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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

CONSORTIUM FOR OCEAN LEADERSHIP

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

1201 NEW YORK AVENUE NW NO 420

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

WASHINGTON, DC 20005

F Name and address of principal officer

SHERRI GOODMAN

1201 NEW YORK AVENUE NW NO 420

WASHINGTON, DC 20005

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.OCEANLEADERSHIP.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1994

M State of legal domicile

DE

| Part I                      | Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
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| Activities & Governance     | <div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>TO SHAPE THE FUTURE OF OCEAN SCIENCE AND TECHNOLOGY THROUGH DISCOVERY, UNDERSTANDING AND ACTION</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
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|                             | <div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
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| Revenue                     | <table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>15</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>15</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>93</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>50</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3            | Number of voting members of the governing body (Part VI, line 1a) | 15           | 4  | Number of independent voting members of the governing body (Part VI, line 1b) | 15          | 5  | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 93         | 6  | Total number of volunteers (estimate if necessary)            | 50        | 7a | Total unrelated business revenue from Part VIII, column (C), line 12     | 0 | 7b | Net unrelated business taxable income from Form 990-T, line 34                   | 0           |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 3                           | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 15           |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 4                           | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 15           |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 5                           | Total number of individuals employed in calendar year 2013 (Part V, line 2a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 93           |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 6                           | Total number of volunteers (estimate if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 50           |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 7a                          | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0            |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 7b                          | Net unrelated business taxable income from Form 990-T, line 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0            |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
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| Expenses                    | <table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>187,430,956</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>655,460</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>68,147</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>0</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>188,154,563</td></tr><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>558,285</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>9,450,195</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>177,765,602</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 63,674</td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>0</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>187,774,082</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>380,481</td></tr></table> |              | Prior Year                                                        | Current Year | 8  | Contributions and grants (Part VIII, line 1h)                                 | 187,430,956 | 9  | Program service revenue (Part VIII, line 2g)                                 | 655,460    | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 68,147    | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 188,154,563 | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 558,285 | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 9,450,195 | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 177,765,602 | b | Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 63,674 |  | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 0 | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 187,774,082 | 19 | Revenue less expenses Subtract line 18 from line 12 | 380,481 |
|                             | Prior Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Current Year |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 8                           | Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 187,430,956  |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 9                           | Program service revenue (Part VIII, line 2g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 655,460      |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 10                          | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 68,147       |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 11                          | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0            |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 12                          | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 188,154,563  |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 13                          | Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 558,285      |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 14                          | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0            |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 15                          | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9,450,195    |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 16a                         | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 177,765,602  |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| b                           | Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 63,674                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 17                          | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0            |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 18                          | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 187,774,082  |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 19                          | Revenue less expenses Subtract line 18 from line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 380,481      |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| Net Assets or Fund Balances | <table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>52,910,706</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>49,184,468</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>3,726,238</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | Beginning of Current Year                                         | End of Year  | 20 | Total assets (Part X, line 16)                                                | 52,910,706  | 21 | Total liabilities (Part X, line 26)                                          | 49,184,468 | 22 | Net assets or fund balances Subtract line 21 from line 20     | 3,726,238 |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
|                             | Beginning of Current Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | End of Year  |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 20                          | Total assets (Part X, line 16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 52,910,706   |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 21                          | Total liabilities (Part X, line 26)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 49,184,468   |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
| 22                          | Net assets or fund balances Subtract line 21 from line 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3,726,238    |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                   |              |    |                                                                               |             |    |                                                                              |            |    |                                                               |           |    |                                                                          |   |    |                                                                                  |             |    |                                                                  |         |    |                                                               |   |    |                                                                                   |           |     |                                                               |             |   |                                                                                           |  |    |                                                              |   |    |                                                                          |             |    |                                                     |         |

Part II

Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

2015-05-18

Date

YAN XING VP & CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

PATRICIA A O'MALLEY CPA

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00285909

Firm's name

RUBINO AND COMPANY CHARTERED

Firm's EIN

52-1186096

Firm's address

6903 ROCKLEDGE DRIVE SUITE 1200

BETHESDA, MD 208171818

Phone no

(301) 564-3636

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization’s mission

OCEAN LEADERSHIP SHAPES THE FUTURE OF OCEAN SCIENCE AND TECHNOLOGY THROUGH DISCOVERY, UNDERSTANDING AND ACTION OCEAN LEADERSHIP PROVIDES EXPERTISE IN MANAGING, COORDINATING, AND FACILITATING SCIENTIFIC PROGRAMS AND PARTNERSHIPS, INFLUENCING SOUND OCEAN POLICY, AND EDUCATING THE NEXT GENERATION OF OCEAN LEADERS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 91,085,810 including grants of \$ ) (Revenue \$ )

THE OCEAN OBSERVATORIES INITIATIVE (OOI) WILL CONSTRUCT A NETWORKED INFRASTRUCTURE OF SCIENCE-DRIVEN SENSOR SYSTEMS TO MEASURE THE PHYSICAL, CHEMICAL, GEOLOGICAL AND BIOLOGICAL VARIABLES IN THE OCEAN AND SEAFLOOR

4b

(Code ) (Expenses \$ 61,788,627 including grants of \$ ) (Revenue \$ )

THE INTERNATIONAL OCEAN DISCOVERY PROGRAM(IODP) IS AN INTERNATIONAL RESEARCH COLLABORATION THAT ADDRESSES IMPORTANT QUESTIONS IN EARTH, OCEAN, ENVIRONMENT AND LIFE SCIENCES BASED ON DRILL CORES, BOREHOLE IMAGING, OBSERVATORY DATA, AND RELATED GEOPHYSICAL IMAGING OBTAINED FROM BENEATH THE OCEAN FLOOR USING SPECIALIZED OCEAN-GOING DRILLING AND RESEARCH PLATFORMS

4c

(Code ) (Expenses \$ 37,443,611 including grants of \$ ) (Revenue \$ )

THE GULF OF MEXICO RESEARCH INITIATIVE (GOMRI) WILL INVESTIGATE THE IMPACTS OF THE OIL, DISPERSED OIL, AND DISPERSANT ON THE ECOSYSTEMS OF THE GULF OF MEXICO AND AFFECTED COASTAL STATES IN A BROAD CONTEXT OF IMPROVING FUNDAMENTAL UNDERSTANDING OF THE DYNAMICS OF SUCH EVENTS AND THEIR ENVIRONMENTAL STRESSES AND PUBLIC HEALTH IMPLICATIONS

(Code ) (Expenses \$ 6,083,931 including grants of \$ 321,683 ) (Revenue \$ 642,426 )

OTHER RESEARCH & EDUCATION

(Code ) (Expenses \$ 729,101 including grants of \$ ) (Revenue \$ )

GULF OF MEXICO RESEARCH INITIATIVE

(Code ) (Expenses \$ 597,280 including grants of \$ ) (Revenue \$ )

NATIONAL OCEAN SCIENCES BOWL

4d

Other program services (Describe in Schedule O )

(Expenses \$ 7,410,312 including grants of \$ 321,683 ) (Revenue \$ 642,426 )

4e

Total program service expenses

197,728,360

Part IV

Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                                                                                                                   | Yes     | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                                              | 1 Yes   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                            | 2 Yes   |    |
| 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       | No |
| 4 <b>Section 501(c)(3) organizations.</b> 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 Yes   |    |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                                    | 5       | No |
| 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       | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                               | 7       | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                              | 8       | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                  | 9       | No |
| 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      | No |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                                                                                                                 |         |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                                                                            | 11a Yes |    |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                       | 11b     | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                       | 11c     | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                         | 11d     | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                      | 11e Yes |    |
| 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 Yes |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                           | 12a Yes |    |
| 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     | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                                                                              | 13      | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                                                   | 14a     | No |
| 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 Yes |    |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                              | 15      | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                      | 16      | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                                                                                                                  | 17      | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                                                                                 | 18      | No |
| 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      | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                                                                                                   | 20a     | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                                    | 20b     |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                                      | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                            | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .                                                                                      | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .                                                                                                                                                                                                      | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  |     | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a |     | No |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .                                                                                           | 35b |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>                                                                                       | 37  |     | No |
| 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  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                |     |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                | Yes | No  |
| 1a                                                                                                                                                                                                                                                                      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                  | 89  |     |
| 1b                                                                                                                                                                                                                                                                      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                               | 0   |     |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                              |                                                                                                                                                                                | 1c  | Yes |
| 2a                                                                                                                                                                                                                                                                      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 2a  | 93  |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                   |                                                                                                                                                                                | 2b  | Yes |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                        |                                                                                                                                                                                | 3a  | No  |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.                                                                                                                                                          |                                                                                                                                                                                | 3b  |     |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                           |                                                                                                                                                                                | 4a  | No  |
| b If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                    |                                                                                                                                                                                |     |     |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                |                                                                                                                                                                                | 5a  | No  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                      |                                                                                                                                                                                | 5b  | No  |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                    |                                                                                                                                                                                | 5c  |     |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                                              |                                                                                                                                                                                | 6a  | No  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                         |                                                                                                                                                                                | 6b  |     |
| 7 Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                         |                                                                                                                                                                                |     |     |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                       |                                                                                                                                                                                | 7a  | No  |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                       |                                                                                                                                                                                | 7b  |     |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                  |                                                                                                                                                                                | 7c  | No  |
| d If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                    |                                                                                                                                                                                | 7d  |     |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                       |                                                                                                                                                                                | 7e  |     |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                          |                                                                                                                                                                                | 7f  |     |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                      |                                                                                                                                                                                | 7g  |     |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                    |                                                                                                                                                                                | 7h  |     |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |                                                                                                                                                                                | 8   |     |
| 9 Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                             |                                                                                                                                                                                |     |     |
| a Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                               |                                                                                                                                                                                | 9a  |     |
| b Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                |                                                                                                                                                                                | 9b  |     |
| 10 Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                               |                                                                                                                                                                                |     |     |
| a Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                             |                                                                                                                                                                                | 10a |     |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                          |                                                                                                                                                                                | 10b |     |
| 11 Section 501(c)(12) organizations. Enter                                                                                                                                                                                                                              |                                                                                                                                                                                |     |     |
| a Gross income from members or shareholders.                                                                                                                                                                                                                            |                                                                                                                                                                                | 11a |     |
| b Gross income from other sources (Do not net amounts due or paid to other sources 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 Form 1041?                                                                                                                                                          |                                                                                                                                                                                | 12a |     |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                |                                                                                                                                                                                | 12b |     |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                     |                                                                                                                                                                                |     |     |
| a Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                      |                                                                                                                                                                                | 13a |     |
| 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 |     |
| c Enter the amount of reserves on hand.                                                                                                                                                                                                                                 |                                                                                                                                                                                | 13c |     |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                          |                                                                                                                                                                                | 14a | No  |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                            |                                                                                                                                                                                | 14b |     |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

|                                                                                                                                                                                                                  |                                                                                                                                                                                                                               |     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                               | Yes | No  |
| 1a                                                                                                                                                                                                               | Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                 | 15  |     |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O |                                                                                                                                                                                                                               |     |     |
| b                                                                                                                                                                                                                | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  | 15  |     |
| 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   | No  |
| 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   | No  |
| 4                                                                                                                                                                                                                | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                    | 4   | No  |
| 5                                                                                                                                                                                                                | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                          | 5   | No  |
| 6                                                                                                                                                                                                                | Did the organization have members or stockholders? . . . . .                                                                                                                                                                  | 6   | Yes |
| 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  | Yes |
| 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  | Yes |
| 8                                                                                                                                                                                                                | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                              |     |     |
| a                                                                                                                                                                                                                | The governing body? . . . . .                                                                                                                                                                                                 | 8a  | Yes |
| b                                                                                                                                                                                                                | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | 8b  | Yes |
| 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   | No  |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                    |                                                                                                                                                                                                                                                                                                        |     |     |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                    |                                                                                                                                                                                                                                                                                                        | Yes | No  |
| 10a                                                                                | Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                           | 10a | No  |
| b                                                                                  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .                                                                   | 10b |     |
| 11a                                                                                | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                  | 11a | Yes |
| b                                                                                  | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .                                                                                                                                                                                                 |     |     |
| 12a                                                                                | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                      | 12a | Yes |
| b                                                                                  | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                          | 12b | Yes |
| c                                                                                  | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .                                                                                                                                           | 12c | Yes |
| 13                                                                                 | Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                    | 13  | Yes |
| 14                                                                                 | Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                               | 14  | Yes |
| 15                                                                                 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                   |     |     |
| a                                                                                  | The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                       | 15a | Yes |
| b                                                                                  | Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                          | 15b | No  |
| 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 with a taxable entity during the year? . . . . .                                                                                                                                        | 16a | No  |
| b                                                                                  | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | 16b |     |

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                                                                |    |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 17 | List the States with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                                                                                     | NY |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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<br>YAN XING 1201 NEW YORK AVE 4TH FL<br>WASHINGTON,DC 20005 (202) 232-3900                                                                                                                                                                                                        |    |

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

## Part VII

|           |                                                                        |   |           |   |         |
|-----------|------------------------------------------------------------------------|---|-----------|---|---------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>                                             | ▼ |           |   |         |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> | ▼ |           |   |         |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | ▼ | 2,148,825 | 0 | 393,588 |

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 28

|          |                                                                                                                                                                                                                                               | Yes      | No  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | <b>3</b> | No  |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> | Yes |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | <b>5</b> | No  |

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address                                                                                                                                              | (B)<br>Description of services    | (C)<br>Compensation |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------|
| TEXAS A&M RESEARCH FOUNDATION PO BOX 201918 DALLAS TX 753201918                                                                                                               | IMPLEMENTATION OF OCEAN DRILLING  | 53,442,231          |
| WOODS HOLE OCEANOGRAPHIC INSTITUTE 569 WOODS HOLE RD WOODS HOLE MA 02543                                                                                                      | IMPLEMENTATION OF OCEAN OBSERVING | 40,973,671          |
| UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DR CHICAGO IL 606930001                                                                                                            | IMPLEMENTATION OF OCEAN OBSERVING | 29,955,108          |
| FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY 3RD FLOOR TALLAHASSEE FL 32306                                                                                                    | DEAPSEA TO COAST CONNECTIVITY     | 7,056,181           |
| TRUSTEES OF COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK NY 10027                                                                                                                | IMPLEMENTATION OF OCEAN OBSERVING | 6,986,180           |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶25 |                                   |                     |

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

|                                                           |                                           |                                                                                                                                      | (A)<br>Total revenue                                                                      | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |         |
|-----------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|---------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                        | Federated campaigns . . . . .                                                                                                        | 1a2,507                                                                                   |                                                    |                                         |                                                                     |         |
|                                                           | b                                         | Membership dues . . . . .                                                                                                            | 1b                                                                                        |                                                    |                                         |                                                                     |         |
|                                                           | c                                         | Fundraising events . . . . .                                                                                                         | 1c                                                                                        |                                                    |                                         |                                                                     |         |
|                                                           | d                                         | Related organizations . . . . .                                                                                                      | 1d                                                                                        |                                                    |                                         |                                                                     |         |
|                                                           | e                                         | Government grants (contributions)                                                                                                    | 1e162,364,376                                                                             |                                                    |                                         |                                                                     |         |
|                                                           | f                                         | All other contributions, gifts, grants, and<br>similar amounts not included above                                                    | 1f39,435,592                                                                              |                                                    |                                         |                                                                     |         |
|                                                           | g                                         | Noncash contributions included in lines<br>1a-1f \$                                                                                  |                                                                                           |                                                    |                                         |                                                                     |         |
|                                                           | h                                         | Total. Add lines 1a-1f . . . . .                                                                                                     |                                                                                           | 201,802,475                                        |                                         |                                                                     |         |
| Program Service Revenue                                   | 2a                                        | MEMBERSHIP DUES                                                                                                                      | Business Code<br>900099                                                                   | 631,875                                            | 631,875                                 |                                                                     |         |
|                                                           | b                                         | OTHER PROGRAM REVENUE                                                                                                                | 900099                                                                                    | 10,551                                             | 10,551                                  |                                                                     |         |
|                                                           | c                                         |                                                                                                                                      |                                                                                           |                                                    |                                         |                                                                     |         |
|                                                           | d                                         |                                                                                                                                      |                                                                                           |                                                    |                                         |                                                                     |         |
|                                                           | e                                         |                                                                                                                                      |                                                                                           |                                                    |                                         |                                                                     |         |
|                                                           | f                                         | All other program service revenue                                                                                                    |                                                                                           |                                                    |                                         |                                                                     |         |
|                                                           | g                                         | Total. Add lines 2a-2f . . . . .                                                                                                     |                                                                                           | 642,426                                            |                                         |                                                                     |         |
|                                                           | Other Revenue                             | 3                                                                                                                                    | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . | 107,736                                            |                                         |                                                                     | 107,736 |
| 4                                                         |                                           | Income from investment of tax-exempt bond proceeds . . . . .                                                                         |                                                                                           |                                                    |                                         |                                                                     |         |
| 5                                                         |                                           | Royalties . . . . .                                                                                                                  |                                                                                           |                                                    |                                         |                                                                     |         |
| 6a                                                        |                                           | Gross rents                                                                                                                          | (i) Real                                                                                  | (ii) Personal                                      |                                         |                                                                     |         |
|                                                           |                                           | b                                                                                                                                    | Less rental expenses                                                                      |                                                    |                                         |                                                                     |         |
|                                                           |                                           | c                                                                                                                                    | Rental income or (loss)                                                                   |                                                    |                                         |                                                                     |         |
|                                                           |                                           | d                                                                                                                                    | Net rental income or (loss) . . . . .                                                     |                                                    |                                         |                                                                     |         |
| 7a                                                        |                                           | Gross amount from sales of assets other than inventory                                                                               | (i) Securities                                                                            | (ii) Other                                         |                                         |                                                                     |         |
|                                                           |                                           | b                                                                                                                                    | Less cost or other basis and sales expenses                                               |                                                    |                                         |                                                                     |         |
|                                                           |                                           | c                                                                                                                                    | Gain or (loss)                                                                            |                                                    |                                         |                                                                     |         |
|                                                           |                                           | d                                                                                                                                    | Net gain or (loss) . . . . .                                                              |                                                    |                                         |                                                                     |         |
| 8a                                                        |                                           | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a                                                                                         |                                                    |                                         |                                                                     |         |
|                                                           |                                           | b                                                                                                                                    | Less direct expenses . . . . .                                                            | b                                                  |                                         |                                                                     |         |
|                                                           |                                           | c                                                                                                                                    | Net income or (loss) from fundraising events . . . . .                                    |                                                    |                                         |                                                                     |         |
| 9a                                                        |                                           | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                | a                                                                                         |                                                    |                                         |                                                                     |         |
|                                                           |                                           | b                                                                                                                                    | Less direct expenses . . . . .                                                            | b                                                  |                                         |                                                                     |         |
|                                                           |                                           | c                                                                                                                                    | Net income or (loss) from gaming activities . . . . .                                     |                                                    |                                         |                                                                     |         |
| 10a                                                       |                                           | Gross sales of inventory, less returns and allowances . . . . .                                                                      | a                                                                                         |                                                    |                                         |                                                                     |         |
|                                                           |                                           | b                                                                                                                                    | Less cost of goods sold . . . . .                                                         | b                                                  |                                         |                                                                     |         |
|                                                           |                                           | c                                                                                                                                    | Net income or (loss) from sales of inventory . . . . .                                    |                                                    |                                         |                                                                     |         |
| Miscellaneous Revenue                                     |                                           | Business Code                                                                                                                        |                                                                                           |                                                    |                                         |                                                                     |         |
| 11a                                                       |                                           |                                                                                                                                      |                                                                                           |                                                    |                                         |                                                                     |         |
| b                                                         |                                           |                                                                                                                                      |                                                                                           |                                                    |                                         |                                                                     |         |
| c                                                         |                                           |                                                                                                                                      |                                                                                           |                                                    |                                         |                                                                     |         |
| d                                                         | All other revenue . . . . .               |                                                                                                                                      |                                                                                           |                                                    |                                         |                                                                     |         |
| e                                                         | Total. Add lines 11a-11d . . . . .        |                                                                                                                                      |                                                                                           |                                                    |                                         |                                                                     |         |
| 12                                                        | Total revenue. See Instructions . . . . . |                                                                                                                                      |                                                                                           | 202,552,637                                        | 642,426                                 | 0                                                                   | 107,736 |

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

☒

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                                | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.                                                                                                                                       | 146,665               | 146,665                         |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States. See Part IV, line 22.                                                                                                                                                         | 175,018               | 175,018                         |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.                                                                                                            |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members.                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                      | 1,678,272             | 968,785                         | 709,487                                |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                                 |                       |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages.                                                                                                                                                                                                                      | 4,417,530             | 2,912,440                       | 1,505,090                              |                             |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                            | 488,253               | 322,997                         | 165,256                                |                             |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                       | 735,288               | 472,484                         | 262,804                                |                             |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                                 | 395,240               | 251,730                         | 143,510                                |                             |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                         | 116,821               | 71,589                          | 45,232                                 |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                                    | 76,991                |                                 | 76,991                                 |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                       |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees.                                                                                                                                                                                                                    | 14,516                |                                 | 14,516                                 |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                                    | 190,951,311           | 190,577,102                     | 311,827                                | 62,382                      |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                                     | 11,385                | 10,885                          | 500                                    |                             |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                               | 485,340               | 261,888                         | 222,160                                | 1,292                       |
| 14                                                                             | Information technology.                                                                                                                                                                                                                        | 137,544               | 46,913                          | 90,631                                 |                             |
| 15                                                                             | Royalties.                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                                     | 1,119,180             |                                 | 1,119,180                              |                             |
| 17                                                                             | Travel.                                                                                                                                                                                                                                        | 1,254,253             | 1,200,106                       | 54,147                                 |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                                |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                        | 271,192               | 262,858                         | 8,334                                  |                             |
| 20                                                                             | Interest.                                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                                     | 118,607               |                                 | 118,607                                |                             |
| 23                                                                             | Insurance.                                                                                                                                                                                                                                     | 109,100               | 46,900                          | 62,200                                 |                             |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).                                              |                       |                                 |                                        |                             |
| a                                                                              |                                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| b                                                                              |                                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| c                                                                              |                                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| d                                                                              |                                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| e                                                                              | All other expenses.                                                                                                                                                                                                                            |                       |                                 |                                        |                             |
| 25                                                                             | <b>Total functional expenses.</b> Add lines 1 through 24e.                                                                                                                                                                                     | 202,702,506           | 197,728,360                     | 4,910,472                              | 63,674                      |
| 26                                                                             | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |     | (A)               |         | (B)         |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------|---------|-------------|
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |     | Beginning of year |         | End of year |
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                    |     | 9,357,552         | 1       | 3,456       |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments                                                                                                                                                                                                                                                                                       |     | 1,661,361         | 2       | 7,280,370   |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                           |     | 12,485,218        | 3       | 10,897,900  |
|                             | 4                                                                                                                                                   | Accounts receivable, net                                                                                                                                                                                                                                                                                                     |     | 25,813,370        | 4       | 28,198,105  |
|                             | 5                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L                                                                                                                                                           |     |                   | 5       |             |
|                             | 6                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |     |                   | 6       |             |
|                             | 7                                                                                                                                                   | Notes and loans receivable, net                                                                                                                                                                                                                                                                                              |     |                   | 7       |             |
|                             | 8                                                                                                                                                   | Inventories for sale or use                                                                                                                                                                                                                                                                                                  |     |                   | 8       |             |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                        |     | 335,755           | 9       | 249,059     |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                            | 10a | 1,471,518         |         |             |
|                             | b                                                                                                                                                   | Less accumulated depreciation                                                                                                                                                                                                                                                                                                | 10b | 1,185,517         | 327,424 | 10c 286,001 |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities                                                                                                                                                                                                                                                                                       |     | 2,588,990         | 11      | 2,894,108   |
|                             | 12                                                                                                                                                  | Investments—other securities See Part IV, line 11                                                                                                                                                                                                                                                                            |     | 341,036           | 12      | 369,443     |
|                             | 13                                                                                                                                                  | Investments—program-related See Part IV, line 11                                                                                                                                                                                                                                                                             |     |                   | 13      |             |
|                             | 14                                                                                                                                                  | Intangible assets                                                                                                                                                                                                                                                                                                            |     |                   | 14      |             |
|                             | 15                                                                                                                                                  | Other assets See Part IV, line 11                                                                                                                                                                                                                                                                                            |     |                   | 15      |             |
|                             | 16                                                                                                                                                  | Total assets. Add lines 1 through 15 (must equal line 34)                                                                                                                                                                                                                                                                    |     | 52,910,706        | 16      | 50,178,442  |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                        |     | 11,848,236        | 17      | 14,693,621  |
|                             | 18                                                                                                                                                  | Grants payable                                                                                                                                                                                                                                                                                                               |     |                   | 18      |             |
|                             | 19                                                                                                                                                  | Deferred revenue                                                                                                                                                                                                                                                                                                             |     | 36,378,223        | 19      | 30,693,990  |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                  |     |                   | 20      |             |
|                             | 21                                                                                                                                                  | Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                         |     |                   | 21      |             |
|                             | 22                                                                                                                                                  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L                                                                                                                                          |     |                   | 22      |             |
|                             | 23                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                               |     |                   | 23      |             |
|                             | 24                                                                                                                                                  | Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                 |     |                   | 24      |             |
|                             | 25                                                                                                                                                  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D                                                                                                                                                         |     | 958,009           | 25      | 1,047,947   |
|                             | 26                                                                                                                                                  | Total liabilities. Add lines 17 through 25                                                                                                                                                                                                                                                                                   |     | 49,184,468        | 26      | 46,435,558  |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                              |     |                   |         |             |
|                             | 27                                                                                                                                                  | Unrestricted net assets                                                                                                                                                                                                                                                                                                      |     | 3,726,238         | 27      | 3,742,884   |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets                                                                                                                                                                                                                                                                                            |     |                   | 28      |             |
|                             | 29                                                                                                                                                  | Permanently restricted net assets                                                                                                                                                                                                                                                                                            |     |                   | 29      |             |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                                                                                                                                                                              |     |                   |         |             |
|                             | 30                                                                                                                                                  | Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                           |     |                   | 30      |             |
|                             | 31                                                                                                                                                  | Paid-in or capital surplus, or land, building or equipment fund                                                                                                                                                                                                                                                              |     |                   | 31      |             |
|                             | 32                                                                                                                                                  | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                             |     |                   | 32      |             |
|                             | 33                                                                                                                                                  | Total net assets or fund balances                                                                                                                                                                                                                                                                                            |     | 3,726,238         | 33      | 3,742,884   |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances                                                                                                                                                                                                                                                                               |     | 52,910,706        | 34      | 50,178,442  |

Part 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  | 202,552,637 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2  | 202,702,506 |
| 3  | Revenue less expenses Subtract line 2 from line 1                                                             | 3  | -149,869    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 3,726,238   |
| 5  | Net unrealized gains (losses) on investments                                                                  | 5  | 166,515     |
| 6  | Donated services and use of facilities                                                                        | 6  |             |
| 7  | Investment expenses                                                                                           | 7  |             |
| 8  | Prior period adjustments                                                                                      | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                          | 9  | 0           |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,742,884   |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

|    |                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>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?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| 2c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | Yes |    |
| 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?                                                                                                                                                                                                                                                                 | Yes |    |
| 3b | 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                                                                                                                                                                                                     | Yes |    |

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 52-1892964  
**Name:** CONSORTIUM FOR OCEAN LEADERSHIP

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                          |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| DR ROBERT B DUNBAR<br>CHAIR                              | 2 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR LARRY MAYER<br>VICE CHAIR                             | 2 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR JAMES G SANDERS<br>TREASURER, TERM ENDED 3/14/14      | 2 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR GRAHAM SHIMMIELD<br>TREASURER, TERM 3/13/14 - 9/30/14 | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR SUSAN AVERY<br>TRUSTEE                                | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR MICHAEL PERFIT<br>TRUSTEE                             | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR NANCY RABALAIS<br>TRUSTEE                             | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR DONALD F BOESCH<br>TRUSTEE                            | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR E VIRGINIA ARMBRUST<br>TRUSTEE                        | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR STEVEN E LOHRENZ<br>TRUSTEE                           | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR JACQUELINE E DIXON<br>TRUSTEE                         | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR MARK ABBOTT<br>TRUSTEE                                | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| MS JOSIE QUINTRELL<br>TRUSTEE                            | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| MR HANK LOBE<br>TRUSTEE                                  | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR SANDRA WHITEHOUSE<br>TRUSTEE                          | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR MARCIA K MCNUTT<br>TRUSTEE                            | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR ROBERT W CORRELL<br>TRUSTEE                           | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR NANCY M TARGETT<br>TRUSTEE, FORMER CHAIR              | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR CHRISTOPHER D'ELIA<br>TRUSTEE                         | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR MEGAN DAVIS<br>TRUSTEE                                | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR ROBERTA MARINELLI<br>TRUSTEE                          | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| DR ROBERT GAGOSIAN<br>PRESIDENT & CEO                    | 40 00                                                                                      |                                                                                                           |                       | X       |              |                              |        | 443,296                                                              | 0                                                                         | 39,737                                                                                        |
| AMY CASTNER<br>SEC/DIR OF BOARD RELATIONS                | 40 00                                                                                      |                                                                                                           |                       | X       |              |                              |        | 89,599                                                               | 0                                                                         | 26,149                                                                                        |
| COLIN REED<br>ASST SEC/SR MGR EXEC OFF                   | 40 00                                                                                      |                                                                                                           |                       | X       |              |                              |        | 76,104                                                               | 0                                                                         | 13,206                                                                                        |
| YAN XING<br>VP & CFO                                     | 40 00                                                                                      |                                                                                                           |                       | X       |              |                              |        | 202,766                                                              | 0                                                                         | 45,217                                                                                        |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                             |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| KEVIN WHEELER<br>VP, DIR PUBLIC AFFAIRS     | 40 00                                                                                      |                                                                                                           |                       |         | X            |                              |        | 169,849                                                              | 0                                                                         | 34,139                                                                                        |
| TIMOTHY COWLES<br>VP, DIR OCEAN OBSERVING   | 40 00                                                                                      |                                                                                                           |                       |         | X            |                              |        | 217,323                                                              | 0                                                                         | 35,484                                                                                        |
| DAVID DIVINS<br>VP, DIR OCEAN DRILLING      | 40 00                                                                                      |                                                                                                           |                       |         | X            |                              |        | 174,721                                                              | 0                                                                         | 43,196                                                                                        |
| SUSAN BANAHAN<br>ASSOC DIR, OCEAN OBSERVING | 40 00                                                                                      |                                                                                                           |                       |         |              | X                            |        | 158,211                                                              | 0                                                                         | 30,352                                                                                        |
| MICHAEL KELLY<br>PROJECT MANAGER, OOI       | 40 00                                                                                      |                                                                                                           |                       |         |              | X                            |        | 158,052                                                              | 0                                                                         | 28,675                                                                                        |
| DOUGLAS FILS<br>DATA MGMT TECHNICAL EXPERT  | 40 00                                                                                      |                                                                                                           |                       |         |              | X                            |        | 146,978                                                              | 0                                                                         | 31,713                                                                                        |
| GREGORY MYERS<br>SR TECH EXPERT, ENG & TECH | 40 00                                                                                      |                                                                                                           |                       |         |              | X                            |        | 164,473                                                              | 0                                                                         | 33,504                                                                                        |
| EDWARD CHAPMAN<br>SR SYSTEMS ENGINEER, OOI  | 40 00                                                                                      |                                                                                                           |                       |         |              | X                            |        | 147,453                                                              | 0                                                                         | 32,216                                                                                        |

SCHEDULE A

(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public  
Inspection

|                                                                    |                                                     |
|--------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>CONSORTIUM FOR OCEAN LEADERSHIP | <b>Employer identification number</b><br>52-1892964 |
|--------------------------------------------------------------------|-----------------------------------------------------|

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

|    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | <input type="checkbox"/>            | A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2  | <input type="checkbox"/>            | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3  | <input type="checkbox"/>            | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4  | <input type="checkbox"/>            | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 5  | <input type="checkbox"/>            | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6  | <input type="checkbox"/>            | A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 7  | <input checked="" type="checkbox"/> | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                             |
| 8  | <input type="checkbox"/>            | A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 9  | <input type="checkbox"/>            | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )                                                                                                                               |
| 10 | <input type="checkbox"/>            | An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 11 | <input type="checkbox"/>            | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h<br><b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated |
| e  | <input type="checkbox"/>            | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)                                                                                                                                                                                                                                                                                                                          |
| f  | <input type="checkbox"/>            | If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| g  | <input type="checkbox"/>            | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?<br><b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?<br><b>(ii)</b> A family member of a person described in (i) above?<br><b>(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above?                                                                                                                                             |
| h  | <input type="checkbox"/>            | Provide the following information about the supported organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|----------------------------------|
|                                    |          |                                                                                              | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                                  |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                                  |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| Total                              |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                                  |

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   |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   | 133,645,022 | 172,568,155 | 159,850,130 | 187,430,956 | 201,802,475 | 855,296,738 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |             |             |             |             |             |             |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |             |             |             |             |             |             |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        | 133,645,022 | 172,568,155 | 159,850,130 | 187,430,956 | 201,802,475 | 855,296,738 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |             |             |             |             |             | 70,963,358  |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |             |             |             |             |             | 784,333,380 |

| Section B. Total Support                                                                                                                                                           |             |             |             |             |             |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                      | (a) 2009    | (b) 2010    | (c) 2011    | (d) 2012    | (e) 2013    | (f) Total   |
| 7 Amounts from line 4                                                                                                                                                              | 133,645,022 | 172,568,155 | 159,850,130 | 187,430,956 | 201,802,475 | 855,296,738 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                   | 30,197      | 53,154      | 67,448      | 68,147      | 107,736     | 326,682     |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                               |             |             |             |             |             |             |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                                  |             |             |             |             |             |             |
| 11 Total support (Add lines 7 through 10)                                                                                                                                          |             |             |             |             |             | 855,623,420 |
| 12 Gross receipts from related activities, etc (see instructions)                                                                                                                  |             |             |             |             | 12          | 3,124,810   |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . |             |             |             |             |             | ▶           |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                         |    |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                   | 14 | 91 670 % |
| 15 Public support percentage for 2012 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                          | 15 | 95 270 % |
| 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                                                                                                                                                                          | ▶  |          |
| b 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    | ▶  |          |
| b 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 | ▶  |          |
| 18 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar 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.)                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                   |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2009 | (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                                                                  |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                    |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                             |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                         |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                          |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶        |    |  |
| b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ |    |  |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶                                                                                                                                        |    |  |

**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).

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

| Return Reference | Explanation |  |
|------------------|-------------|--|
|------------------|-------------|--|

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

|                                                             |                                              |
|-------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>CONSORTIUM FOR OCEAN LEADERSHIP | Employer identification number<br>52-1892964 |
|-------------------------------------------------------------|----------------------------------------------|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

|   |                                                                                                          |      |
|---|----------------------------------------------------------------------------------------------------------|------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV |      |
| 2 | Political expenditures                                                                                   | ▶ \$ |
| 3 | Volunteer hours                                                                                          |      |

Part I-B Complete if the organization is exempt under section 501(c)(3).

|    |                                                                                         |                                                          |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$                                                     |
| 2  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$                                                     |
| 3  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If "Yes," describe in Part IV                                                           |                                                          |

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                                                | ▶ \$                                                     |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                       | ▶ \$                                                     |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                          | ▶ \$                                                     |
| 4 | Did the filing organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV |                                                          |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   | 21,050                                                   |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | 21,050                                                   |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>d</b> Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | 202,681,456                                              |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   | 202,702,506                                              |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   | 1,000,000                                                |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table> |                                                   | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | The lobbying nontaxable amount is:                |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20% of the amount on line 1e                      |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$100,000 plus 15% of the excess over \$500,000   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$175,000 plus 10% of the excess over \$1,000,000 |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$225,000 plus 5% of the excess over \$1,500,000  |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$1,000,000                                       |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   | 250,000                                                  |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | 0                                                        |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | 0                                                        |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

| Lobbying Expenditures During 4-Year Averaging Period             |           |           |           |           |           |
|------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2010  | (b) 2011  | (c) 2012  | (d) 2013  | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |           |           |           |           | 6,000,000 |
| <b>c</b> Total lobbying expenditures                             | 50,283    | 31,540    | 14,069    | 21,050    | 116,942   |
| <b>d</b> Grassroots nontaxable amount                            | 250,000   | 250,000   | 250,000   | 250,000   | 1,000,000 |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |           |           |           |           | 1,500,000 |
| <b>f</b> Grassroots lobbying expenditures                        |           |           |           |           |           |

Part II-B

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

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. |                                                                                                                                                                                                                              | (a) |    | (b)    |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                           |                                                                                                                                                                                                                              | Yes | No | Amount |
| 1                                                                                                                         | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| a                                                                                                                         | Volunteers?                                                                                                                                                                                                                  |     |    |        |
| b                                                                                                                         | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     |    |        |
| c                                                                                                                         | Media advertisements?                                                                                                                                                                                                        |     |    |        |
| d                                                                                                                         | Mailings to members, legislators, or the public?                                                                                                                                                                             |     |    |        |
| e                                                                                                                         | Publications, or published or broadcast statements?                                                                                                                                                                          |     |    |        |
| f                                                                                                                         | Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     |    |        |
| g                                                                                                                         | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     |    |        |
| h                                                                                                                         | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     |    |        |
| i                                                                                                                         | Other activities?                                                                                                                                                                                                            |     |    |        |
| j                                                                                                                         | Total. Add lines 1c through 1i.                                                                                                                                                                                              |     |    |        |
| 2a                                                                                                                        | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     |    |        |
| b                                                                                                                         | If "Yes," enter the amount of any tax incurred under section 4912.                                                                                                                                                           |     |    |        |
| c                                                                                                                         | If "Yes," enter the amount of any tax incurred by organization managers under section 4912.                                                                                                                                  |     |    |        |
| d                                                                                                                         | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |        |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|   |                                                                                                   |   |     |    |
|---|---------------------------------------------------------------------------------------------------|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members?                      | 1 | Yes | No |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | 2 |     |    |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 |     |    |

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

|   |                                                                                                                                                                                                                                            |    |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 | Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1  |  |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |    |  |
| a | Current year                                                                                                                                                                                                                               | 2a |  |
| b | Carryover from last year                                                                                                                                                                                                                   | 2b |  |
| c | Total                                                                                                                                                                                                                                      | 2c |  |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | 3  |  |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| 5 | Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | 5  |  |

Part IV

Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

## Part IV

[illegible]

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|                                                             |                                              |
|-------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>CONSORTIUM FOR OCEAN LEADERSHIP | Employer identification number<br>52-1892964 |
|-------------------------------------------------------------|----------------------------------------------|

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   |                                                                                                                                                                                                                                                                                                                                         |                              |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                 | (b) Funds and other accounts |
| 1 | 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 that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II 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 (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|   |                                                                                                                                          |
|---|------------------------------------------------------------------------------------------------------------------------------------------|
|   | Held at the End of the Year                                                                                                              |
| a | Total number of conservation easements                                                                                                   |
| b | Total acreage restricted by conservation easements                                                                                       |
| c | Number of conservation easements on a certified historic structure included in (a)                                                       |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|                                                            | (a)Current year | (b)Prior year | b (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               |                 |               |                     |                     |                    |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 |               |                     |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            |                 |               |                     |                     |                    |

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

☐

b

Permanent endowment

☐

c

Temporarily restricted endowment

☐

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 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 . . . . .                                                                                |                                      |                                |                              |                |
| b Buildings . . . . .                                                                            |                                      |                                |                              |                |
| c Leasehold improvements . . . . .                                                               |                                      | 496,313                        | 416,971                      | 79,342         |
| d Equipment . . . . .                                                                            |                                      | 599,388                        | 477,272                      | 122,116        |
| e Other . . . . .                                                                                |                                      | 375,817                        | 291,274                      | 84,543         |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 286,001        |
- Schedule D (Form 990) 2013



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |                                                                                          |    |             |
|---|------------------------------------------------------------------------------------------|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .       | 1  | 202,704,636 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                       |    |             |
| a | Net unrealized gains on investments . . . . .                                            | 2a | 166,515     |
| b | Donated services and use of facilities . . . . .                                         | 2b |             |
| c | Recoveries of prior year grants . . . . .                                                | 2c |             |
| d | Other (Describe in Part XIII ) . . . . .                                                 | 2d |             |
| e | Add lines 2a through 2d . . . . .                                                        | 2e | 166,515     |
| 3 | Subtract line 2e from line 1 . . . . .                                                   | 3  | 202,538,121 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1                      |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .               | 4a | 14,516      |
| b | Other (Describe in Part XIII ) . . . . .                                                 | 4b |             |
| c | Add lines 4a and 4b . . . . .                                                            | 4c | 14,516      |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . . | 5  | 202,552,637 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |                                                                                           |    |             |
|---|-------------------------------------------------------------------------------------------|----|-------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                      | 1  | 202,687,990 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                          |    |             |
| a | Donated services and use of facilities . . . . .                                          | 2a |             |
| b | Prior year adjustments . . . . .                                                          | 2b |             |
| c | Other losses . . . . .                                                                    | 2c |             |
| d | Other (Describe in Part XIII ) . . . . .                                                  | 2d |             |
| e | Add lines 2a through 2d . . . . .                                                         | 2e | 0           |
| 3 | Subtract line 2e from line 1 . . . . .                                                    | 3  | 202,687,990 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                        |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a | 14,516      |
| b | Other (Describe in Part XIII ) . . . . .                                                  | 4b |             |
| c | Add lines 4a and 4b . . . . .                                                             | 4c | 14,516      |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 202,702,506 |

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART X, LINE 2   | OCEAN LEADERSHIP IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, IT IS EXEMPT FROM FEDERAL INCOME TAXES ON ALL BUT UNRELATED BUSINESS INCOME, IF ANY. THERE WAS NO NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013. HOWEVER, TAX YEARS ENDED SEPTEMBER 30, 2011-2013 REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH OCEAN LEADERSHIP IS SUBJECT, AND THEY HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF LIMITATIONS. |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

[illegible]

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to 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](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
CONSORTIUM FOR OCEAN LEADERSHIP

Employer identification number  
52-1892964

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ 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.
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region                                 | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|--------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| ( 1 ) CENTRAL AMERICA AND CARRIBEAN        | 0                                   | 0                                                                      | PROGRAM SERVICES                                                                                                                            | RESEARCH & POSTDOC SCHOLAR SUMMIT                                                                  | 30,210                                               |
| ( 2 ) EAST ASIA AND THE PACIFIC            | 0                                   | 0                                                                      | PROGRAM SERVICES                                                                                                                            | SEE PART V                                                                                         | 193,038                                              |
| ( 3 ) EUROPE                               | 0                                   | 0                                                                      | PROGRAM SERVICES                                                                                                                            | SEE PART V                                                                                         | 52,384                                               |
| ( 4 ) SOUTH AMERICA                        | 0                                   | 0                                                                      | PROGRAM SERVICES                                                                                                                            | SEE PART V                                                                                         | 56,979                                               |
| ( 5 )                                      |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| 3a Sub-total                               | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 332,611                                              |
| b Total from continuation sheets to Part I | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 0                                                    |
| c Totals (add lines 3a and 3b)             | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 332,611                                              |

Part II

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

| 1     | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------|--------------------------|----------------------------------------------|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| ( 1 ) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| ( 2 ) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| ( 3 ) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| ( 4 ) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |

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

Part III

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

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| ( 1 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 2 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 3 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 4 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 5 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 6 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 7 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 8 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 9 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 10 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 11 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 12 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 13 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 14 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 15 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 16 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 17 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 18 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐

Yes

☒

No

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 2   | OCEAN LEADERSHIP MAINTAINS RECORDS THAT INCLUDE PURCHASE REQUEST WITH AUTHORIZED SIGNATURE, COPY OF AWARD AND CERTIFICATIONS, EPLS PRINT OUT AS EVIDENCE OF ELIGIBILITY, AND SELECT ION CRITERIA IF AWARD EXCEEDS THE MICRO PURCHASE THRESHOLD OF \$3,000 AS PER OCEAN LEADERSHIP'S POLICIES OCEAN LEADERSHIP HAS PROVIDED A LEVEL OF OVERSIGHT AND MONITORING THAT WILL ALLOW ADEQUATE AND ACCURATE COLLECTION OF DATA ON PERFORMANCE THROUGHOUT THE LIFE OF A PROGRAM MONITORING PROCESS FOR THE GRANTS AND SUBCONTRACTS THE OVERALL PURPOSE OF MONITORING AND EVALUATION IS THE MEASUREMENT AND ASSESSMENT OF PERFORMANCE IN ORDER TO MORE EFFECTIVELY MANAGE THE OUTPUTS AND OUTCOMES OF EXPENDITURES OCEAN LEADERSHIP MONITORS AWARDS AT SEVERAL KEY PHASES OF THE AWARD'S LIFE CYCLE 1) PRE-AWARD ASSESSMENT THE INITIAL MONITORING BEGINS WITH A PRE-AWARD ASSESSMENT OF THE PROSPECTIVE RECIPIENT'S ABILITIES AND RESOURCES TO BE APPLIED TO THE AWARD FOR THE PURPOSE OF DETERMINING WHETHER THE RECIPIENT CAN ADEQUATELY PROVIDE THE SERVICES DEMANDED BY THE AWARD 2) PERIODIC MONITORING ON-GOING MONITORING IS CONDUCTED DURING THE LIFE OF THE AWARD PERIODIC MONITORING INCLUDES REVIEW OF THE QUARTERLY AND ANNUAL REPORTING REQUIRED UNDER THE AWARD AND ANY OTHER REPORTS AS SPECIFIED IN THE AWARD 3) COMPLETION OF GRANT A FINAL REVIEW OF THE AWARD'S ACTIVITY AND ACCOMPLISHMENTS AND SPENDING IS CONDUCTED AT THE COMPLETION OF THE AWARD 4) THE ABOVE MONITORING IS ACCOMPLISHED THROUGH VARIOUS MEANS BASED ON THE NEEDS OF THE INDIVIDUAL AWARD TECHNIQUES USED WILL CONSIST OF PERIODIC WRITTEN REPORTS FROM THE RECIPIENT, ON-SITE VISITS (ANNOUNCED AND UNANNOUNCED), TELEPHONE CONTACTS, AND, IF APPLICABLE ON-LINE REVIEW OF AWARD DATA 5) REPORTING FORMAT THE RECIPIENT IS EXPECTED TO PROVIDE THE REPORTS IDENTIFIED IN THE AGREEMENT SIGNED BETWEEN OCEAN LEADERSHIP AND THE RECIPIENT THE ANNUAL REPORTS REQUIRED ARE COMPLETED USING THE REPORTING FORMAT PROVIDED FOR BY OCEAN LEADERSHIP 6) PROGRAM DIRECTORS WILL REVIEW THE SUBCONTRACTOR'S REPORTS TO MAKE SURE THEY ARE COMPLETE AND THAT THE INFORMATION AGREES WITH ANY PERIODIC REPORTING 7) MONITORING RECORDS PROGRAM STAFF FULLY AND ACCURATELY DOCUMENT ALL MONITORING EFFORTS 8) SITE VISITS OCEAN LEADERSHIP MAY UNDERTAKE ADDITIONAL RECIPIENT MONITORING BY MAKING PERIODIC SITE VISITS BASED ON THE LEVEL OF RISK ASSIGNED TO EACH RECIPIENT, ONE TO SEVERAL SITE VISITS MAY BE SCHEDULED DURING THE TERM OF THE AWARD |

990 Schedule F, Supplemental Information

| Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART 1, LINE 3, COLUMN (E) | EAST ASIA AND THE PACIFIC EXPEDITION 348, EXPEDITION 349, J-DESC CORE SHORT COURSE, IODP EXPEDITION 350 TO AND FROM PORTS, EXPEDITION 350, EXPEDITION 346 SAMPLING PARTY, IODP FORUM TRACKING TSUNAMIGENIC SLIPS IN JAPAN TRENCH, EXPEDITION 351, EXPEDITION 351 TO AND FROM PORTS, CHIKYU IOD BOARD MEETING, EXPEDITION 352, EXPEDITION 352 TRAVEL TO/FROM PORTS, EXPEDITION 352 TRAVEL TO/FROM PORTS, EXPEDITION 346(SECOND SAMPLING PARTY) EUROPE ECORD IODP PRESS CONFERENCE, EXPEDITION 347 OSP TRAVEL, EXPEDITION 342 SAMPLING PARTY, ECORD FACILITY BOARD, EXPEDITION 339 2ND POST CRUISE MEETING, CO-CHIEF TRAVEL INT SEDIMENTOLOGICAL CONGRESS, NORTH ATLANTIC DRILLING WORKSHOP SOUTH AMERICA BRAZILIAN EQUATORIAL MARGIN WORKSH OP, DEEP DRILLING OF THE AMAZON CONTIENTAL MARGIN, RIO GRAND RISE WORKSHOP |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization  
CONSORTIUM FOR OCEAN LEADERSHIP

Employer identification number  
52-1892964

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| See Additional Data Table                          |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

9

3

Enter total number of other organizations listed in the line 1 table . . . . .

12

Part III

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

| (a)Type of grant or assistance                       | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|------------------------------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| (1) NOSB SCHOLARCHIPS                                | 5                       | 5,000                   |                                  | FMV                                                  |                                       |
| (2) NOSB QUESTION WRITING SERVICES - GOOS ASSISTANCE | 10                      | 5,587                   |                                  | FMV                                                  |                                       |
| (3) IUSSP TEACHING KITS/SUBSTITUTE PAY               | 6                       | 9,011                   |                                  | FMV                                                  |                                       |
| (4) IODP AND IUSSP TEACHER STIPENDS AND INTERNSHIPS  | 32                      | 56,108                  |                                  | FMV                                                  |                                       |
| (5) GRI PANEL PEER REVIEW                            | 53                      | 58,781                  |                                  | FMV                                                  |                                       |
| (6) HONORARIUM                                       | 8                       | 14,000                  |                                  | FMV                                                  |                                       |
| (7) UNRESTRICTED STIPENDS                            | 5                       | 26,531                  |                                  | FMV                                                  |                                       |

Part IV

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 2   | OCEAN LEADERSHIP MAINTAINS RECORDS THAT INCLUDE PURCHASE REQUEST WITH AUTHORIZED SIGNATURE, COPY OF AWARD AND CERTIFICATIONS, EPLS PRINT OUT AS EVIDENCE OF ELIGIBILITY, AND SELECTION CRITERIA IF AWARD EXCEEDS THE MICRO PURCHASE THRESHOLD OF \$3,000 AS PER OCEAN LEADERSHIP'S POLICIES OCEAN LEADERSHIP HAS PROVIDED A LEVEL OF OVERSIGHT AND MONITORING THAT WILL ALLOW ADEQUATE AND ACCURATE COLLECTION OF DATA ON PERFORMANCE THROUGHOUT THE LIFE OF A PROGRAM MONITORING PROCESS FOR THE GRANTS AND SUBCONTRACTS THE OVERALL PURPOSE OF MONITORING AND EVALUATION IS THE MEASUREMENT AND ASSESSMENT OF PERFORMANCE IN ORDER TO MORE EFFECTIVELY MANAGE THE OUTPUTS AND OUTCOMES OF EXPENDITURES OCEAN LEADERSHIP MONITORS AWARDS AT SEVERAL KEY PHASES OF THE AWARD'S LIFE CYCLE 1) PRE-AWARD ASSESSMENT THE INITIAL MONITORING BEGINS WITH A PRE-AWARD ASSESSMENT OF THE PROSPECTIVE RECIPIENT'S ABILITIES AND RESOURCES TO BE APPLIED TO THE AWARD FOR THE PURPOSE OF DETERMINING WHETHER THE RECIPIENT CAN ADEQUATELY PROVIDE THE SERVICES DEMANDED BY THE AWARD 2) PERIODIC MONITORING ON-GOING MONITORING IS CONDUCTED DURING THE LIFE OF THE AWARD PERIODIC MONITORING INCLUDES REVIEW OF THE QUARTERLY AND ANNUAL REPORTING REQUIRED UNDER THE AWARD AND ANY OTHER REPORTS AS SPECIFIED IN THE AWARD 3) COMPLETION OF GRANT A FINAL REVIEW OF THE AWARD'S ACTIVITY AND ACCOMPLISHMENTS AND SPENDING IS CONDUCTED AT THE COMPLETION OF THE AWARD 4) THE ABOVE MONITORING IS ACCOMPLISHED THROUGH VARIOUS MEANS BASED ON THE NEEDS OF THE INDIVIDUAL AWARD TECHNIQUES USED WILL CONSIST OF PERIODIC WRITTEN REPORTS FROM THE RECIPIENT, ON-SITE VISITS (ANNOUNCED AND UNANNOUNCED), TELEPHONE CONTACTS, AND, IF APPLICABLE ON-LINE REVIEW OF AWARD DATA 5) REPORTING FORMAT THE RECIPIENT IS EXPECTED TO PROVIDE THE REPORTS IDENTIFIED IN THE AGREEMENT SIGNED BETWEEN OCEAN LEADERSHIP AND THE RECIPIENT THE ANNUAL REPORTS REQUIRED ARE COMPLETED USING THE REPORTING FORMAT PROVIDED FOR BY OCEAN LEADERSHIP 6) PROGRAM DIRECTORS WILL REVIEW THE SUBCONTRACTOR'S REPORTS TO MAKE SURE THEY ARE COMPLETE AND THAT THE INFORMATION AGREES WITH ANY PERIODIC REPORTING 7) MONITORING RECORDS PROGRAM STAFF FULLY AND ACCURATELY DOCUMENT ALL MONITORING EFFORTS 8) SITE VISITS OCEAN LEADERSHIP MAY UNDERTAKE ADDITIONAL RECIPIENT MONITORING BY MAKING PERIODIC SITE VISITS BASED ON THE LEVEL OF RISK ASSIGNED TO EACH RECIPIENT, ONE TO SEVERAL SITE VISITS MAY BE SCHEDULED DURING THE TERM OF THE AWARD |

Additional Data

Software ID:  
Software Version:  
EIN: 52-1892964  
Name: CONSORTIUM FOR OCEAN LEADERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                           | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                        |
|------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------------------------|
| GULF COAST RESEARCH LAB<br>703 EAST BEACH DRIVE<br>OCEAN SPRINGS,MS<br>39584 | 64-6000818 | STATE OF MS                        | 12,200                   |                                   | FMV                                                   |                                        | NOSB 2014 DIVERSITY INITIATIVE AWARD, NOSB REGIONAL AWARD |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                         | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| TEXAS A&M UNIVERSITY<br>2700 EARL RUDDER FWY S<br>STE 1800<br>COLLEGE STATION, TX<br>77845 | 74-6000531 | STATE OF TX                        | 10,000                   |                                   | FMV                                                   |                                        | NOSB REGIONAL AWARD                |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                          | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| UNIVERSITY OF DELAWARE<br>116 STUDENT SERVICES BUILDING<br>NEWARK, DE 19716 | 51-6000297 | 501(C)(3)                          | 5,000                    |                                   | FMV                                                   |                                        | NOSB REGIONAL AWARD                |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                          | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| YOUNGSTOWN STATE UNIVERSITY<br>ONE UNIVERSITY PLAZA<br>YOUNGSTOWN, OH 44555 | 34-1011998 | STATE OF OH                        | 5,000                    |                                   | FMV                                                   |                                        | NOSB REGIONAL AWARD                |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                              | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| MASSACHUSSETS<br>INSTITUTE OF<br>TECHNOLOGY<br>77 MASSACHUSSETS<br>AVENUE<br>CAMBRIDGE,MA 02139 | 04-2103594 | 501(C)(3)                          | 5,000                    |                                   | FMV                                                    |                                        | NOSB REGIONAL<br>AWARD             |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| NORTH CAROLINA STATE UNIVERSITY<br>CB 7203<br>RALEIGH, NC 276957203 | 56-6000756 | STATE OF NC                        | 5,000                    |                                   | FMV                                                   |                                        | NOSB REGIONAL AWARD                |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                         | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| BIRCH AQUARIUM AT SCRIPPS INSTITUTION<br>SIO 9500 GILMAN DR DEPT 0207<br>LA JOLLA,CA 92093 | 95-6006144 | 501(C)(3)                          | 5,000                    |                                   | FMV                                                    |                                        | NOSB REGIONAL AWARD                |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                                 | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| UNIVERSITY OF WISCONSIN MILWAUKEE<br>161 W WISCONSIN AVE<br>STE 6000<br>MILWAUKEE, WI<br>532032602 | 39-1805963 | 501(C)(3)                          | 5,000                    |                                   | FMV                                                   |                                        | NOSB REGIONAL AWARD                |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| INTERDISTRICT COMMITTEE PROJECT OCEANOLOGY 1084 SHENNECOSSETT ROAD GROTON,CT 063406048 | 06-0896672 | 501(C)(3)                          | 5,000                    |                                   | FMV                                                    |                                        | NOSB REGIONAL AWARD                |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| SAVANNAH STATE<br>BOX 20419<br>SAVANNAH,GA 31404   | 58-6002069 | STATE OF GA                        | 5,000                    |                                   | FMV                                                    |                                        | NOSB REGIONAL AWARD                |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                         | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| RUTGERS-THE STATE UNIVERSITY OF NJ<br>3 RUTGERS PLAZA 2ND FLOOR<br>NEW BRUNSWICK, NJ 08901 | 22-6001086 | IRC 115                            | 5,000                    |                                   | FMV                                                   |                                        | NOSB REGIONAL AWARD                |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| REGENTS UNIVERSITY OF MICHIGAN<br>520 E LIBERTY ST SUITE 300<br>ANN ARBOR, MI 481042210 | 38-6006309 | 501(C)(3)                          | 5,000                    |                                   | FMV                                                   |                                        | NOSB REGIONAL AWARD                |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                                     | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| UNIVERSITY OF SOUTHERN CALIFORNIA SPONSORED PROJECTS ACCOUNTING FILE NO 52095 LOS ANGELES,CA 900742095 | 95-1642394 | 501(C)(3)                          | 6,965                    |                                   | FMV                                                    |                                        | NOSB REGIONAL AWARD                |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| UNIVERSITY OF NEW HAMPSHIRE<br>UNH OFFICE OF SPONSORED RESEARCH<br>DURHAM, NH 03824 | 02-6000937 | 501(C)(3)                          | 5,000                    |                                   | FMV                                                   |                                        | NOSB REGIONAL AWARD                |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                          | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| UNIVERSITY OF WASHINGTON<br>12455 COLLECTIONS DRIVE<br>CHICAGO,IL 606930001 | 91-6001537 | IRC 115                            | 30,000                   |                                   | FMV                                                    |                                        | NOSB REGIONAL AWARD                |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                 | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| STONY BROOK UNIVERSITY<br>SOMAS C/O STEFANIE MASSUCCI<br>STONY BROOK, NY 117945000 | 14-1368361 | 501(C)(3)                          | 5,000                    |                                   | FMV                                                   |                                        | NOSB REGIONAL AWARD                |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                           | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| FLORIDA ATLANTIC UNIVERSITY-HARBOR BRANCH OCEANOGRAPHIC 5600 US 1 NORTH FORT PIERCE,FL 34946 | 65-0385507 | STATE OF FL                        | 5,000                    |                                   | FMV                                                    |                                        | NOSB REGIONAL AWARD                |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                       | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| VIRGINIA INSTITUTE OF MARINE SCIENCE<br>P O BOX 1346<br>GLOUCESTER POINT,VA<br>230621346 | 54-6001802 | STATE OF VA                        | 5,000                    |                                   | FMV                                                    |                                        | NOSB REGIONAL AWARD                |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                                                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| UNIVERSITY OF ALASKA<br>FAIRBANKS GRANTS & CONTRACT SERVICES<br>109 ADMINISTRATION SVCS CENTER<br>FAIRBANKS,AK 99775 | 92-6000147 | IRC 115                            | 5,000                    |                                   | FMV                                                    |                                        | NOSB REGIONAL AWARD                |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                     | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| UNIVERSITY OF SOUTH FLORIDA<br>P O BOX 864568<br>ORLANDO, FL 328864568 | 59-3102112 | STATE OF FL                        | 5,000                    |                                   | FMV                                                   |                                        | NOSB REGIONAL AWARD                |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| OREGON STATE UNIVERSITY<br>P O BOX 1086<br>CORVALLIS,OR<br>973391086 | 48-1278540 | STATE OF OR                        | 7,500                    |                                   | FMV                                                    |                                        | NOSB REGIONAL AWARD                |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
CONSORTIUM FOR OCEAN LEADERSHIP

Employer identification number  
52-1892964

Part I

Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| <div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> |     |     |
| <div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1b  |     |
| <div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2   |     |
| <div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>                                                                    |     |     |
| <div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |     |
| <div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4a  | No  |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4b  | No  |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4c  | No  |
| <div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |
| <div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |     |
| <div><div>a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5a  | No  |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5b  | No  |
| <div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |     |
| <div><div>a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6a  | No  |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6b  | No  |
| <div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7   | Yes |
| <div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8   | No  |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9   |     |

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title        |  | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------|--|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------------------|
|                           |  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                         |
| See Additional Data Table |  |                                                    |                                     |                                     |                                                |                         |                                 |                                                         |

Part III Supplemental Information

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 7   | THE PRESIDENT/CEO BONUS IS DETERMINED BY THE EXECUTIVE COMMITTEE AS PART OF THE PRESIDENT'S EMPLOYMENT CONTRACT. THE PERFORMANCE BONUSES FOR ALL EMPLOYEES WITH THE EXCEPTION OF THE PRESIDENT/CEO ARE DETERMINED EACH YEAR BASED ON THE ORGANIZATION'S BUDGET AND CALCULATED AS A PERCENT OF THE TOTAL SALARY BUDGET. THE PRESIDENT/CEO REVIEWS THE SUBMITTED RECOMMENDATIONS AND APPROVES THE FINAL BONUS AMOUNT. |

Additional Data

Software ID:

Software Version:

EIN: 52-1892964

Name: CONSORTIUM FOR OCEAN LEADERSHIP

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name                                       |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|------------------------------------------------|-------------|----------------------------------------------------|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                                                |             | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other compensation |                           |                         |                                 |                                                            |
| DR ROBERT GAGOSIAN<br>PRESIDENT & CEO          | (i)<br>(ii) | 416,484<br>0                                       | 26,812<br>0                         | 0<br>0                   | 25,500<br>0               | 14,237<br>0             | 483,033<br>0                    | 0<br>0                                                     |
| YAN XING VP & CFO                              | (i)<br>(ii) | 197,766<br>0                                       | 5,000<br>0                          | 0<br>0                   | 30,424<br>0               | 14,793<br>0             | 247,983<br>0                    | 0<br>0                                                     |
| KEVIN WHEELER VP,<br>DIR PUBLIC AFFAIRS        | (i)<br>(ii) | 165,849<br>0                                       | 4,000<br>0                          | 0<br>0                   | 17,043<br>0               | 17,096<br>0             | 203,988<br>0                    | 0<br>0                                                     |
| TIMOTHY COWLES<br>VP, DIR OCEAN<br>OBSERVING   | (i)<br>(ii) | 212,323<br>0                                       | 5,000<br>0                          | 0<br>0                   | 21,247<br>0               | 14,237<br>0             | 252,807<br>0                    | 0<br>0                                                     |
| DAVID DIVINS VP,<br>DIR OCEAN DRILLING         | (i)<br>(ii) | 169,721<br>0                                       | 5,000<br>0                          | 0<br>0                   | 26,118<br>0               | 17,078<br>0             | 217,917<br>0                    | 0<br>0                                                     |
| SUSAN BANAHAN<br>ASSOC DIR, OCEAN<br>OBSERVING | (i)<br>(ii) | 154,211<br>0                                       | 4,000<br>0                          | 0<br>0                   | 23,090<br>0               | 7,262<br>0              | 188,563<br>0                    | 0<br>0                                                     |
| MICHAEL KELLY<br>PROJECT MANAGER,<br>OOI       | (i)<br>(ii) | 153,052<br>0                                       | 5,000<br>0                          | 0<br>0                   | 15,697<br>0               | 12,978<br>0             | 186,727<br>0                    | 0<br>0                                                     |
| DOUGLAS FILS DATA<br>MGMT TECHNICAL<br>EXPERT  | (i)<br>(ii) | 143,978<br>0                                       | 3,000<br>0                          | 0<br>0                   | 14,844<br>0               | 16,869<br>0             | 178,691<br>0                    | 0<br>0                                                     |
| GREGORY MYERS SR<br>TECH EXPERT, ENG &<br>TECH | (i)<br>(ii) | 159,473<br>0                                       | 5,000<br>0                          | 0<br>0                   | 16,493<br>0               | 17,011<br>0             | 197,977<br>0                    | 0<br>0                                                     |
| EDWARD CHAPMAN<br>SR SYSTEMS<br>ENGINEER, OOI  | (i)<br>(ii) | 144,453<br>0                                       | 3,000<br>0                          | 0<br>0                   | 15,479<br>0               | 16,737<br>0             | 179,669<br>0                    | 0<br>0                                                     |

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

Department of the Treasury  
Internal Revenue Service

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

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

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization  
CONSORTIUM FOR OCEAN LEADERSHIP

**Employer identification number**

52-1892964

| Return Reference                        | Explanation                                                                                            |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A,<br>LINE 6 | THE ORGANIZATION HAS FORTY-THREE VOTING MEMBERS, THIRTY ASSOCIATE MEMBERS, AND EIGHT AFFILIATE MEMBERS |

| Return Reference                         | Explanation                                                                                     |
|------------------------------------------|-------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A,<br>LINE 7A | THE ORGANIZATION'S FORTY-THREE VOTING MEMBERS ELECT REPRESENTATIVES TO THE BOARD<br>OF TRUSTEES |

| Return Reference                         | Explanation                                                                                                                                                                                  |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI,<br>SECTION A, LINE 7B | THE BYLAWS OF THE CORPORATION MAY BE AMENDED ONLY BY A VOTE OF THE VOTING MEMBERS IN<br>ADDITION, VOTING MEMBERS ELECT TRUSTEES TO SERVICE ON THE BOARD OF TRUSTEES AND ADMIT NEW<br>MEMBERS |

| Return Reference                         | Explanation                                                                                                                                                                                                                             |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI,<br>SECTION B, LINE 11 | FORM 990 IS FIRST PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD FOR REVIEW AND THEN MADE AVAILABLE TO ALL MEMBERS OF THE BOARD PRIOR TO ITS FILING WITH THE IRS IN ADDITION, FORM 990 IS PROVIDED TO OCEAN LEADERSHIP'S COGNIZANT AGENCY |

| Return<br>Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | <p>OCEAN LEADERSHIP MAINTAINS A CONFLICT OF INTEREST POLICY. THE POLICY IS PART OF THE EMPLOYEE HANDBOOK WHICH NEW HIRES RECEIVE AS PART OF THE ORIENTATION PROCESS. THE HUMAN RESOURCES CONSULTANT DISCUSSES THE CONFLICT OF INTEREST POLICY AS WELL AS ALL OTHER KEY OCEAN LEADERSHIP POLICIES WITH ALL NEW HIRES DURING NEW HIRE ORIENTATION. ALL EMPLOYEES ARE REQUIRED TO SIGN A RECEIPT OF THE EMPLOYEE HANDBOOK. AN EMPLOYEE WHO VIOLATES THE CONFLICT OF INTEREST POLICY WOULD BE SUBJECT TO DISCIPLINARY ACTION PER THE ORGANIZATION'S DISCIPLINARY ACTION POLICY. SUCH DISCIPLINARY ACTION COULD INCLUDE TERMINATION OF EMPLOYMENT, DEPENDING ON THE NATURE OF THE SITUATION. OCEAN LEADERSHIP MAINTAINS TWO CONFLICT OF INTEREST POLICIES. ONE FOR ALL MEMBERS AND ONE FOR ALL TRUSTEES. EACH MEMBER AND TRUSTEE IS REQUIRED TO SUBMIT AN ANNUAL DISCLOSURE STATEMENT TO THE BOARD SECRETARY, AS WELL AS TO DISCLOSE IMMEDIATELY AND IN WRITING ANY POSSIBLE CONFLICTS AT SUCH TIME HE OR SHE BECOMES AWARE THAT ONE MIGHT EXIST. THE COLLECTION OF THE ANNUAL STATEMENTS BEGINS WITH THE MARCH MEMBERS MEETING AND CONTINUES UNTIL ALL MEMBER REPRESENTATIVES AND TRUSTEES HAVE A FORM ON FILE. ONCE ALL FORMS ARE ON FILE, THEY ARE REVIEWED BY THE EXECUTIVE COMMITTEE AND ALL POSSIBLE CONFLICTS ARE DISCUSSED AND ACTED UPON, AS APPROPRIATE. ADDITIONALLY, ALL MEMBERS AND TRUSTEES ARE REMINDED OF THESE POLICIES AND THEIR NEED TO DISCLOSE AT EACH MEMBER AND BOARD MEETING.</p> |

| Return<br>Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15A | <p>FOR THE PRESIDENT/CEO - AN ASSESSMENT IS CONDUCTED AT THE REQUEST OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES AS NEEDED. THE ASSESSMENT INCLUDES A COMPREHENSIVE MARKET SALARY REVIEW CONDUCTED BY NONPROFIT HR SOLUTIONS, AN INDEPENDENT HUMAN RESOURCES CONSULTING FIRM. THE INDEPENDENT STUDY ALSO INCLUDES A REVIEW OF BENEFITS PROVIDED TO OTHER NON-PROFIT CHIEF EXECUTIVES WITH COMPARABLE BUDGET, STAFF SIZE, SCOPE AND MISSION. IN SOME YEARS THE ASSESSMENT INCLUDES A REVIEW OF MARKET INCREASE DATA. RESULTS OF THESE MARKET REVIEWS ARE PRESENTED BY NPHRS TO THE EXECUTIVE COMMITTEE, WHICH DISCUSSES THE DATA COLLECTED, CONSIDERS THE PERFORMANCE OF THE PRESIDENT/CEO, AND SETS A SALARY ALIGNED TO A FIGURE THEY DEEM TO BE REASONABLE AND APPROPRIATE, TAKING INTO CONSIDERATION THE REPORTED MEAN OF THE MARKET. EXECUTIVE COMPENSATION BETWEEN THE EXECUTIVE COMMITTEE AND THE PRESIDENT/CEO IS ESTABLISHED BY CONTRACT BETWEEN THE EXECUTIVE COMMITTEE AND THE PRESIDENT/CEO. LINE 15B, THE PROCESS FOR DETERMINING COMPENSATION FOR VICE PRESIDENTS INCLUDES COMPREHENSIVE MARKET SALARY REVIEWS FOR VICE PRESIDENT LEVEL POSITIONS AS NECESSARY TO ENSURE THAT SALARIES ARE APPROPRIATELY ALIGNED WITH THE MEAN OF THE MARKET SALARY. ADJUSTMENTS ARE APPROVED BY THE PRESIDENT/CEO. ALL DATA USED IN DETERMINING COMPENSATION IS REVIEWED AND RANGES ARE SHIFTED EVERY TWO TO THREE YEARS. DATA IS GATHERED FROM COMPENSATION SURVEYS USING DATA FROM ORGANIZATIONS OF SIMILAR SIZE, BUDGET, SCOPE, AND MISSION. DATA WAS LAST GATHERED IN 2012. COMPENSATION DECISIONS ARE DOCUMENTED IN OFFER LETTERS, PERSONNEL ACTION FORMS AND SALARY NOTIFICATIONS TO EMPLOYEES.</p> |

| Return Reference                      | Explanation                                                                                                                                                                                                                                                           |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION'S GOVERNING DOCUMENTS AND GOVERNANCE-RELATED CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC BOTH ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST THE FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR AND AVAILABLE UPON REQUEST |

| Return<br>Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART IX, LINE<br>11G | SUBCONTRACT EXPENSES PROGRAM SERVICE EXPENSES 187,538,065 MANAGEMENT AND GENERAL EXPENSES 293,062<br>FUNDRAISING EXPENSES 62,382 TOTAL EXPENSES 187,893,509 STIPENDS PROGRAM SERVICE EXPENSES 2,859,489<br>MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,859,489 CONSULTANT FEES<br>PROGRAM SERVICE EXPENSES 100,800 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL<br>EXPENSES 100,800 TEMPORARY HELP PROGRAM SERVICE EXPENSES 78,748 MANAGEMENT AND GENERAL EXPENSES<br>18,765 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 97,513 |

| Return Reference               | Explanation                                                                                                                                        |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART XII,<br>LINE 2C | THE AUDIT COMMITTEE SELECTS THE AUDIT FIRM AND OVERSEES THE AUDIT PROCESS THIS PROCESS HAS NOT<br>CHANGED SINCE OCEAN LEADERSHIPS CREATION IN 2007 |

| Return<br>Reference                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 6, PART<br>VI, LINE 1A | THE EXECUTIVE COMMITTEE INCLUDES THE BOARD CHAIR, THE VICE CHAIR, THE TREASURER AND THE CHAIRS OF THE OTHER STANDING BOARD COMMITTEES: AUDIT AND BOARD NOMINATING - AND A "CHAIR'S CHOICE" WHICH IS FILLED BY A TRUSTEE AT THE PREFERENCE OF THE BOARD CHAIR. THE PRESIDENT AND SECRETARY OF THE BOARD ARE NON-VOTING MEMBERS OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE IS CHARGED WITH EXERCISING ALL THE POWERS VESTED IN THE BOARD OF TRUSTEES DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD AND THE WITH MAKING NOMINATIONS OF AT-LARGE TRUSTEES. |