ump /h) must aqual Form 000 Port V and /P) line 12 \			
100 CONTROL OF THE PARTY OF THE	umn (b) must equal Form 990, Part X, col. (B) line 13.) . Definition Other Assets.			
Part IX		m 000 Dort IV lir	o 11d Coo Form	000 Dort V line 15
	Complete if the organization answered "Yes" on For	m 990, Part IV, III	le 11a. See Form	······································
7.4	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		,		
(9) Tabal (0 - /-	(L)			
VICTOR AND				
Part X	Other Liabilities.	000 D 107 "		- F 000 D + 11
	Complete if the organization answered "Yes" on For	m 990, Part IV, lii	ne 11e or 11t. See	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
·	income taxes		·	
(2) Tenan	t security deposit			3,100

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2) Tenant security deposit		3,100.
(3) Deferred rent liability		110,668.
(4) Charitable gift annuity		3,775.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, F	Part X, col. (B) line 25.)	117,543.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedul	e D (Form 990) 2019		Page 4
Part		•) .
-	Complete if the organization answered "Yes" on Form 990, Particle Total revenue, gains, and other support per audited financial statements.		10 510 401
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· · · · · · · 1	18,512,481.
a	1	2a 1,881.	
b		2b	
c	 	2c	
d		2d	
e	Add lines 2a through 2d	100/000000000	1,881.
3	Subtract line 2e from line 1		18,510,600.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		10/010/0001
а		4a	
b	· · · · · · · · · · · · · · · · · · ·	4b	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	18,510,600.
Part			
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.	
1	Total expenses and losses per audited financial statements		8,760,634.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	` '	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	8,760,634.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		0.760.634
5 Dag:	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	9 18.) 5	8,760,634.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	14: Port IV lines 1h and 2h: Port I	/ line 4: Dort V line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to		
2 , 1 a.	71, into 20 and 45, and 1 are 711, into 20 and 45. Also complete this part to	o provide any additional informati	OH.
Pt X	, Line 2: The organization is exempt from income to	axes under Internal Rev	renue
Code	501(c)(3) and applicable DC statutes. No provision	on for income taxes is	
requ	ired at June 30, 2020, as the Organization had no n	net unrelated business	
inco	me. The organization follows FASB ASC 740-10, Ind	come Taxes the authorit	ative
guid	ance relating to accounting for uncertainity in inc	come taxes. These prov	visions
	ide consistent guidance for the accounting for unc		•
reco	gnized in an entity's financial statements and pre-	scribe a threshold of '	'more
			. — -
like	ly than not" for recognition and derecognition of	tax positions taken or	
expe	cted to be taken in a tax return. The Organization	n performed an evaluat:	ion
of u	ncertain tax positions for the year ended June 30,	2020, and determined t	chat
ther	e were no matters that would require recognition i.	n the financial stateme	ents

Schedule D (Form 990) 2019 Part XIII Supplemental Information (continued) or which may have any effect on its tax-exempt status. As of June 30, 2020, the statute of limitations for tax years 2016 through 2018 remains open with federal and DC authorities.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Employer identification number

The Ocean Foundation

71-0863908 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

other assistance, the grante award the grants or assistance	es' eligibility				
2 For grantmakers. Describe outside the United States.	in Part V the	e organization'	's procedures for monitorin	ng the use of its grants and	other assistance
3 Activities per Region. (The fo	llowing Part I	l, line 3 table c	an be duplicated if addition	nal space is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) North America	0	0	program service	research	541,681.
(2) North America	0	0	grantmaking	grants to recipients	123,856.
(3) Central America	0	0	program service	research & conferences	115,176.
(4) Central America	0	0	grantmaking	grants to recipients	171,554.
(5) South America	0	0	program service	research	88,293.
(6) South America	0	0	grantmaking	grants to recipients	40,161.
(7) Sub-Saharan Africa	0	0	program service	research	183,040.
(8) Sub-Saharan Africa	0	0	grantmaking	grants to recipients	15,000.
(9) East Asia and Pacific	0	0	program service	research & conferences	222,990.
(10) East Asia and Pacific	0	0	grantmaking	grants to recipients	23,742.
(11) Russia	0	0	program service	research & conferences	16,011.
(12) Europe	0	0	grantmaking	research & conferences	422,824.
(13) Middle East	0	0	program service	research & conferences	8,507.
(14) South Asia	0	0	program service	general & administrative	27.
(15) South Asia	0	0	grantmaking	grants to recipients	7,500.
(16)					
(17)					
3a Subtotal	0	0			1,980,362.
sheets to Part I c Totals (add lines 3a and 3b)	0	0			1,980,362.

Schedule F (Form 990) 2019

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 II

(1) North America (3) North America (4) North America (5) North America (6) North America (7) Central America (9) Central America (10) Central America (11) Central America (11) Central America (12)	ca General Support ca General Support ca Sargassum insetting ca Cetacean Incid. ca General Support ca General Support ca Marine mammal ca Water monitoring	35,000. 8,710. 30,000. 10,000. 49,831.	Wire Wire Wire Wire		N/A	
North A North A North A North A Central Central Central Central	General Sargassum i Cetacean General Marine	710.	Wire Wire Wire			Actual
North A North A North A North A Central Central Central Central Central	Sargassum i Cetacean General Marine i	0000. 0000. 831.	Wire Wire Wire		N/A	Actual
North A North A North A Central Central Central Central Central	Cetacean General Marine	831.	Wire Wire Wire		N/A	Actual
North A North A Central Central Central Central Central	General Marine	9,831.	Wire	.0	N/A	Actual
North A Central Central Central Central Central	Marine 1 Water mor	5,	Wire	0.	N/A	Actual
Central Central Central Central				0	N/A	Actual
Central Central Central		7,000.	Wire	0	N/A	Actual
Central Central Central	ca Hawksbill monitoring	17,000.	Wire	0.	N/A	Actual
Central Central	a General support	18,385.	Wire	.0	N/A	Actual
Central South A	a GOA-ON box kit	7,992.	Wire	.0	N/A	Actual
South	ca Seagrass restoration	.000	Wire	0.	N/A	Actual
	†	6,196.	Wire	0.	N/A	Actual
(13) South America	Hawksbill	.000,9	Wire	0.	N/A	Actual
(14) South America	a GOA-ON box kit	7,500.	Wire	0.	N/A	Actual
(15) South America	a General support	.000	Wire	.0	N/A	Actual
(16) See Statement		33,492.		0.		
2 Enter total number of recipient organizations listed above that are recognized as charities by the f	isted above that are recog	Inized as charities 01(c)(3) equivaler	e recognized as charities by the foreign country, recognized as tax-exempt ection 501(c)(3) equivalency letter ▶	ry, recognized as ta	ax-exempt	19
3 Forter total number of other organizations or entities	ntities				A	0

Schedule F (Form 990) 2019

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. Part III

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)	☐ Yes	⊠ 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)	☐ Yes	⊠ 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)	☐ Yes	⊠ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	⊠ 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)	☐ Yes	⊠ 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)	☐ Yes	⊠ No

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).

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.

Part II: Grants and Ot	Part II: Grants and Other Assistance to Organizations or Entities Outside the U.S.	nizations or E	intities Outside the U.	νi	ŏ	Continuation Statement
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 Mitigate turtle meat	Mitigate turtle meat	6,000.	000. Wire	.0	0. N/A	Actual
East Asia and Pacific	Leatherback turtle	12,000.	000. Wire	•0	0. N/A	Actual
East Asia and Pacific	GOA-ON box kit	7,992.	992. Wire	• 0	0. N/A	Actual
South Asia	Leatherback turtle	7,500.	500. Wire	0.	0. N/A	Actual
The state of the s		33 492		0		

SCHEDULE (Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

71-0863908

The Ocean Foundation Department of the Treasury Internal Revenue Service Name of the organization

Part

X Yes 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

S

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

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. 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	30,168.	.0	Actual	N/A	Toxic Tide Proj.
(2) Conservacion ConCiencia 806 Calle Lafavette RQ San Juan	66-0861228	n/a	138,350.	.0	Actual	N/A	General op sup
(3) Deep Green Wilderness 2400 NW 80th St PMB 127 Seattle WA 98117	27-0290082	n/a	14,000.	0	Actual	N/A	General op sup
(4) Environment FL Research & Policy 3110 1st Ave., N #2H Saint Petersburg FL 33713	20-5308250	501(c)(3)	9,200.	.0	Actual	N/A	Educ & Engagmt
(5) Greater Farallones Assoc. PO Box 29386 San Francisco CA 94129	94-3227237	501(c)(3)	35,000.	.0	Actual	N/A	Kelp Recovery Prog
(6) Havenworth Coastal Conserv. 2911 WW 40th Place Gainesville FL 32605	27-3351539	n/a	13,600.	0	Actual	N/A	General op sup
(7) Inst. for Tropical Ecology & Conserv. 2911 NW 40th Place Gainesville FL 32605	59-3434081	501(c)(3)	10,000.	0	Actual	N/A	General op sup
(8) Intnl Fund for Animal Welfare 290 Summer Street Yarmouth Port MA 02675	31-1594197	501(c)(3)	20,900.	.0	Actual	N/A	Repeless Gear Testing
(9) Marine Conservation Inst. 4010 Stone Way N #210 Seattle WA 98103	91-1725640	501(c)(3)	15,000.	0.	Actual	N/A	Support High Seas
(10) Natl Res. Def. Council 40 W 20th St Fl 11 New York NY 10011	13-2654926	501(c)(3)	25,000.	.0	Actual	N/A	Support High Seas
(11) Noyo Ctr for Marine Science PO Box 1321 Fort Bragg CA 95437	46-5359631	501(c)(3)	7,953.	.0	Actual	N/A	General op sup
(12)See Statement	1		491,899.	0			
	n 501(c)(3) and go	vernment organiza	tions listed in the li	ne 1 table			16
3 Enter total number of other organizations listed in the line i table	organizations liste	d m me ime i table					

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

REV 10/27/20 PRO

Schedule I (Form 990) (2019)

Schedule I (Fo	Schedule I (Form 990) (2019)					Pag
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.	nestic Individu space is needed	als. Complete if the I.	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 Support	Support completion of the soundtrack for the IMAX film "Cuba"	1	.000,06	0.	FMV	N/A
2						
က						
4						
rs.						
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 r	equired in Part I, lin	e 2; Part III, column	(b); and any other addit	onal information.
Pt I Li	Line 2: The Ocean Foundation wo	works closely	with most all	of its grantees	to solve Ocean	preservation
issues	. It requires reports when a	grant is to	an entity other	than one to	a public charity for	or general operating
support.	t. Foundation staff travel widely	and	attend many of the	same policy	conferences with g	grantees and are
closel,	closely involved and aware of grantees'	es' work in	this manner.			
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The Ocean Foundation

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

Continuation Statement Support turtle camp Ocean Acidification Purpose of grant Sup electonic tagging Research in Cuba or assistance VCS proj design Acquistion Ft. Blakely Chippewa Lakes dns General op sup dns Initiative đo ď General Geneal OA σŧ assistance Description noncash N/AN/A N/A N/AN/AN/AN/A N/A N/A N/A (book, FMV, appraisal, Method of valuation Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments other) Actual 0 0 0 。 assistance Amount of non-cash Amount of cash grant 10,000. 11,870. 125,470. 20,000. 9,796. 20,000. 50,000. 180,000 7,850. 56,913. 491,899 IRC Section applicable) 501(c)(3)501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3)501(c)(3) 501(c)(3) 501(c)(3) n/a 833580499 208019563 541965304 473370136 941156365 741760663 996000354 530206027 521388917 510144434 E I N Smithsonian Institution The Harte Research Inst 6300 Ocean Dr. #5869, Corpus Christi, TX 78412 2300 Clarendon Blvd. #603, Arlington, VA 22201 2440 Campus Rd PO Box 368, Honolulu, HI 96822 20 Melrose Court, San Mateo, CA 94402 2000 Bunker Road, Sausalito, CA 94965 Restore America's Estuaries 1655 N Ft Myer Dr #1300, Arlington, VA 22209 100 Jefferson Dr., SW, Washington, DC 20560 The Marine Mammal Ctr The Conservation Fund Name and address of 3160 Porter Dr. #100, Palo Alto, CA 94304 PO Box 32043, Washington, DC 20007 Sea Mammal Educ Learning Tech organization or Stanford University .003 Jowa Heights Road, Sedro Woolley, WR 98284 government Univ. of Hawaii Playa Viva LLC Ocean Unite

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

71-0863908

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

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

Schedule J (Form 990) 2019

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

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

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

NOTE: THE SUIT OF COLUMNS (P/V) This for maked maked maked maked the companies of the compensation (B) Breakdown of W-2 and/or 1099-MISC compensation	ממר	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation			!	į,
(A) Name and Title	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(c) retirement and other deferred compensation	(b) Nontaxable benefits	(E) Lotal of columns (B)(i)–(D)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

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

The Ocean Foundation

71-0863908

Employer identification number

Part	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art - Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
6 7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	×	4	38,472.	Actual
10	Securities—Fublicity traded Securities—Closely held stock .	$\frac{\hat{x}}{x}$	1	9,300,000.	
11	Securities—Partnership, LLC, or trust interests		1	3,300,000.	Appraisar
12	Securities – Miscellaneous				
13	Qualified conservation				
10	contribution—Historic structures				
14	Qualified conservation				
17	contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				***
27	Other ► ()				
28	Other ► (1	
29	Number of Forms 8283 received which the organization completed	d by the or d Form 828	ganization during the tax 3, Part IV, Donee Acknowle	year for contributions for edgement	29
					Yes No
30a	During the year, did the organiza				
	28, that it must hold for at least				
	to be used for exempt purposes				30a ×
b	If "Yes," describe the arrangement				
31	Does the organization have a contributions?	-		res the review of any r	1 1
32a	Does the organization hire or us contributions?	•			1 1
b	If "Yes," describe in Part II.	- · ·		· · · · ·	
33	If the organization didn't report at describe in Part II.	n amount ir	column (c) for a type of pr	operty for which column (a)	is checked,
	GOODING III FUICII.	,			

Schedule M (Form 990) 2019 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE 0 (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.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

2019 Open to Public Inspection Employer identification number

OMB No. 1545-0047

The Ocean Foundation	71-0863908
Pt VI, Line 2: RELATIONSHIPS AMONG DIRECTORS, OFFICERS & KEY EMP	LOYEES - 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	g a complete
copy of the Form 990 it is emailed to all Foundation directors c	alling their
attention to sections most likely to be of interest to contribute	ors, 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 & sta	ff. 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 parti	cipating 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 & commu	nity foundations.
This director also is on the compensation committee of the Boar	d of a comparable
size international NGO which receives a report by an independent	compensation
consultant based on a compensation survey. Based on this resear	ch 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 - Th	e President
of the organization sets salaries levels for officers & key empl	oyees which is
then approved by the board of directors in the salary line of th	e budget.
Pt VI, Line 19: DISCLOSURE - The Foundation considers all reques	ts 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	available
to the public on request. It also publishes on its website an annu-	al report
containing summary information derived from the audited financial s	tatements.
Pt III, Line 4d:	
Expenses: \$1,130,717 including grants of: \$304,761 Revenue: \$44,205	
Description: BUILDING THE CAPACITY OF THE MARINE CONSERVATION COM	MUNITY -
There are many outstanding conservation organizations dedicated to protecting and preserving our occans. The Ocean Foundation provides as	ssistance 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	o 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: \$40,695	
Program services: \$19,992	
Management and general: \$12,593	
Fundraising: \$8,110	
Description: Research & advocacy fees	
Total: \$2,033,182	
Program services: \$1,987,432	
Management and general: \$36,949	
Fundraising: \$8,801	
Description: Communications & design fees	
Total: \$206,247	

	Employer identification number
Name of the organization The Ocean Foundation	71-0863908
Program services: \$206,114	
Management and general: \$0	
Fundraising: \$133	
Description: Program mgt & support fees	
Total: \$577,408	
Program services: \$555,411	
Management and general: \$17,794	
Fundraising: \$4,203	
·	······································

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

The Ocean Foundation

Part I

Related Organizations and Unrelated Partnerships

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

► Attach to Enum oon

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

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OMB No. 1545-0047

Open to Public Inspection

Employer identification number

71-0863908

rmation. ■ Go to www.ii (f)
Direct controlling
entity **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 vear. (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II Ø ල € 3 9 Ξ

one or more related tax-exempt organizations during	urilig tile tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controllir entity	(g) Section 512(b)(13) controlled entity?)(13) 1
						Yes	Š
(1) SeaWeb 52-2156577	ocean conservation	MD	501(c)(3)	509(a)(1)	The Ocean Foundation	^	×
(2)							
(6)							
(4)				•			
(5)							
(9)							
(1)							

Schedule R (Form 990) 2019

REV 10/27/20 PRO

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Schedule R (Form 990) 2019

(i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2019 Percentage ŝ ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. 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. Yes (i) General or managing partner? ŝ (h)
Percentage
ownership Yes amount in box 20 of Schedule K-1 (i) Code V—UBI (Form 1065) end-of-year assets (g) Share of (g) (h)
Share of end-of- Disproportionate year assets allocations? ŝ (f) Share of total Yes income (C corp, S corp, or trust) (e) Type of entity (f) Share of total income (d) Direct controlling entity tax under sections 512—514) (e)
Predominant
income (related,
unrelated,
excluded from REV 10/27/20 PRO (state or foreign country) (c) Legal domicile (d)
Direct controlling
entity Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV BAA Ξ E Ξ 8 € 9 9 E 8 ල **£** 9 9 9

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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Schedule R (Form 990) 2019

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VII

(k) Percentage 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. ownership (i) General or managing partner? Yes No (f)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (h)
Disproportionate
allocations? ŝ Yes (g)
Share of
end-of-year
assets (f) Share of total income (e)
Are all partners section 501(c)(3) organizations? Yes No Predominant A income (related, unrelated, excluded from tax under sections 512-514) T (c)
Legal domicile
(state or foreign country) Primary activity (a) Name, address, and EIN of entity **4** 3 ල <u>(2</u>) (15) Ξ 9 8 6 5 Ξ (12) (3) (16) E (14)

Schedule R (Form 990) 2019

Schedule R (F	Form 990) 2019	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	

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#### **Other Service Fees**

Form 990 Part IX, Line 11g

Name
The Ocean Foundation

Employer Identification No. 71-0863908

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Scientific & technical consultants Research & advocacy fees Communications & design fees Program mgt & support fees	40,695. 2,033,182. 206,247. 577,408.	19,992. 1,987,432. 206,114. 555,411.	12,593. 36,949. 0. 17,794.	8,110. 8,801. 133. 4,203.
Total to Form 990, Part IX, line 11g	2,857,532.	2,768,949.	67,336.	21,247.