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PWF 1/07/2014 10 04 AM OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public ▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2013 calendar year, or tax year beginning and ending C Name of organization D Employer Identification number Check if applicable Pacific Whale Foundation Address change Doing Business As 99-0207417 Name change Number and street (or P O. box if mail is not delivered to street address) Room/suite Telephone number Initial return Ste211 808-249-8811 300 Maalaea Road Terminated City or town, state or province, country, and ZIP or foreign postal code 96793 Wailuku Amended return G Gross receipts\$ Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Greg Kaufman H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c)(3) 501(c) ( ) **(**(insert no ) 527 Tax-exempt status 4947(a)(1) or www.pacificwhale.com H(c) Group exemption number X Corporation Trust Association Form of organization Year of formation 1980 M State of legal domicile HI .Párt I ∠ Summarv 1 Briefly describe the organization's mission or most significant activities: To be the people's environmental organization for protection of the world's Governance whales, dolphins and the marine environment through research, education, conservation and advocacy 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 3 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 112 5 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 6 0 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 373,605 8 Contributions and grants (Part VIII, line 1h) Revenue 3,566,835 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 15 114,365 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,054,820 1,191,334 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,381,207 16aProfessional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D); line 25) ▶
17 Other expenses (Part IX, column (A), lines 1 (2), 11d, 11f-24e) 66,672 3,069,025 1,243,745 4,450,232 18 Total expenses. Add lines 13-17 (must equal Párt IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 -395,412 5 Beginning of Current Year End of Year 2,077,331 20 Total assets (Part X, line 16) 1,286,244 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 791,087 Signature Block

1,549,051 753,089 795,962 SCANNED DEC 172 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Kristie Wriggleswroth Here Deputy Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Check 11/07/14 self-employed Kyle Hays P01786736 Preparer Carbonaro CPAs & Management Firm's EIN 99-0303190 Group Firm's name **Use Only** 1885 Main St Ste 808-242-5002 Wailuku, HI 96793 Firm's address Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

2013

1,281,013

Yes X No

0

12

0

0

288,464

740,075

162,783

517,042

726,703

-52,411

Part IV:	Checklist of Required Schedules
1	·

1.5	art 14. One oknist of Nedurica deficacies			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			_
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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,	_		7,
_	Part III	_5		X
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	$\neg$	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8	x	
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	İ	1	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		7	-
	VII, 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	<u> </u>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	<u>X</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44.		x
a	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	l	x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	$\Box$		
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a		14a	X	
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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-10		
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_ <del></del>
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Forn	n <b>990</b>	(2013)

Form 990 (2013) Pacific Whale Foundation
Part IV Checklist of Required Schedules (continued)

			, 990	(2012)
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	x	
20	Part VI	37		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	]		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
<b>J</b> 7	or IV, and Part V, line 1	34	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		
JJ	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
JZ	complete Schedule N, Part II	32		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		_ <u>~</u>
JI	Part I	31		X
31	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	<u>30</u>	$\vdash$	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	$\vdash \!$	<u> </u>
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_X_	- <del>-</del>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		,,	
	Schedule L, Part IV	28b	X	
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		<u></u>	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	-		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		-	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	disqualified persons? If so, complete Schedule L, Part II	26		<u> </u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	If "Yes," complete Schedule L, Part I	25b		X
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	L]	<u> </u>
	to defease any tax-exempt bonds?	24c		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	employees? If "Yes," complete Schedule J	23		_X_
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	<b> </b>		
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
24	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No_
	1		V	NI.

	Check if Schedule O contains a response or note to any line in this Pa	rt V				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		1 ,	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				- "	-
	reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1				-
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	112	[ ]		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ref	turns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-,		3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedul	le O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other		•			1
	account)?			4a	Х	
b	If "Yes," enter the name of the foreign country <b>Australia</b>			-	7	-
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financia	ial Acc	ounts			er e
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		>	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	200011		5c		<u>                                   </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	l the		1		<u> </u>
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions o	ır	Ja		<del></del>
	gifts were not tax deductible?		•	6b	l	l
7	Organizations that may receive deductible contributions under section 170(c).			100	<del></del>	<u> </u>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	יר מססל	c	-		,
а	and services provided to the payor?	n good	3	7a	<b>x</b> _	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	.waa		10	<del></del> -	<u> </u>
С	required to file Form 8282?	was		7c		x
	·	7d		10		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	$\overline{}$		7e		<b>x</b>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ict	7f	<del>-</del>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor		000 40	<b>—</b>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file		· ·	7g	<del> </del> -	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ		file a Form 1098-C7	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support	-		ļ.		:
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsori	ng			·	
_	organization, have excess business holdings at any time during the year?			8	,	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a	<del> </del> -	<u> </u>
ь	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter	1 1			, .	١
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		<b>-</b>   <u>-</u> -	].	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		<b>-</b> ∤ <sup>-</sup> , '	,	ŀ.,
11	Section 501(c)(12) organizations. Enter	, ,		7 . 7		l
а	Gross income from members or shareholders	11a		4 :	-	l' .':
b	Gross income from other sources (Do not net amounts due or paid to other sources				7	-;; '
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	orm 10	41?	12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			ŀ	ľ.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1	11.	T '
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<u> </u>	<u> </u>
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O			`-' `-	7	- : ::-'
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			7 "	_ ;; ,
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
<u>_b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	ule O		14b	L _	L
DAA				For	ո <b>9</b> 90	(2013)

_	int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	and fo		io"
· · a	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI	OCC II	ou ac	X
	tion A. Governing Body and Management			
<u> </u>	LIOIT A. Governing Body and Management		Vac	No
	Enter the number of voting members of the governing body at the end of the tax year 11a 14		Yes	No
1a				
	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		- 1	
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 3			
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		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_
6	Did the organization have members or stockholders?	6		X
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		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Co	de.)	
	Mon Direction of the Control of the		Yes	No
1∩a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1.00		<del></del> -
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<b>—</b>		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	· · · · · · · · · · · · · · · · · · ·	12b	X	<b> </b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		<del> </del>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	420	v	}
	describe in Schedule O how this was done	12c	X	<del> </del>
13	Did the organization have a written whistleblower policy?	13	X	<del> </del>
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	1.2	•	_
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	7.7	1
a	The organization's CEO, Executive Director, or top management official	15a	X	<del>                                     </del>
b	Other officers or key employees of the organization	15b	X	<del> </del>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	'	:	İ
	with a taxable entity during the year?	16a	X	
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			<b>'</b>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	-		-
	organization's exempt status with respect to such arrangements?	16b	X	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ HI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request X Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization. ▶ Pacific Whale Foundation 300 Maalaea Road, Ste #211			
W		8-85	6 - 8	309
			_	

Earm 990 (201	(3) Pacific 1	Whale Fo	1117	da	ti.	on			99-020	7417	Page 7
Part VII.	Compensation	of Officers	, Di	rec	tors	<u>o</u> s, T	rus	tee	s, Key Employees,		
•	Independent C	ontractors							e to any line in this Pa		
Section A.									est Compensated Emplo		
	this table for all perso								ation for the calendar year		
<ul><li>List all o</li></ul>									er individuals or organization paid.	ons), regardless of amour	t of
			-		-				tions for definition of "key e		
who received		tion (Box 5 of F							ther than an officer, directors Form 1099-MISC) of more		ee)
\$100,000 of re	eportable compensat	ion from the org	anız	ation	and	iany	/ rela	ited	•		
organization, r List persons in compensated	more than \$10,000 of a the following order employees, and form	reportable com individual truste er such persons	pens es oi s	ation dire	n fro	m th s, in	e org stitut	ganiz	d, in the capacity as a form zation and any related orga al trustees, officers, key em	anizations iployees, highest	e
Check this	box if neither the org	ganization nor a	ny re	late	d org	anız	atior	ns co	ompensated any current of	ficer, director, or trustee	
Na	(A) me and Title	(B) Average hours per week (list any	bo	x, unle		rson Irecto	is both or/trus	h an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		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)	(W-2/1099-MISC)	from the organization and related organizations
(1) Josep	hone Malan	b -	┢╌	<del>├</del> ┈	┢	-	-				
(.,		40.00		ĺ							
Controll	er	0.00	X		x				35,091	0	<u>_</u>
(2) Mark	Orams	1		1	1		1	1			
Board Pr	esident	40.00	x		х				0	0	(
(3) <b>Paul</b>	Forestell										
Dimenton		4.00	\		x		ĺ			•	,
Director	e Carlson	0.00	X		<u> </u>	-		$\vdash$	0	0	
Board Di		2.00	x		x				0	0	,
(5)	160.01	0.00	<u> </u>		^	-	H				
(3)											
(6)											
(7)											
(8)										:	
(9)			<del> </del>			-		-			
(10)			_			-		-			
(11)			╁-	-	├-	_	$\vdash$	$\vdash$	<del> </del>		

Form **990** (2013)

Pa	rt VII Section A. Officer	s, Directors, T	ruste	es,	Key	Em	ploy	ees	, and Highest Compens	ated Employees (continu	ied)			
•	(A) Name and title	Name and tittle  Average hours per (do not check more than one box, unless person is both an (list any officer and a director/trustee) hours for compensation from related the organizations for compensation from related (list any officer and a director/trustee) hours for compensation from related (list any officer and a director/trustee) the organization (W-2/1099-MISC)		Reportable compensation from related	cor	(F) Estimate amount other mpens from the	of ation							
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2)1099-MISC)		a	ganiza nd rela ganizat	ted	
(12)														
(13)														
(14)														
(15)								-					-	
(16)											<u> </u>			
(17)											<u> </u>			
(18)							•							
(19)														
	Sub-total  Total from continuation she	eets to Part VII	Sec		L	<u> </u>	!	<u> </u>	35,091					
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (ii reportable compensation from	ncluding but not	lımıt	ed to		se li	sted	abo	35,091 eve) who received more that	an \$100,000 in				
3	Did the organization list any for employee on line 1a? If "Yes,	ormer officer, d	recto	or, o	r su	ch ir	ndivio	lual				3	Yes	No X
4	For any individual listed on lin organization and related orga individual	nizations greate	r tha	ın \$1	50,0	000?	If "Y	es,"	complete Schedule J for	such		4		х
5	Did any person listed on line for services rendered to the o	rganization? If "								or individual	-	5		X
<u>Sect</u>	Complete this table for your fr	ve highest com												
	compensation from the organ	(A) I business address	comp	<u>jens</u>	allor	1 IOF	tne (	cale		(B)  thin the organization's tax  to the organization's tax  to the organization's tax  to the organization's tax  to the organization's tax  tax	c year	Cor	(C)	
		<u>-</u> -		_										
			_	_		_			<del>-</del>					
2	Total number of independent	contractors (inc	ludin	ig bu	it no	t lım	ited 1	to th	ose listed above) who	^		,		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or (C) Unrelated (D) Revenue exempt function excluded from tax under sections business revenue revenue 512-514 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d Program Service Revenue Contributions, and Contributions, 1e 15,675 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 272,789 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 288,464 Busn. Code 900099 2a 596,407 Program Income 596,407 b 900099 97,948 Education Income 97,948 45,720 90009 45,720 c Other Income f All other program service revenue Total. Add lines 2a-2f 740,075 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties 536 536 (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or floss d Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 251,926 89,679 b Less direct expenses b c Net income or (loss) from fundraising events 162 247 162,247 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a h All other revenue Total. Add lines 11a-11d Total revenue. See instructions 1,191,334 740,075 0 162,795

Form 990 (2013)

### Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. (A) Total expenses (B) Program service expenses (D) Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 35,091 29,827 trustees, and key employees 3,509 1,755 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 358,935 305,095 35,893 17,947 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 85,132 72,362 8,513 4,257 Other employee benefits 37,884 32,201 1.894 Payroll taxes 3,789 Fees for services (non-employees). a Management **b** Legal 18,826 18,826 c Accounting d Lobbying Professional fundraising services See Part IV, line 1 Investment management fees Q Other (If line 11g amount exceeds 10% of line 25, column 30,449 (A) amount, list line 11g expenses on Schedule O) 30,449 59,544 31,092 Advertising and promotion 28,452 237,553 211,620 25,933 Office expenses Information technology Royalties 15 22,245 229,184 195,839 11,100 16 Occupancy 71,324 71,324 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 7,744 20 7,744 Interest 21 Payments to affiliates 20,725 20,725 Depreciation, depletion, and amortization 11,220 517 3,703 23 Insurance 24 Other expenses. Itemize expenses not covered 1,11 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Bank Fees/Credit Card Fee 20,399 17,340 040 019 10,319 Vehicle Expense 11,466 147 Excise Tax 8,269 8,021 248 C d e All other expenses 1,243,745 1,043,731 25 Total functional expenses. Add lines 1 through 24e 133,342 66,672 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) DAA

	art	Check if Schedule O contains a response or no	te to any line in this Part X		-	
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		179,963	1	51,629
	2	Savings and temporary cash investments			_2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		15,808	4	253,970
	5	Loans and other receivables from current and former	officers, directors,			
		trustees, key employees, and highest compensated e	mployees	* * * * * * * * * * * * * * * * * * * *		* *************************************
		Complete Part II of Schedule L			_5	
	6	Loans and other receivables from other disqualified p				
		4958(f)(1)), persons described in section 4958(c)(3)(E		<b>1</b>	-	- , , , , ,
	ŀ	sponsoring organizations of section 501(c)(9) volunta			. =-	
ets		organizations (see instructions). Complete Part II of S	chedule L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use		518,316	8	
	9	Prepaid expenses and deferred charges		38,224	9	40,479
	10a	Land, buildings, and equipment: cost or				7.h
	l	other basis Complete Part VI of Schedule D	10a 1,165,997 10b 461,117	. , , , , , , , , , , , , , , , , , , ,	-	n nnnn t
	b	Less accumulated depreciation	10b 461,117	816,082	10c	704,880
	11	Investments—publicly traded securities		141	11	141
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		508,797	15	497,952
	16	Total assets. Add lines 1 through 15 (must equal line	34)	2,077,331	16	1,549,051
	17	Accounts payable and accrued expenses		1,041,453	17	640,656
	18	Grants payable			18	
	19	Deferred revenue		89,814	19	16,729
		Tax-exempt bond liabilities			20	<u> </u>
	21	Escrow or custodial account liability. Complete Part IV			21	
es	22	Loans and other payables to current and former office	rs, directors,			
ilit		trustees, key employees, highest compensated employees	yees, and		-	-
Liabilities		disqualified persons. Complete Part II of Schedule L			22	n <del></del>
_		Secured mortgages and notes payable to unrelated the			23	
		Unsecured notes and loans payable to unrelated third	•	150,987	24	91,714
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-24	l) Complete Part X			
		of Schedule D		3,990		3,990
_	26	Total liabilities. Add lines 17 through 25		1,286,244	26	753,089
Se	İ	Organizations that follow SFAS 117 (ASC 958), cl				
ŭ		complete lines 27 through 29, and lines 33 and 34	<b>l.</b>			
ala		Unrestricted net assets		791,087	27	795,962
9 8		Temporarily restricted net assets			28	
Ë	29	Permanently restricted net assets			29	·
7		Organizations that do not follow SFAS 117 (ASC	958), check here ► <u> </u>		,	
Net Assets or Fund Balances		complete lines 30 through 34.			+ :	
SSe		Capital stock or trust principal, or current funds			30	
₹		Paid-in or capital surplus, or land, building, or equipment			31	
Ž		Retained earnings, endowment, accumulated income	or other funds		32	
		Total net assets or fund balances		791,087	33	795,962
$\Box$	34_	Total liabilities and net assets/fund balances		2,077,331	34	1,549,051

orn	1990 (2013) Pacific Whate Foundation 99-020/41/			Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	'Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,1	91,	334
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2	43,	745
3	Revenue less expenses Subtract line 2 from line 1	3		52,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	91,	087
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		62,	609
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-5,	323
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	7	95,	962
Pa	rt 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				-
	Schedule O			,]	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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	L X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		F.		
	separate basis, consolidated basis, or both:			- '	
	X 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 oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		_2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O			, , , ,	ļ.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	
			Fo	rm <b>990</b>	(2013)

# 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.

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

OMB No 1545-0047 Open to Public -- Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

			Pacific Wha	le Foundation					99-	020	7417		
Pa	art I	Reas	on for Public Charity	/ Status (All organization	ns must	comple	ete this	s part.	) See	instruc	ctions.		
The	orga	nization is no	a private foundation becau	ise it is: (For lines 1 through 11	, check or	nly one b	ox )						
1		A church, co	nvention of churches, or as	sociation of churches describe	d ın <b>secti</b> d	on 170(b	)(1)(A)	i).					
2		A school des	scribed in section 170(b)(1	)(A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital serv	rice organization described in s	ection 17	'0(b)(1)(	A)(iii).						
4		A medical re	search organization operate	ed in conjunction with a hospita	l describe	d ın <b>sect</b>	tion 170	(b)(1)(A	۸)(iii). E	nter the	e hospital's n	ame,	
		city, and stat	е										
5		An organizat	on operated for the benefit	of a college or university owner	d or opera	ated by a	govern	mental (	unit des	cribed ii	n		
	_	section 170	(b)(1)(A)(iv). (Complete Pa	rt II )									
6		A federal, sta	ate, or local government or	governmental unit described in	section 1	170(b)(1)	)(A)(v).						
7	X	An organizat	ion that normally receives a	substantial part of its support	from a gov	vernmen	tal unit d	or from t	he gene	eral pub	lic		
		described in	section 170(b)(1)(A)(vi). (	Complete Part II.)									
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Pa	art II)								
9	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
		receipts from	activities related to its exer	mpt functions—subject to certa	ıın exceptı	ons, and	(2) no r	nore tha	an 33 1/	3% of 1t	s		
		support from	gross investment income a	ind unrelated business taxable	ıncome (le	ess secti	on 511 t	tax) fron	n busine	esses			
		acquired by	he organization after June :	30, 1975 See <b>section 509(a)(</b>	<b>2).</b> (Comp	lete Part	: III )						
10		An organizat	ion organized and operated	exclusively to test for public sa	afety See	section	509(a)(	4).					
11		-		exclusively for the benefit of, t	,				•				
		purposes of	one or more publicly suppor	ted organizations described in	section 50	09(a)(1) (	or sectio	on 509(a	ı)(2) Se	e <b>secti</b>	ion		
				the type of supporting organiza			lines 1	_	_				
		a Type		<b>c</b> Type III–Function			d				ionally integ	rated	
е				ganization is not controlled dire									
				er than one or more publicly su	ipported o	ırganızatı	ions des	cribed i	n sectio	n 509(a	a)(1)		
		or section 50	, ,, ,										
f				ermination from the IRS that it	ıs a Type	I, Type II	l, or Typ	e III sup	porting				
		_	check this box										
g				ation accepted any gift or contr	ibution fro	m any of	the						
		following pe											
			n who directly or indirectly c	ontrols, either alone or togethe	r with pers	sons des			_			1	<del></del>
		(III) belo					cribea ii	n (II) and	i			Yes	No
		/*** A C	w, the governing body of the				cribea ii	ı (ıı) and	1		11g(ı)		No
			member of a person descri	bed in (i) above?			cribea ii	ı (II) and	1		11g(ıı		No
		(iii) A 35% d	member of a person descri controlled entity of a person	bed in (i) above? described in (i) or (ii) above?			cribed ii	ı (II) and	i				No
<u>h</u>		(iii) A 35% o	member of a person descri- controlled entity of a person following information about	bed in (i) above? described in (i) or (ii) above? the supported organization(s)	less :				1	<del>1</del>	11g(ıı 11g(iı	)	
		(iii) A 35% of Provide the of supported	member of a person descri controlled entity of a person	bed in (i) above? described in (i) or (ii) above? the supported organization(s) (iii) Type of organization	(iv) Is the o	rganization	(v) Did y	rou notify	(vı) I:		11g(ii 11g(ii (vii) Amount	of mone	
		(iii) A 35% o	member of a person descri- controlled entity of a person following information about	bed in (i) above? described in (i) or (ii) above? the supported organization(s)	(iv) Is the o	rganization ted in your	(v) Did y the organ col (i)	ou notify nization in of your	(vi) li organizati (i) organiz	on in col	11g(ıı 11g(iı	of mone	
		(iii) A 35% of Provide the of supported	member of a person descri- controlled entity of a person following information about	bed in (i) above? described in (i) or (ii) above? the supported organization(s) (iii) Type of organization (described on lines 1–9	in col (i) lis governing o	rganization sted in your document?	(v) Did y the organ col (i) sup	ou notify nization in of your port?	(vi) l organizati (i) organi U S	on in col zed in the 3.2	11g(ii 11g(ii (vii) Amount	of mone	
(1)		(iii) A 35% of Provide the of supported	member of a person descri- controlled entity of a person following information about	bed in (i) above?  described in (i) or (ii) above?  the supported organization(s)  (iii) Type of organization (described on lines 1–9 above or IRC section	in col (i) lis	rganization ted in your	(v) Did y the organ col (i)	ou notify nization in of your	(vi) li organizati (i) organiz	on in col	11g(ii 11g(ii (vii) Amount	of mone	
		(iii) A 35% of Provide the of supported	member of a person descri- controlled entity of a person following information about	bed in (i) above?  described in (i) or (ii) above?  the supported organization(s)  (iii) Type of organization (described on lines 1–9 above or IRC section	in col (i) lis governing o	rganization sted in your document?	(v) Did y the organ col (i) sup	ou notify nization in of your port?	(vi) l organizati (i) organi U S	on in col zed in the 3.2	11g(ii 11g(ii (vii) Amount	of mone	
(ı) (A)		(iii) A 35% of Provide the of supported	member of a person descri- controlled entity of a person following information about	bed in (i) above?  described in (i) or (ii) above?  the supported organization(s)  (iii) Type of organization (described on lines 1–9 above or IRC section	in col (i) lis governing o	rganization sted in your document?	(v) Did y the organ col (i) sup	ou notify nization in of your port?	(vi) l organizati (i) organi U S	on in col zed in the 3.2	11g(ii 11g(ii (vii) Amount	of mone	
(1)		(iii) A 35% of Provide the of supported	member of a person descri- controlled entity of a person following information about	bed in (i) above?  described in (i) or (ii) above?  the supported organization(s)  (iii) Type of organization (described on lines 1–9 above or IRC section	in col (i) lis governing o	rganization sted in your document?	(v) Did y the organ col (i) sup	ou notify nization in of your port?	(vi) l organizati (i) organi U S	on in col zed in the 3.2	11g(ii 11g(ii (vii) Amount	of mone	
(A) (B)		(iii) A 35% of Provide the of supported	member of a person descri- controlled entity of a person following information about	bed in (i) above?  described in (i) or (ii) above?  the supported organization(s)  (iii) Type of organization (described on lines 1–9 above or IRC section	in col (i) lis governing o	rganization sted in your document?	(v) Did y the organ col (i) sup	ou notify nization in of your port?	(vi) l organizati (i) organi U S	on in col zed in the 3.2	11g(ii 11g(ii (vii) Amount	of mone	
(ı) (A)		(iii) A 35% of Provide the of supported	member of a person descri- controlled entity of a person following information about	bed in (i) above?  described in (i) or (ii) above?  the supported organization(s)  (iii) Type of organization (described on lines 1–9 above or IRC section	in col (i) lis governing o	rganization sted in your document?	(v) Did y the organ col (i) sup	ou notify nization in of your port?	(vi) l organizati (i) organi U S	on in col zed in the 3.2	11g(ii 11g(ii (vii) Amount	of mone	
(A) (B)		(iii) A 35% of Provide the of supported	member of a person descri- controlled entity of a person following information about	bed in (i) above?  described in (i) or (ii) above?  the supported organization(s)  (iii) Type of organization (described on lines 1–9 above or IRC section	in col (i) lis governing o	rganization sted in your document?	(v) Did y the organ col (i) sup	ou notify nization in of your port?	(vi) l organizati (i) organi U S	on in col zed in the 3.2	11g(ii 11g(ii (vii) Amount	of mone	
(A) (B)		(iii) A 35% of Provide the of supported	member of a person descri- controlled entity of a person following information about	bed in (i) above?  described in (i) or (ii) above?  the supported organization(s)  (iii) Type of organization (described on lines 1–9 above or IRC section	in col (i) lis governing o	rganization sted in your document?	(v) Did y the organ col (i) sup	ou notify nization in of your port?	(vi) l organizati (i) organi U S	on in col zed in the 3.2	11g(ii 11g(ii (vii) Amount	of mone	
(A) (B) (C)		(iii) A 35% of Provide the of supported	member of a person descri- controlled entity of a person following information about	bed in (i) above?  described in (i) or (ii) above?  the supported organization(s)  (iii) Type of organization (described on lines 1–9 above or IRC section	in col (i) lis governing o	rganization sted in your document?	(v) Did y the organ col (i) sup	ou notify nization in of your port?	(vi) l organizati (i) organi U S	on in col zed in the 3.2	11g(ii 11g(ii (vii) Amount	of mone	
(A) (B)		(iii) A 35% of Provide the of supported	member of a person descri- controlled entity of a person following information about	bed in (i) above?  described in (i) or (ii) above?  the supported organization(s)  (iii) Type of organization (described on lines 1–9 above or IRC section	in col (i) lis governing o	rganization sted in your document?	(v) Did y the organ col (i) sup	ou notify nization in of your port?	(vi) l organizati (i) organi U S	on in col zed in the 3.2	11g(ii 11g(ii (vii) Amount	of mone	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 1,965,776 2,214,249 2,469,744 2,469,097 288,464 9,407,330 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 1,965,776 2,214,249 2,469,744 2,469,097 288,464 9,407,330 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) Public support. Subtract line 5 from line 4. 9,407,330 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 1,965,776 2,214,249 2,469,744 2,469,097 288,464 9,407,330 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 2,395 2,965 -17,855 1,651 548 -10,296 Net income from unrelated business activities, whether or not the business 62,405 36,633 59,081 is regularly carried on 158,119 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) -530,272 552,400 103,268 207,758 246,603 579,757 11 Total support. Add lines 7 through 10 10,134,910 Gross receipts from related activities, etc. (see instructions) 12 740,075 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 92.82% 15 Public support percentage from 2012 Schedule A. Part II. line 14 15 95.72% 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Part III

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

<u></u>	ti the organization rails to	quality under	the tests lister	below, please	e complete ra	<u> </u>	
	tion A. Public Support	(-) 0000	T (1-) 0040	4 ) 0044	(1) 0040	(-) 0040	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	-	27	, <u> </u>			
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	<b>Total support</b> . (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	e organization's fi	rst second third	fourth or fifth tax y	ear as a section	501(c)(3)	
17	organization, check this box and stop he	_	not, occoria, trita,	ioditii, oi iiitii tax j	year as a section	001(0)(0)	▶ □
Sec	tion C. Computation of Public S		entage	·		<del></del>	
 15	Public support percentage for 2013 (line			ımn (f))		15	%
16	Public support percentage from 2012 Sch	• • • •	•	· //		16	%
Sec	tion D. Computation of Investm						
 17	Investment income percentage for 2013	(line 10c, column	(f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2012	-				18	%
19a	33 1/3% support tests—2013. If the org			ine 14, and line 15	s is more than 33	1/3%, and line	
	17 is not more than 33 1/3%, check this b	oox and stop her	e. The organization	n qualifies as a pu	blicly supported o	rganization	▶ 🗌
b	33 1/3% support tests—2012. If the org	•					
	line 18 is not more than 33 1/3%, check t	·	_	-		-	▶ 🛄
20	Private foundation. If the organization of	lid not check a bo	x on line 14, 19a,	or 19b, check this	box and see instr	uctions	▶_

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

Part II, Line 10 - Other Income Detail

Other

\$

579,757

Supplemental Information

Other Income Part II, Line 10

Fundraising

2009: 67528

2010: 253443

2011: 171624

2012: 273294

2013: 251926

Description: Subsidiary Income

2009: -599435

2010: 298957

2011: -68356

2012: -80754

2013: -5323

Description: Other income

2012: 15218

2013: 45720

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public... Inspection

Employer identification number

P	acific Whale Foundation		99-02	07417
	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" to	unds or Other Similar Funds of Form 990. Part IV. line 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing th	at the assets held in donor advised		
	funds are the organization's property, subject to the organization's exi			Yes No
6	Did the organization inform all grantees, donors, and donor advisors i	n writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or do	_		
	conferring impermissible private benefit?	, , , , ,		Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" to	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (chec	ck all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically in	nportant lar	nd area
	Protection of natural habitat	Preservation of a certified histor	nc structure	•
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a cor	servation	
	easement on the last day of the tax year		Н	eld at the End of the Tax Year
а	Total number of conservation easements		2a	
þ	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic structure in	` ,	2c	
d	Number of conservation easements included in (c) acquired after 8/13	7/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organi	ızatıon durı	ng the
	tax year ▶			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo	rcing conservation easements during the	e year	
_	Amount of our construction in months and orforest			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing  \$ \bigset\$	conservation easements during the year	ar	
۰	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170/b)/4)/F	21	
8	(i) and section 170(h)(4)(B)(ii)?	The requirements of section (70(11)(4)(L	3)	Yes No
9	In Part XIII, describe how the organization reports conservation easer	ments in its revenue and expense staten	nent and	
•	balance sheet, and include, if applicable, the text of the footnote to the	•	•	the
	organization's accounting for conservation easements.			
Pa	art III Organizations Maintaining Collections of Ar	t, Historical Treasures, or Oth	er Simil	ar Assets.
	Complete if the organization answered "Yes" to			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement an	nd balance	sheet
	works of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in fu	rtherance o	of
	public service, provide, in Part XIII, the text of the footnote to its financial	cial statements that describes these iten	ns	
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and ba	alance she	et
	works of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in fu	rtherance o	of
	public service, provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	\$
2	If the organization received or held works of art, historical treasures, or	or other similar assets for financial gain,	provide the	9
	following amounts required to be reported under SFAS 116 (ASC 958	B) relating to these items		
а	Revenues included in Form 990, Part VIII, line 1		•	\$
ь	Assets included in Form 990, Part X		<b>•</b>	\$

<u>Sche</u>	dule D (Form 990) 2013 Pacific				207417	Page 2
Pa	rt III Organizations Maintair	ning Collections	of Art, Historica	Treasures, or O	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other reco	rds, check any of the f	following that are a sig	nificant use of its	
а	Public exhibition		Loan or exchange pro	ograms		
þ	Scholarly research	e	Other			
С	Preservation for future generations					
4	Provide a description of the organization XIII	's collections and expla	ain how they further th	e organization's exem	pt purpose in Part	
5	During the year, did the organization solid	cit or receive donations	s of art, historical treas	sures, or other similar		
	assets to be sold to raise funds rather that		part of the organizati	on's collection?		Yes X No
∴Pa	rt IV Escrow and Custodial Complete if the organiza 990, Part X, line 21.	_	es" to Form 990,	Part IV, line 9, or	reported an amou	ınt on Form
1a	Is the organization an agent, trustee, cus	todian or other interme	ediary for contributions	s or other assets not		
	ıncluded on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part	XIII and complete the	following table			
					<del>                                      </del>	Amount
	Beginning balance				1c	<del></del>
d	Additions during the year				1d	
e	Distributions during the year				1e	
	Ending balance	- F 000 B+V I-	040		1f	
	Did the organization include an amount of "Yes," explain the arrangement in Part			provided in Dort VIII		Yes No
	rt V Endowment Funds.	Alli Clieck here it the	explanation has been	provided in Fait XIII		
	Complete if the organiza	tion answered "Ye	es" to Form 990. I	Part IV. line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains, and					
	losses					<u> </u>
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					<u> </u>
	Administrative expenses				<u> </u>	
9	End of year balance	L	<u> </u>	<u> </u>	L	L
2	Provide the estimated percentage of the	<del>-</del>	nce (line 1g, column (a	a)) held as		
а	Board designated or quasi-endowment					
b		%				
С	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2c	·				
за	Are there endowment funds not in the po	ssession of the organi	zation that are held ai	nd administered for the	9	[V ] N
	organization by					Yes No
	(i) unrelated organizations					3a(i)
<b>L</b>	(ii) related organizations	tions listed as require	Lon Schodula D2			3a(ii)
N	If "Yes" to 3a(II), are the related organiza  Describe in Part XIII the intended uses or					[ 3b ]
	rt VI Land, Buildings, and E		uowinent iunas			<del></del>
	Complete if the organiza		es" to Form 990	Part IV line 11a	See Form 990 P	art X line 10

	Complete if the organiz	ation answered "Yes" to	Form 990, Part IV, line	e 11a. See Form 990	, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		650,669		650,669
b	Buildings		190,365	190,134	231
c	Leasehold improvements				
d	Equipment		284,060	253,173	30,887
e	Other		40,903	17,810	23,093
Total	. Add lines 1a through 1e (Column (d) i	must equal Form 990, Part X, co	olumn (B), line 10(c) )	<b>•</b>	704,880

DAA

(2)       Art Donation       104,56         (3)       Maitenance Agreement       77         (4)       PWF Australia       -130,03         (5)       (6)         (7)       (8)         (9)       (9)	Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" to	o Form 990 Part IV	line 11h See Form 990	Part X line 12
Cector end-of-year natival value					
(2) Closely-held equity interests (3) Other (4) (8) (C) (B) (C) (D) (E) (E) (F) (G) (H1) (F) (F) (G) (H1) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(2) Closely-held equity interests (3) Other (4) (8) (C) (B) (C) (D) (E) (E) (F) (G) (H1) (F) (F) (G) (H1) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(1) Financial	derivatives			
(3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	• •				
(A) (B) (C) (C) (D) (E) (F) (F) (G) (H) (F) (F) (F) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F			-		
(B) (C) (C) (D) (E) (F) (G) (F) (G) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	· ·				
(C) (D) (E) (F) (G) (F) (F) (G) (F) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(E) (E) (F) (G) (H) (Column (b) must equal Form 990, Part X, col (B) line 12) ▶  Total, (Column (b) must equal Form 990, Part X, col (B) line 12) ▶  (a) Description of revestment (b) Description of revestment (c) Description of revestment (c) Description of revestment (c) Description of revestment (c) Description of revestment (c) Description of revestment (c) Description of revestment (c) Description of revestment (c) Description of revestment (c) Description of revestment (c) Description of revestment (c) Description of revestment (c) Description (c					
(E) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (H) (F) (F) (F) (G) (H) (H) (F) (F) (F) (G) (H) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(F) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(G) (H) Total, (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶  Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation (Cost or end-of-year market) value (c) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d, See Form 990, Part X, line 15. (a) Description (b) Sea Sport Cruises (52, 64 (2) Art Donation (104, 56 (3) Maitenance Agreement (77) (4) PWF Australia (77) (6) (6) (7) (8) (9) (7) (9) (9) (1) Sea Sport Cruises (52, 64 (2) Art Donation (104, 56 (3) Maitenance Agreement (77) (4) PWF Australia (77) (5) (6) (7) (8) (9) (7) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (20) (3) (4) (4) (5) (6) (7) (6) (7) (6) (7) (7) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					
Cotat. (Column (b) must equal Form 990, Part X, col. (B) line 12.)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12   ▶					
Part VIII   Investments—Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		nn (b) must equal Form 990, Part X, col. (B) line 12 ) ▶			
(b) Book value (c) Method of valuation Cost or end-of-year market value (f) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e				<u></u>	
(b) Book value (c) Method of valuation Cost or end-of-year market value (f) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e			to Form 990, Part IV,	line 11c. See Form 990,	Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (b) Book value (c) PWF Australia (c) PWF Australia (c) PWF Australia (c) PWF Australia (c) PWF Australia (c) PWF Australia (c) PWF Australia (c) Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (c) Part X, col (B) line 15)  1. (a) Description of liability (b) Book value (c) Part X (c) Part				· · · · · · · · · · · · · · · · · · ·	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) Sea Sport Cruises 522, 64 (2) Art Donation 104, 56 (3) Maitenance Agreement 777 (4) PWF Australia -130, 03 (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ 497, 95  Part X: Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Prepaid Education Funds 3, 990 (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (1) Federal income taxes (2) Prepaid Education Funds 3, 990 (3) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (1) Federal income taxes (1) Federal income taxes (2) Prepaid Education Funds 3, 990 (3) (4) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) Prepaid Education Funds 3, 990 (3) (4) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) Prepaid Education Funds 3, 990 (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) Prepaid Education Funds 3, 990 (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (7) (8) (9) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) Prepaid Education Funds 3, 990 (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				Cost or end-of-year n	narket value
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(h)	2 000	╣ <sup>*</sup> ,	
					anto the
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F.C	Complete if the organization answered "Yes" to Form 990,		•	Retui	111.
1	Total revenue, gains, and other support per audited financial statements	<u>uit i</u>	v, iiio 12a.	1	1,275,690
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а		2a			
	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c		- [-	
	Other (Describe in Part XIII )	2d	84,356		
	Add lines 2a through 2d			2e	84,356
3	Subtract line 2e from line 1			3	1,191,334
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	+ 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII )	4b		-	
	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,191,334
	art XII Reconciliation of Expenses per Audited Financial State	ement	s With Expenses p	er Re	
	Complete if the organization answered "Yes" to Form 990,				
1	Total expenses and losses per audited financial statements		,	1	1,333,424
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a		7- 1	
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII )	2d	89,679		
	Add lines 2a through 2d			2e	89,679
3	_			3	1,243,745
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		. !	
	Other (Describe in Part XIII )	4b			
	Add lines 4a and 4b	<u></u>	<u> </u>	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,243,745
	art XIII Supplemental Information				
rov	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV, lines	1b and 2b, Part V, line 4,	Part X	, line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			·	•
	art XI, Line 2d - Revenue Amounts Include			- Ot	cher
F	undraising cost of goods sold			\$	0
	reported as an expense on the audit			÷	90 670
	reported as an expense on the audit			\$	89,679
N	et loss on investment in subsidiaries			\$	-5,323
				Ψ.	3,323
_					
P	art XII, Line 2d - Expense Amounts Includ	ed i	n Financials	- (	)ther
E.	undraising cost of goods sold			\$	0
£	midiateting cost of goods sold			Ą	U
	reported as an expense on the audit			\$	89,679
	• • • • • • • • • • • • • • • • • • • •			7	-2,0.0

Part XIII Supplemental Information (continued)

# SCHEDULE F (Form'990)

Part I-

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ★ Attach to Form 990. ★ See separate instructions.
 Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Pacific Whale Foundation

Employer identification number 99-0207417

Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (a) Region (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees, agents, region (by type) (e g , a program service, expenditures for region and independent fundraising, program services, describe specific type of and investments contractors investments. service(s) in region in region ın region grants to recipients located in the region) East Asia and Pacific 2 Program Services Research South America \_(2) 1 Program Services Research (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)(17)3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

_	edule F (Form 990) 2013 Pacific Whale Foundation 99-0207417  art IV Foreign Forms		Page 4
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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X 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	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	X No

Schedule F (Form 990) 2013

# 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).

# Part I, Line 3 - Activities per Region

Region	Expen	ditures	Inve	stments
East Asia and Pacific	\$	0	\$	0
South America	\$	0	\$	0

# SCHEDULE, G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Open to Public Inspection

Name of the organization Pacific Whale Four	ndation				99-02074	
Part I Fundraising Activities. Complete Form 990-EZ filers are not required	if the organiza	ition a	ansv art.	vered "Yes" to Form		
1 Indicate whether the organization raised funds through				s Check all that apply		
a Mail solicitations	e Solicitation	n of no	n-gov	vernment grants		
b Internet and email solicitations			-	nent grants		
c Phone solicitations	g Special fui	_		•		
d In-person solicitations	<b>5</b>					
<ul> <li>Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity</li> <li>If "Yes," list the ten highest paid individuals or entities compensated at least \$5,000 by the organization</li> </ul>	in connection wit	h profe	essio	nal fundraising services?	>	Yes No
(i) Name and address of individual or entity (fundraiser)	(II) Activity	raiser custo contr	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		contribi		<del></del>	col (ı)	
1		Yes	NO			
2	1					
3						
4						
5						
6		i				
7						
8						
9					,	
10		<del> </del>				
Total	<u> </u>		•			
3 List all states in which the organization is registered or	licensed to solicit	t contri	butio	ns or has been notified i	t is exempt from	•

Schedule G (Form 990 or 990-EZ) 2013 Pacific Whale Foundation 99-0207417 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Whale Day Whale Regatta (add col (a) through 1 col (c)) (event type) (event type) (total number) Revenue 153,549 75,917 22,460 251,926 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus line 2) 153,549 75,917 22,460 251,926 4 Cash prizes 1,773 1,773 5 Noncash prizes Direct Expenses 6 Rent/facility costs 21,918 7 Food and beverages 21,918 8 Entertainment 56,031 8,707 1,250 65,988 9 Other direct expenses 89,679 10 Direct expense summary Add lines 4 through 9 in column (d) 162,247 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities Yes No a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain Yes No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

Sch	edule G (Form 990 or 990-EZ) 2013 Pa	cific Whale	_Foundation	99-0207417	Page 3
11	Does the organization operate gaming activ	ities with nonmembers?			Yes No
12	Is the organization a grantor, beneficiary or	trustee of a trust or a me	ember of a partnership or other entity		
	formed to administer charitable gaming?				Yes 🗌 No
13	Indicate the percentage of gaming activity of	perated in			
а	The organization's facility			13a	%
þ	An outside facility			13b	%
14	Enter the name and address of the person records	who prepares the organi	zation's gaming/special events books a	ind	
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with	a third party from whom	the organization receives gaming	_	
_	revenue?	d b th			Yes No
D	If "Yes," enter the amount of gaming revenu		ization > \$	and the	
	amount of gaming revenue retained by the till "Yes," enter name and address of the third				
·	ii res, enter name and address of the time	a party			
	Name ▶				
	Address ►				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee	e Indeper	ndent contractor		
17	Mandatory distributions				
а	Is the organization required under state law	to make charitable distri	ibutions from the gaming proceeds to		
	retain the state gaming license?				Yes 🗌 No
b	Enter the amount of distributions required u	nder state law to be disti	ributed to other exempt organizations o	ıΓ	
	spent in the organization's own exempt acti				
Pa			nations required by Part I, line		
			, as applicable. Also complete	this part to provide any	
	additional information (see	instructions).			
	additional information (See	<u> </u>			

# SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b

Attach to Form 990 or Form 990-EZ

► See separate instructions

Department of the Treasury

. .. Open To Public...

OMB No 1545-0047

Internal Revenue	Service Information a	about Schedule L	(Form 990 or 990-	EZ) at	nd its	: instructio	ns is at w	ww.irs gov/for	m990			jn:	spection	<u> </u>	
Name of the orga									Emplo	yer ider	ntıficat	ion nui	mber		
Date Late	Pacific Whale Found		247 1/01 1			44 )/4)			99-0	2074	<u>17</u>				
Part I	Excess Benefit Transactio Complete if the organization answer								Part i	V line	40h				
	- <del> </del>		nship between disq				5, 0, 1 0,						(d) Corrected		
1	(a) Name of disqualified person		organizatio	-	•			(c) Descripti	on of tr	ansactio	n		Yes	,	No
(1)															
(2)					_								<u> </u>		
(3)													<u> </u>		
(4) (5)							<u> </u>						├—	+	
(5)													├	+	
(6)	e amount of tax incurred by the organi	zation manage	are or disqualif	iod n	orea	one durir	ng the ve	ar							
	ection 4958	Zalion manage	ers or disquain	ieu p	/CI 3(	Jiis dui ii	ig tile ye	aı		▶ \$	;				
3 Enter th	e amount of tax, if any, on line 2, abov	e, reimbursed	by the organiz	zatıor	า					▶ \$					
							_					_			
Part II	Loans to and/or From Inter														
	Complete if the organization answer					e 38a or	Form 99	90, Part IV,	line 2	26, or i	f the				
	organization reported an amount on (a) Name of interested person	Form 990, Pa		or 22 (d) L		(e) Or	nanal	(f) Balanc	o duo	l(a) ln c	lefault?	(h) Ap	nroved	I (a) W	Vritten
	(a) Name of interested person	with organization		or fro	m the			(i) Balanc	e due	(9)	iciaun.	by bo	ard or		ement?
					g ? From	-		ļ		Yes	No	Yes	nittee? No	Yes	No
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Total	·						▶ \$			<u> </u>	<u> </u>	Ŀ	1,5	<u> </u>	, -
Part III	Grants or Assistance Bene					_									
	Complete if the organization answer				$\overline{}$		—т								
	(a) Name of interested person	1	ship between intere and the organizatio		(c) A	mount of as	sistance	(d) Type of as	sistance	•	(e)	Purpose	e of ass	istance	:
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(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) S of reve
	organization			Yes
phine Malano	Controler		Salary and Wages	
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Provide additional information for res	sponses to questions on Schedule L	(see instructions)		<del></del>
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	Supplemental Information	chine Malano  Controler  Supplemental Information	phine Malano  Controler	Interested person and the organization  Controler  Salary and Wages  Supplemental Information

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Name of the organization

Pacific Whale Foundation

Employer identification number 99-0207417

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries Australia

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members The board must approve all decisions made by the governing body.

Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters The organization has written policies.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The 990 is presented to the Financial Controller and Board President and Treasurer for review.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Organization monitors compliance with conflict of interest policy at their annual Board Meeting

Form 990, Part VI, Line 15a - Compensation Process for Top Official The Organization uses nationally known guidelines for compensation

Form 990, Part VI, Line 15b - Compensation Process for Officers Board reviews and assesses appropriateness of compensation.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation These documents are either published on Guidestar or available upon request

Name of the organization	Employer identification number
Pacific Whale Foundation	99-0207417

to the public.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available upon request

Form 990, Part XI, Line 9 - Reconciliation of Changes	- Other	
Fundraising cost of goods sold	\$	0
reported as an expense on the audit	\$	89,679
Net loss on investment in subsidiaries	\$	-5,323
Fundraising cost of goods sold	\$	0
reported as an expense on the audit	\$	-89,679

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

2013 OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2013 Section 512(b)(13) controlled entity? (f) Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. entity 99-0207417 (f) Direct controlling entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (d)Exempt Code section (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) Primary activity (b)
Primary activity <u>e</u> For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Pacific Whale Foundation (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Part I Part II **4** Ξ (2) <u>ල</u> 3  $\Xi$ 2 3 <u>4</u> (2)

Page 2

Schedule R (Form 990) 2013 Pacific Whale Foundation 99-0207417

Part III 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.

Name, address, and ElN of related organization foreign	(a)  Primary activity (b) (b)	(c) (d) Legal Direct controlling domicile entity (state or foreign	THE STIP CUTING  Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	(g) Share of end-of- year assets	(h) Disproportionate alloc ?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
(1)									
(2)									
(3)									
(4)									
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	itions Taxable related organiz	as a Corpora ations treated	<b>tion or Trust</b> C as a corporation	omplete if the or or trust during	organization and the tax year.	swered "Ye	ss" on Form 990, Part IV	30, Part	, Ž
(a) Name, address, and EIN of related organization	(b) Prmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage sets ownership		(I) Section 512(b)(13) controlled entity?
								^	Yes No
(1)SeaSport Cruises, Inc. 300 Maalaea Road, Ste 211 Wailuku 99-0191430	Education	HI		υ		3,489	,360 100.000000	0000	×
(2)PWF Australia, Inc Level 16 175 Eagle Street Brisbane 99-0207417	Education	AS		υ		117	117,435 100.000000	0000	×
(3)									
(4)									
DAA							Schedule R (Form 990) 2013	R (Form 9	90) 2013

Yes No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

# \* PartV: Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	lated organizations liste	id in Parts II–IV?		-	L 	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19	×	
e Loans or loan guarantees by related organization(s)				9		×
				1	- :;	'
f Dividends from related organization(s)				+		×
g Sale of assets to related organization(s)				10		×
h Purchase of assets from related organization(s)				=		×
i Exchange of assets with related organization(s)				=		×
i Lease of facilities, equipment, or other assets to related organization(s)				Ę	Ī	×
בספס כן ומפווינים מאפירויין כן סיונים מספסים כן ופומים כן סיונים מספסים כן				=	. '	4
k Lease of facilities, equipment, or other assets from related organization(s)				<b>*</b>	-	×
I Performance of services or membership or fundraising solicitations for related organization(s)				=		×
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	×	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	×	
				7	7	=
p Reimbursement paid to related organization(s) for expenses				_	×	
q Reimbursement paid by related organization(s) for expenses				19		×
		•		-	-	
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				+		×
ام،				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	line, including covered	relationships and transa	action thresholds			
(a)	<u>a</u>	(2)	(p)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	nt involve	T3	
(1) Sea Sport Cruises, Inc.	Φ	475,290	accrual			
(2) Sea Sport Cruises, Inc.	н	618,442	accrual			
(3)						
(4)						
(5)						
(9)						
			Schedule R (Form 990) 2013	(Form	(066	2013

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

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

(k) Percentage ownership													2013
	1		ļ 		<u> </u>		<u> </u>				ļ		(066
(J) General or managing partner?	S S					i 	i 					!	(Form
}	Yes						!		<u> </u>				lule R
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)													Schedule R (Form 990) 2013
Code amount of Sche (Forn					]								
ortionate	<u>و</u>			,		<u> </u>		<del></del> -					
(h) Disproportionate allocations?	Yes												
(9) Share of end-of-year assets													
	7					,							
(f) Share of total income													
		<del></del>	<u> </u>										
(e) Are all partners section 501(c)(3) organizations?	Yes No			<u> </u>									
ant Antited, liuded der on													
(d) Predominant income (related, unrelated, excluded from tax under of the control of the contro	Schons 512												
(c) Legal domicile (state or un foreign	s (Anuno)												
	-												
(b) Primary activity													
<u> </u>	+												
1				 									
ntity					l								
EIN of e													
(a) ess, and				:				ļ			l		
(a) Name, address, and EIN of entity	l												
, Ra													
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	;	Ē	(2)	<u>(6)</u>	<b>€</b>	(2)	9)	<u>(5)</u>	8)	6)	(10)	5	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

### Schedule R - Additional Information

During 2013, all operations of the Ma'alaea and Lahaina retail stores were transferred from Pacific Whale Foundation to Sea Sport Cruises, Inc. This transaction had the following affect on Pacific Whale's Statement of Financial Position at January 1, 2013.

Decrease	in	due to Sea Sport Cruises Inc.	\$ 618,442
Decrease	in	inventory	\$ 518,316
Decrease	in	fixed assets	\$ 462,249
Decrease	in	accumulated deprecation	\$ 371,817
Decrease	in	prepaid expenses	\$ 9,649