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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.

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

OMB No 1545-0047 2014 Open to Public Inspection

| <u> </u> | For the | e 2014 calendar year, or tax year beginning, and ending | | | |
|-------------------------|----------------------------|--|---------------------|------------------|------------------------------|
| В | Check if ap | plicable C Name of organization | | D Employer | dentification number |
| | Address ch | Pacific Whale Foundation | | | |
| Ħ | Mana ahor | Doing business as | | 99-0 | 207417 |
| 닏 | Name char | Number and street (or P O box if mail is not delivered to street address) | Room/suite | E Telephone | e number |
| ب | Initial return | | 211 | 808- | <u>249-8811</u> |
| \Box | Final return terminated | | | | |
| 呂 | | Wailuku HI 96793 | | G Gross rece | eipts\$ 2,118,969 |
| 닏 | Amended r | F Name and address of principal officer | | | |
| | Application | Greg Kaufman | H(a) Is this a gro | up return for su | ubordinates? Yes X No |
| | | | H(b) Are all sub- | ordinates incli | uded? Yes No |
| | | | If "No," | attach a list | (see instructions) |
| _ | Tax-exem | npt status | ┪ | | |
| ÷ | Website | : C: - 1 - 1 | H(a) G-2-12 | | |
| <u></u> | | | H(c) Group exe | 980 | |
| ***** | Form of O | | Year of formation 1 | 900 | M State of legal domicile HI |
| | art I | Summary | | | |
| | 1 1 | Briefly describe the organization's mission or most significant activities | | | |
| ခွ | | To be the people's environmental organization for prot | | | |
| д | i i | whales, dolphins and the marine environment through re | search, e | ducation | on, |
| ēr | | conservation and advocacy | | | |
| õ | 2 (| Check this box $lacktriangle$ if the organization discontinued its operations or disposed of more than 2 | 5% of its net ass | ets | |
| හි | 3 1 | Number of voting members of the governing body (Part VI, line 1a) | | 3_ | 4 |
| S | 4 1 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 4 |
| Z. | 5 7 | Fotal number of individuals employed in calendar year 2014 (Part V, line 2a) | | 5 | 83 |
| Activities & Governance | 6 7 | Fotal number of volunteers (estimate if necessary) | | 6 | 400 |
| | | Fotal unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0 |
| | 1 | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0 |
| | ~ - | tot ametated business taxasis interne north sim see 1, till of | Prior Yea | | Current Year |
| • | 8 0 | Contributions and grants (Part VIII, line 1h) | 28 | 3,464 | 969,094 |
| ğ | 9 F | Program service revenue (Part VIII, line 2g) | | 0,075 | 148,950 |
| Revenue | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 12 | 85,324 |
| 8 | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 16 | 2,783 | 69,825 |
| | 1 | Fotal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,334 | 1,273,193 |
| _ | 40 (| 0 | ±,±3. | 1,334 | 0 |
| | 13 0 | Benefits paid to or for members (Part IX, column (A), line 4 PECEIVED | | | 0 |
| | | Selected that the selection of the members (Part IX, Column (A), line and the selection (A), line and (A), line an | | 7,042 | |
| Expenses | 15 8 | Salaries, other compensation, employee benefits (Partix), column (A), lines 5–10) | 31 | 1,042 | 864,027 |
| ens | 16a+ | Professional fundraising fees (Part IX, column (A), line e) NOV 2 3 2015 | | | 0 |
| × | · b | Fotal fundraising expenses (Part IX, column (D), line 25) 14,966 | 70 | | 651 405 |
| ш |] '' \ | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) COEN. | | 6,703 | 651,405 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), fine 25) | | 3,745 | 1,515,432 |
| _ | 19 F | Revenue less expenses Subtract line 18 from line 12 | | 2,411 | -242,239 |
| Net Assets or | 2 | | Beginning of Cui | | End of Year |
| sset | g 20] | Total assets (Part X, line 16) | | 9,051 | 709,932 |
| ₹; | 틸 21 7 | Total liabilities (Part X, line 26) | | 3,089 | 369,283 |
| | | Net assets or fund balances Subtract line 21 from line 20 | 1/9 | 5,962 | 340,649 |
| | Part II | Signature Block | | | |
| | | nalties of perjury, I declare that I have examined this return, including accompanying schedules and statem | | | nowledge and belief, it is |
| t | rue, corre | ect, and complete Declaration of preparer (other than officer) is based on all information of which preparer | has any knowledg | je | -, , , , - |
| | | Lux UUU | | | 11/16/15 |
| Si | gn | Signature of officer | | Date | • • |
| He | ere | Kristie Wriggleswroth /Deput | y Execut | tive I | Director |
| | _ | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | Date | Check | ıf PTIN |
| Pa | id | Kyle Hays Kyle Hays | 11/12 | /15 self-en | nployed P01786736 |
| Pre | eparer | Firm's name Carbonaro CPAs & Management Group | | irm's EIN | 99-0303190 |
| Us | e Only | 1885 Main St Ste 408 | ' | | |
| | - | Firm's address Wailuku, HI 96793 | , | bono c- | 808-242-5002 |
| Ma | v the IR | RS discuss this return with the preparer shown above? (see instructions) | | hone no | X Yes No |
| | | vork Reduction Act Notice, see the separate instructions | | | Form 990 (2014 |
| DA | i cabeia A | The separate manager are the separate managerons | ~ 40 | \triangle | Form 330 (2014) |

| Form 990 (2014) Pacific Whale | Foundation | 99-0207417 | Page 2 |
|---|--|---|------------------|
| Part III Statement of Program | n Service Accomplishments | | _ |
| Check if Schedule O c | ontains a response or note to a | ny line in this Part III | |
| 1 Briefly describe the organization's mis | | | |
| | | zation for protection | |
| | | ment through research | , education, |
| conservation and adv | ocacy. | | |
| 2 Did the organization undertake any sig | unificant program services during the ve | ear which were not listed on the | |
| prior Form 990 or 990-EZ? | rimount program corridos during the ye | which were not listed on the | Yes X No |
| If "Yes," describe these new services | on Schedule O | | |
| | , or make significant changes in how it | conducts, any program | |
| services? | | | Yes X No |
| If "Yes," describe these changes on S | chedule O | | |
| 4 Describe the organization's program s | ervice accomplishments for each of its | three largest program services, as measure | ed by |
| expenses Section 501(c)(3) and 501(| c)(4) organizations are required to repo | rt the amount of grants and allocations to of | hers, |
| the total expenses, and revenue, if any | y, for each program service reported | | |
| | | | |
| 4a (Code) (Expenses \$ | 631,163 including grants | | |
| | | tific research of wha | ile, dolphins, |
| porpoises and other | marine life living | in the wild. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b (Code) (Expenses \$ | 321,882 including grants | of \$) (Revenue | e \$ 119,603) |
| Pacific Whale Founda | tion is committed t | to providing meaningfu | l, enriching |
| and dynamic environm | ental learning oppo | rtunities for student | s. Our vision |
| is for children to a | rrive at adulthood | with an appreciation | of the wonders |
| of our ocean, a love | of science and lea | rning, and a true und | lerstanding of |
| the importance of co | nservation. We acco | omplish this vision th | rough the |
| education programs t | hat we offer at sea | , along the shoreline | in our |
| Discovery Center cla | | | , === 0 == |
| 4 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c (Code) (Expenses \$ | 220,335 including grants | of \$) (Revenue | e \$ \ |
| | Conservation Departm | ent is to develop and | limplement |
| effective conservati | on programs enhance | e PWF's role in the l | ocal and |
| international conser | vation communities | and to be a successf | inl advocate for |
| | | world's ocean ecosyst | |
| one protection and c | onservacion of the | World's Ocean ecosyst | .ems. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d Other program services (Describe in S | ichedule ()) | | |
| (Expenses \$ | including grants of \$ |) (Revenue \$ | • |
| 4e Total program service expenses ▶ | 1,173,380 | / (nevenue • | |
| | | | |

| | | | res | <u> NO</u> |
|----------|---|----------|--------------|----------------|
| 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 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3_ | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | , , | , |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 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 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | l |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | 37 | |
| _ | complete Schedule D, Part III | 8 | <u> </u> | |
| 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 | | | • |
| 10 | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | | |
| 11 | VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | İ |
| <u> </u> | complete Schedule D, Part VI | 11a | x | |
| ь | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | 1.0 | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | 1 |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | <u> </u> | | |
| | reported in Part X, line 169 If "Yes," complete Schedule D, Part IX | 11d | \mathbf{x} | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | Ь_ |
| 12a | • | | | |
| | Schedule D, Parts XI and XII | 12a | X | ! |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | l |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X | ├— |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | 1445 | x | |
| 15 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 14b | _ | - |
| 13 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | } | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 13 | | ^ |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | - |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | † <u></u> |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | x | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | 1 |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | | 00 | <u> </u> |

Form 990 (2014) Pacific Whale Foundation
Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|-----|-------|-----------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | <u>_x</u> |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | <u> </u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | <u> </u> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K If "No," go to line 25a | 24a | | <u> </u> |
| Ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| _ | to defease any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | - | <u> </u> |
| 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? | | l | |
| | If "Yes," complete Schedule L, Part I | 25b | | <u> </u> |
| 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 | | | 32 |
| 27 | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | 27 | | |
| 20 | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | x |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | 20a | | |
| | Schedule L, Part IV | 28b | | x |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | 200 | | |
| Ū | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| • | conservation contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | -00 | | |
| | Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | _==_ |
| | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | | | |
| | or IV, and Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | X | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | Х | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | 1 | |
| | Part VI | 37 | | _X_ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| | | F | _ 000 | |

| F | Check if Schedule O contains a response or note to any line in this Part V | | | |
|----------|--|----------|----------|----------|
| | onesk ir concedure o contains a response of note to any line in this fair v | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4 | | - | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | } | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | Ì |
| 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 83 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | 1 |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | \Box |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | х | ļ |
| b | If "Yes," enter the name of the foreign country Australia | | | \vdash |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | • | |
| | (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | x |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | x |
| С | 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 | | | T |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | x |
| 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). | | | |
| а | 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 | Х | ľ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | X |
| d | if "Yes," indicate the number of Forms 8282 filed during the year 7d | | - | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| 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? | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | L | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | <u>L</u> |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | ļ , | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 1 | |
| 11 | Section 501(c)(12) organizations. Enter |] | ļ | |
| а | Gross income from members or shareholders | | ł | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | , , | | |
| | against amounts due or received from them) | | • | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | L | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | <u> </u> | <u> </u> | <u> </u> |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans 13b | | | |
| С | Enter the amount of reserves on hand | | <u> </u> | L |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| <u> </u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | 1 | 1 |

| | 990 (2014) Pacific Whale Foundation 99-0207417 | | | age 6 |
|------------|---|----------|--------|--------------|
| Pa | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and | | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. | ee instr | uction | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | _X_ |
| <u>Sec</u> | tion 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 1a 4 | _ | | |
| | 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 1b 4 | _ | | |
| 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 | | X |
| 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 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | , | : | |
| а | The governing body? | 8a | X | [|
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C | ode.) | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| 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 | X | |
| 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 | X | Ì |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | \vdash |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | 1 |
| b | Other officers or key employees of the organization | 15b | X | |
| | 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 | X | Ì |
| 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 | X | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ HI | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | | | |
| | available for public inspection. Indicate how you made these available. Check all that apply | | | |
| | X Own website X Another's website X Upon request 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, address, and telephone number of the person who possesses the organization's books and records | | | |
| | acific Whale Foundation 300 Maalaea Road, Ste #211 | | | |
| | , | 8-85 | 6-8 | 300 |
| DAA | | | | (2014) |
| | | FOR | 550 | (2014) |

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

| (B) | related organization comp (c) | | | | | | (D) | (E) | (F) | |
|--|---|---|---|---|---|--|---|--|---|--|
| Average hours per week (list any | box | c, unle | Pos heck ss pe | ition more rson i | s both a | n | Reportable compensation from the | Reportable compensation from related organizations | Estimated amount of other compensation | |
| nours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations | |
| | | | | | | | | | | |
| | l | | | | 1 | | | | _ | |
| 0.00 | X | | X | | | _ | 0 | 0 | 0 | |
| | Į | | | ļ | | | | | | |
| | | | | | | | | | _ | |
| | X | | X | | | \dashv | | 0 | 0 | |
| | | | | | | | | | | |
| | ٦, | | 3,5 | | | | 12 666 | 20 724 | 4 475 | |
| 27.50 | ┼≏ | | ^ | | | + | 13,666 | 30,734 | 4,477 | |
| 1 00 | | | ļ | ļ | | - 1 | | | | |
| | | | v | | | | 0 | 0 | C | |
| | 1 | - | Ê | ┢ | ┝╌┼ | -+ | | | | |
| | 1 | ļ | ļ | | | | | | | |
| l . | | | x | | | | 48 689 | 76.219 | 4,800 | |
| | + | | | | ╁╌╁ | | | | | |
| | 1 | | | | | 1 | | | | |
| | | | X | | | | 3,769 | 14,979 | C | |
| | | | | | | | | | | |
| | - | | - | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | - | | - | | | | | | | |
| | Average hours per week (list any hours for related organizations below dotted | Average hours per week (list any hours for related organizations below dotted line) 1.00 0.00 X Average hours per week (list any hours for related organizations below dotted line) 1.00 0.00 X Average hours per week (list any hours for related organizations below dotted line) 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X 1.00 0.00 X X 1.00 0.00 X X 1.00 0.00 X X X 1.00 0.00 X X X 1.00 0.00 X X X 1.00 0.00 X X X 1.00 0.00 X X X X 1.00 0.00 X X X X 1.00 0.00 X X X X X X X X X X X X X X X X | Average hours per week (list any hours for related organizations below dotted line) 1.00 0.00 X X | Average hours per week (list any hours for related organizations below dotted line) 1.00 0.00 X X X X X 1.00 0.00 X X X X 1.00 0.00 X X X X X X X X X X X X X X X X | Average hours per week (list any hours for related organizations below dotted line) 1.00 0.00 X X X X X X X X X X X X X X X X X | Average hours per week (list any hours for related organizations below dotted line) 1.00 0.00 X X X X 1.00 0.00 X X X X 1.00 0.00 X X X X 1.00 0.00 X X X X 1.00 0.00 0 | Average hours per week (list any hours for related organizations below dotted line) No. 1 | |

| week b | oox, ui officer | Pos ot check nless pe and a c | rson i | is both | an | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of | | |
|---|--------------------|--|--------------|------------------------------|--------------|---|---|--|--|--|
| related organizations is | Individual trus | Office | I 🛪 | |) | the organization | related organizations (W-2/1099-MISC) | Estimated | | |
| related organizations below dotted line) | tee | | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (** 27 1838 ###06) | organization and related organizations | | |
| (12) | | | | | | | | | | |
| (13) | +- | - | | | | | | | | |
| (14) | + | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | - | | | | | | | | |
| (17) | - - | | | | | | | | | |
| (18) | | | | - | | | | | | |
| (19) | | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, Sec | ction | ı A | | 1 | > | 66,124 | | 9,277 | | |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including but not lim reportable compensation from the organization | | | se lis | sted a | abov | e) who received more than | | 9,277 | | |
| 3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedul | le J f | or su | ch in | dıvidi | lal | | | Yes No | | |
| For any individual listed on line 1a, is the sum of organization and related organizations greater th individual | an \$ | 150,0 | 00? | lf "Y∈ | es," (| complete Schedule J for su | uch | 4 X | | |
| 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes Section B. Independent Contractors | | | | | | | r individual | 5 X | | |
| Complete this table for your five highest compen compensation from the organization. Report com- | sate npen | d inde | pen for | dent the c | cont alen | dar year ending with or wit | hin the organization's tax yea | | | |
| (A) Name and business address | | | | | - | Descri | (B) ption of services | (C) Compensation | | |
| | | | | | + | | | | | |
| | _ | | | | | | | | | |
| | | | | | | | | | | |
| | | 4 | 4.1. | | | | | | | |
| Total number of independent contractors (includ received more than \$100,000 of compensation from DAA | | | | | | | 0 | Form 990 (2014 | | |

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

| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|-----|---|--|-------------|--------------|-------------|----------------------|--|---|--|
| Program Service Revenue Contributions, Gifts, Grants Program Service Revenue And Other Similar Amounts | 1a | Federated car | npaigns | 1a | | | | | | |
| er o | b | Membership d | lues | 1b | | 623,180 | | | | |
| AH, | С | Fundraising ev | vents | 1c | | | | | | |
| 等 | | Related organ | | 1d | | | | | | |
| s, C | | Government grants | | 1e | | 10,000 | | | | |
| Sis | | All other contribution | • | · · · | | | | | | |
| bei | • | and similar amounts | | 1f | | 335,914 | | | | |
| O.E. | g | Noncash contributio | ns included in lines 1a | | | | | | | |
| Spr | _ | Total. Add line | | -11 | , | _ | 969,094 | | | |
| <u>e</u> | | Total: Add III | 23 Ta-11 | | | Burn Code | 303,032 | | | |
| enn | 2a | T4 | T | | | 541700 | 119,603 | 119,603 | | |
| Şe | | | on Income | | | 611710 | 29,347 | 29,347 | | |
| 9 | b | Other I | ncome | | | 611 /10 | 29,341 | 29,341 | | |
| چ | C | | | | | | | | | |
| Š | d | | | | | | | | | |
| Jran | e | | | | | | | | | |
| ဦ | f | | am service reve | nue | | L | | | | |
| | g | Total. Add line | | | | • | 148,950 | | | T |
| | 3 | | come (including | dıvıden | ds, intere | | | | | |
| | | and other similar amounts) | | | | P | 16 | | | 16 |
| | 4 | | | roceeds 🕨 📙 | | | | | | |
| | 5 | Royalties | | | | | 1,223 | | | 1,223 |
| | | | (ı) Real | | (II) P | Personal | | | | |
| | 6a | Gross rents | | | | | | | | |
| | b | Less rental exps | | | | | | • | | |
| | C | Rental inc or (loss) | | | | | | | | |
| | d | Net rental inco | me or (loss) | | | > | | _ | | |
| | 7a | 7a Gross amount from sales of assets other than inventory (i) Securities (ii) | | Other | | | | | | |
| | | | | | 735,977 | | | | | |
| | b | Less cost or other | | | | | | | | |
| | | basis & sales exps | | | | 650,669 | | | | |
| | С | Gain or (loss) | | | | 85,308 | | | | |
| | d | Net gain or (lo | ess) | _ | | > | 85,308 | | | 85,308 |
| ø | 8a | Gross income from | om fundraising eve | ents | | | | : | | |
| n c | | (not including \$ | | | | | | | | |
| eVe | | of contributions | reported on line 1c | ;) | | Į. | | | | |
| Other Revenue | | See Part IV, line | 18 | a | | 263,709 | İ | | | |
| the | b | Less direct ex | xpenses | b[| | 195,107 | | : | | |
| 0 | С | Net income or | (loss) from fund | draising | events | > | 68,602 | | | 68,602 |
| | 9a | Gross income fr | om gaming activiti | es [| | - | | | · · · · · · · · · · · · · · · · · · · | |
| | | See Part IV, line | : 19 | a | | F | | | | |
| | b | Less direct ex | xpenses | b[| | | | | | |
| | С | Net income or | (loss) from gan | ning act | tivities | • | | | | |
| | 10a | Gross sales o | f inventory, less | Ī | • | | | | | |
| | | returns and al | lowances | a | | | | | | |
| | b | Less: cost of | goods sold | ь | | | | | • | |
| | | | Net income or (loss) from sales of inventory | | | | | · : | | |
| | | | cellaneous Revenue | | | Busn. Code | | | | |
| | 11a | | | | | | | 1 | | 1 |
| | b | | | | | | | | | |
| | c | | | | | | | | | - |
| | _ | All other revenue | | | | | | | | |
| | | | | | - | | | | | |
| | 12 | | e. See instructio | ns | | | 1,273,193 | 148,950 | 0 | 155,149 |
| | | . Owdi 16 ABIIM | o. Doo manachic | | | | | 140,550 | | 133,149 |

Form 990 (2014)

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 (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, (C) (D) Management and Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 52,458 52,458 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 686,646 595,042 91,604 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 55,518 9 Other employee benefits 9,885 45,505 128 69,405 10 Payroll taxes 63,211 6,194 Fees for services (non-employees) a Management Legal 20,930 c Accounting 1,676 19,254 d Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 53,721 53,260 461 65,752 67,409 12 Advertising and promotion 1,634 23 157,722 13 Office expenses 130,134 27,482 106 Information technology 14 15 Rovalties 182,628 16 Occupancy 134,113 42,553 5,962 17 Travel 45,691 <u>30,678</u> 6,499 8,514 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 3,177 3,177 Payments to affiliates 21 10,494 22 Depreciation, depletion, and amortization 8,811 1,683 13,032 23 Insurance 21,699 8,667 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) Vehicle Expense 26,471 26,176 212 83 Bank Fees/Credit Card Fee 8,526 b 26,008 17,482 Equipment Rental 13,254 5,975 7,279 Event Costs 8,633 8,483 150 e All other expenses 13,568 9,670 3,898 1,515,432 25 Total functional expenses. Add lines 1 through 24e 1,173,380 327,086 14,966 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720) DAA

Form 990 (2014) Pacific Whale Foundation Part X Balance Sheet

| | III A | Check if Schedule O contains a response or note | to any | line in this Part X | | | |
|-----------------------------|-------|--|--------------------------|---------------------------|--------------------------|-------------|--------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest bearing | | | 51,629 | 1_ | 78,344 |
| | 2 | Savings and temporary cash investments | | L | | 2 | |
| | 3 | Pledges and grants receivable, net | L | | 3 | | |
| | 4 | Accounts receivable, net | Ĺ | 253,970 | 4 | 309,258 | |
| | 5 | Loans and other receivables from current and former o | directors, | | | | |
| | | trustees, key employees, and highest compensated en | s. | | | | |
| | | Complete Part II of Schedule L | | | 5 | | |
| | 6 | Loans and other receivables from other disqualified per | is defined under section | | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B) | , and co | ontributing employers and | | | |
| | | sponsoring organizations of section 501(c)(9) voluntary | : | | | | |
| şţ | | organizations (see instructions) Complete Part II of Sc | L | | 6 | | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| 4 | 8 | Inventories for sale or use | | | | 8 | 180 |
| | 9 | Prepaid expenses and deferred charges | | . L | 40,479 | 9 | 14,287 |
| | 10a | Land, buildings, and equipment cost or | | | | | |
| | | other basis Complete Part VI of Schedule D | 10a | | | | |
| | b | Less accumulated depreciation | 10b | 452,322 | 704,880 | _10c | 22,103 |
| | 11 | Investments—publicly traded securities | | | 141 | 11 | 141 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 12 | | |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets See Part IV, line 11 | | | 497,952 | 15 | 285,619 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 3 | 34) | | 1,549,051 | 16 | 709,932 |
| | 17 | Accounts payable and accrued expenses | | | 640,656 | 17 | 323,341 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 16,729 | 19 | 45,842 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV | of Sche | edule D | | 21 | |
| es | 22 | Loans and other payables to current and former officer | s, dırec | tors, | | | |
| Liabilities | | trustees, key employees, highest compensated employ | /ees, ar | nd | ; | | |
| jab | | disqualified persons Complete Part II of Schedule L | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated thi | rd partie | es | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third [| parties | į | 91,714 | 24 | |
| | 25 | Other liabilities (including federal income tax, payables | to relat | ed third | | 1 | |
| | | parties, and other liabilities not included on lines 17-24 |) Comp | olete Part X | | | |
| | | of Schedule D | | | 3,990 | | 100 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 753,089 | 26 | 369,283 |
| ω. | | Organizations that follow SFAS 117 (ASC 958), che | ck here | ▶ X and | | | |
| ë | | complete lines 27 through 29, and lines 33 and 34. | | | | | |
| <u>a</u> | 27 | Unrestricted net assets | | | 795,962 | 27 | 340,649 |
| ä | 28 | Temporarily restricted net assets | | | | 28 | |
| n n | 29 | Permanently restricted net assets | | | | 29 | |
| Ē | | Organizations that do not follow SFAS 117 (ASC 95 | 8), che | ck here ▶ and | | | |
| S | | complete lines 30 through 34. | | | | | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | | <u> </u> | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or equipme | | | | 31 | |
| Ret | 32 | Retained earnings, endowment, accumulated income, | or othe | r funds | | 32 | |
| | 33 | Total net assets or fund balances | | | 795,962 | | 340,649 |
| | 34 | Total liabilities and net assets/fund balances | | | 1,549,051 | 34_ | 709,932 |

DAA

| ale Foundation | 99-0207417 | | | Pa | ge 1 2 |
|---|--|--|---|---|--|
| Net Assets | | | | | |
| contains a response or note to any | line in this Part XI | | | | |
| III, column (A), line 12) | | 1 | 1,2 | 73, | 193 |
| IX, column (A), line 25) | | 2 | 1,5 | L5, | 432 |
| t line 2 from line 1 | | 3 | -24 | 12, | 239 |
| eginning of year (must equal Part X, line | 33, column (A)) | 4 | 79 | 95, | 962 |
| investments | | 5 | -2: | 13, | 074 |
| lities | | 6 | | | |
| | | 7 | | | |
| | | 8 | | | |
| ind balances (explain in Schedule O) | | 9 | | | |
| nd of year Combine lines 3 through 9 (m | nust equal Part X, line | | | | |
| | | 10 | 34 | 40, | 649 |
| ents and Reporting | | | | | |
| contains a response or note to any | / line in this Part XII | | | | |
| | | <u> </u> | | Yes | No |
| are the Form 990 $igcap$ Cash $f X$ | Accrual Other | | | | |
| ethod of accounting from a prior year or | checked "Other," explain in | | | | |
| | | | | | |
| statements compiled or reviewed by an | independent accountant? | | 2a | | X |
| licate whether the financial statements for | or the year were compiled or | | | | |
| nsolidated basis, or both | | | | | |
| solidated basis Both consolidate | ed and separate basis | | | | |
| statements audited by an independent a | accountant? | | 2b | X | |
| licate whether the financial statements f | or the year were audited on a | | | | |
| is, or both | | | | | |
| solidated basis Both consolidate | ed and separate basis | | | | |
| organization have a committee that ass | sumes responsibility for oversight | | | | Ì |
| on of its financial statements and selecti | on of an independent accountant? | | 2c | X | |
| r its oversight process or selection proce | • | | | | |
| | | | | | |
| as the organization required to undergo a | an audit or audits as set forth in | | | | |
| rcular A-133? | | | 3a | | x |
| | organization did not undergo the | | | | |
| | • | | 3b | | |
| erg | o the required audit or audits? If the | elar A-133? The required audit or audits? If the organization did not undergo the required and describe any steps taken to undergo such audits | o the required audit or audits? If the organization did not undergo the | to the required audit or audits? If the organization did not undergo the in Schedule O and describe any steps taken to undergo such audits 3b | to the required audit or audits? If the organization did not undergo the |

SCHEDULE A . (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

Pacific Whale Foundation

Employer identification number

| ., | | | TACTITE WHAT | c roundacton | | | | /31/ | | | |
|---------|--|---|---|---|------------------------|---------------------------------------|-----------------------------------|----------------------------------|--|--|--|
| Pa | ırt l | Rease | on for Public Charity | Status (All organizations | must co | mplete | this part) See instruction | ns | | | |
| The o | orgai | nization is not | a private foundation because | e it is (For lines 1 through 11, c | heck only | one box |) | | | | |
| 1 | | A church, cor | nvention of churches, or asso | ociation of churches described i | n section | 170(b)(1 |)(A)(i). | | | | |
| 2 | | A school des | cribed in section 170(b)(1)(A | A)(ii). (Attach Schedule E) | | | | | | | |
| 3 | П | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | |
| 4 | П | A medical res | search organization operated | I in conjunction with a hospital d | lescribed | ın sectio | n 170(b)(1)(A)(iii). Enter the h | ospital's name. | | | |
| | ш | city, and state | - | , | | | | , | | | |
| 5 | | | | | | | | | | | |
| • | | - | b)(1)(A)(iv). (Complete Part | = - | | , , , , , , , , , , , , , | | | | | |
| 6 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| ′ | described in section 170(b)(1)(A)(vi). (Complete Part II) | | | | | | | | | | |
| | \Box | | , , , , , , | · | шх | | | | | | |
| 8 | H | • | | 70(b)(1)(A)(vi). (Complete Part | • | | | | | | |
| 9 | \sqcup | | |) more than 33 1/3% of its supp | | | |)\$S | | | |
| | | • | | pt functions—subject to certain | • | • | • | | | | |
| | | | • | d unrelated business taxable in | | | • | | | | |
| | | | | 0, 1975 See section 509(a)(2). | • | | , | | | | |
| 10 | \square | • | • | exclusively to test for public safe | • | | · · · · | _ | | | |
| 11 | Ш | • | • | exclusively for the benefit of, to p | | | | | | | |
| | | | | ons described in section 509(a | | | | Check | | | |
| | | | * | cribes the type of supporting org | | | • | | | | |
| а | | | | d, supervised, or controlled by i | | _ | | | | | |
| | | | * | o regularly appoint or elect a ma | ajority of t | he directo | ors or trustees of the supporting | g | | | |
| | _ | _ | You must complete Part IV | | | | | | | | |
| b | | | | ised or controlled in connection | | • • | | | | | |
| | | | • • • • • • | organization vested in the same | e persons | that cont | rol or manage the supported | | | | |
| | | organization(| s) You must complete Par | t IV, Sections A and C. | | | | | | | |
| C | | Type III func | tionally integrated. A suppo | orting organization operated in c | connection | n with, an | d functionally integrated with, | | | | |
| | _ | | • | ions) You must complete Par | - | - | | | | | |
| d | | Type III non- | functionally integrated. A | supporting organization operate | d in conn | ection wit | h its supported organization(s) | | | | |
| | | that is not fur | nctionally integrated. The org | anization generally must satisfy | a distribi | ition requ | irement and an attentiveness | | | | |
| | | requirement (| (see instructions) You must | complete Part IV, Sections A | and D, a | nd Part \ | / . | | | | |
| е | | Check this bo | ox if the organization received | d a written determination from tl | he IRS th | at it is a T | ype I, Type II, Type III | | | | |
| | | functionally in | ntegrated, or Type III non-fur | ictionally integrated supporting of | organızatı | on | | | | | |
| f | Ent | er the number | r of supported organizations | | | | | | | | |
| g | Pro | vide the follow | ving information about the su | pported organization(s) | | | | | | | |
| (ı | | e of supported | (iı) EIN | (iii) Type of organization | 1 ' ' | rganization | (v) Amount of monetary | (vi) Amount of | | | |
| | org | anization | | (described on lines 1–9 above or IRC section | listed in you docur | | support (see instructions) | other support (see instructions) | | | |
| | | | | (see instructions)) | | | indicastions, | in our dections y | | | |
| | | | | | Yes | No | | | | | |
| (A) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (B) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (C) | | | | | | | | | | | |
| <u></u> | | | | | | | | <u> </u> | | | |
| (D) | | | | | | | | | | | |
| /E\ | | | | <u> </u> | | | | | | | |
| (E) | | | | | | | | | | | |
| | | | | | - | | | · | | | |
| Tota | ı | | | | | | | | | | |
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Schedule A (Form 990 or 990-EZ) 2014 Pacific Whale Foundation 99-0207417

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | - - | |
|-------|---|-------------------------|---------------------|-----------------------|---------------------------------------|----------------|--------------|
| Caler | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 772,671 | 859,479 | 916,386 | 884,871 | 969,094 | 4,402,501 |
| 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 | 772,671 | 859,479 | 916,386 | 884,871 | 969,094 | 4,402,501 |
| 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) | | | | | | 277 |
| 6 | Public support. Subtract line 5 from line 4 | | · | | | | 4,402,224 |
| | tion B. Total Support | | | | | ——·· <u>-</u> | 4,402,224 |
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 7 | Amounts from line 4 | 772,671 | 859,479 | 916,386 | 884,871 | 969,094 | 4,402,501 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,965 | 1,173 | 1,651 | 548 | 1,239 | 7,576 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 44,038 | 109,717 | 193,483 | 161,247 | 67,602 | 576,087 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 4,986,164 |
| 12 | Gross receipts from related activities, etc | , | | | | 12 | 8,928,260 |
| 13 | First five years. If the Form 990 is for the | organization's first | second, third, fou | rth, or fifth tax yea | r as a section 501 | (c)(3) | |
| | organization, check this box and stop her | | | | | | • |
| | tion C. Computation of Public St | | | | | | |
| 14 | Public support percentage for 2014 (line 6 | | • | n (f)) | | 14 | 88.29% |
| 15 | Public support percentage from 2013 Sch | | | | | 15 | 92.82% |
| 16a | 33 1/3% support test—2014. If the organ | | | | 3 1/3% or more, c | heck this | . ••• |
| ь. | box and stop here. The organization qual 33 1/3% support test—2013. If the organ | | | - | 5 00 4/00/ | | ▶ X |
| b | check this box and stop here. The organi | | | | 5 IS 33 1/3% OF MC | ore, | . — |
| 17a | 10%-facts-and-circumstances test—20° | | | _ | a or 16h and line | 1 <i>A</i> re | |
| | 10% or more, and if the organization mee | | | | | | |
| | Part VI how the organization meets the "fa | | | | | | |
| | organization | | | 4 | размену сарр | | ▶ □ |
| b | 10%-facts-and-circumstances test—20° | 13. If the organization | on did not check a | box on line 13, 16a | a, 16b, or 17a, and | d line | - L |
| | 15 is 10% or more, and if the organization | | | | · · · · · · · · · · · · · · · · · · · | | |
| | Explain in Part VI how the organization me | eets the "facts-and- | circumstances" tes | st The organization | n qualifies as a pu | blicly | |
| | supported organization | | | - | · | | ▶ [|
| 18 | Private foundation. If the organization di | d not check a box o | n line 13, 16a, 16b | , 17a, or 17b, che | ck this box and se | е | |
| | instructions | | | | | | ▶ [|
| | | | | | | | |

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|---|---|---|----|----|
| ~ | я | а | ₽. | ٠. |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

| Seci | tion A. Public Support | tuamy under a | 10 10010 110100 1 | Joiott, piedee e | ompioto i ait ii | | |
|------|--|---------------------|----------------------|-----------------------|---------------------|---|-------------|
| | dar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | , , | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | <u> </u> | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | <u> </u> | | | | | |
| 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 | | | | | | |
| С | Add lines 7a and 7b | <u> </u> | <u> </u> | <u> </u> | | ļ | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | |
| | tion B. Total Support | r — | T | | 1 | , , , , , , , , , , , , , , , , , , , | |
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 | Amounts from line 6 | <u> </u> | ļ | | - | - | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | <u> </u> | ļ | <u> </u> | |
| 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 VI) | | | | | | , |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop her | - | st, second, third, f | ourth, or fifth tax y | ear as a section 50 |)1(c)(3) | • |
| Sec | ction C. Computation of Public S | | ntage | | | | |
| 15 | Public support percentage for 2014 (line 8 | | | mn (fl) | | 15 | % |
| 16 | Public support percentage from 2013 Sch | , ,, | • | (.,, | | 16 | % |
| Sec | ction D. Computation of Investme | | | | | | |
| 17 | Investment income percentage for 2014 (| line 10c, column (| f) divided by line 1 | 3, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2013 | Schedule A, Par | t !II, line 17 | | | 18 | % |
| 19a | 33 1/3% support tests—2014. If the orga | anization did not c | heck the box on lu | ne 14, and line 15 | is more than 33 1/ | 3%, and line | <u>-</u> |
| | 17 is not more than 33 1/3%, check this b | | | - | | • | ▶ [|
| b | | | | | | | |
| | line 18 is not more than 33 1/3%, check to | | = | 3 | | • | ▶ |
| วก | - Private temperation if the electronic di | O DOLCDACK S DOL | / COLUDA 1/ 100 4 | TIUD CHACK this | 20 200 COA ICC**** | OTIONS | |

Part IV Supporting Organizations

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

| Section A. All Supporting Organization | ns |
|--|----|
| Section A. All Supporting Organizatio | n |

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

| | | Yes | No |
|---|------|-----|----------|
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3a

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | | | | | |
|--|----------|-----------------------------|--------------------------------|--|--|--|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov | 20, 1 | 970 See instructions. All | | | | | |
| other Type III non-functionally integrated supporting organizations must complete Sections A through E | | | | | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | | | |
| 1 Net short-term capital gain | 1_ | | | | | | |
| 2 Recoveries of prior-year distributions | 2 | | | | | | |
| 3 Other gross income (see instructions) | 3 | | | | | | |
| 4 Add lines 1 through 3 | 4 | | | | | | |
| 5 Depreciation and depletion | 5 | | | | | | |
| 6 Portion of operating expenses paid or incurred for production or | | | | | | | |
| collection of gross income or for management, conservation, or | | | ļ | | | | |
| maintenance of property held for production of income (see instructions) | 6 | | | | | | |
| 7 Other expenses (see instructions) | 7 | | | | | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | | | | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | | |
| Aggregate fair market value of all non-exempt-use assets (see | | | | | | | |
| instructions for short tax year or assets held for part of year) | <u> </u> | | | | | | |
| a Average monthly value of securities | 1a | L | | | | | |
| b Average monthly cash balances | 1b | | | | | | |
| c Fair market value of other non-exempt-use assets | 1c | | | | | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | | | | | |
| e Discount claimed for blockage or other | | | | | | | |
| factors (explain in detail in Part VI) | | | | | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | | |
| 3 Subtract line 2 from line 1d | 3 | | | | | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | | | | | |
| see instructions) | 4 | | | | | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | | |
| 6 Multiply line 5 by 035 | 6 | | | | | | |
| 7 Recoveries of prior-year distributions | 7 | | | | | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | | |
| Section C - Distributable Amount | | | Current Year | | | | |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | | | |
| 2 Enter 85% of line 1 | 2 | | | | | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | | | |
| 4 Enter greater of line 2 or line 3 | 4 | | | | | | |
| 5 Income tax imposed in prior year | 5 | | | | | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | | | |
| emergency temporary reduction (see instructions) | | | | | | | |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated T | ype II | I supporting organization (| see | | | | |
| instructions) | | · · · · · · | | | | | |

Schedule A (Form 990 or 990-EZ) 2014

| chedu | le A (Form 990 or 990-EZ) 2014 Pacific Whale Fo | undation _ | 99-0207 | 417 Page 7 |
|---------------|---|------------------------|---------------------------------------|-------------------------------|
| Part | Y Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organizat | ions (continued) | |
| Section | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt pur | | | |
| 2 | | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of su | pported organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | <u> </u> |
| 6 | Other distributions (describe in Part VI) See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the organ | nization is responsive | | |
| • | (provide details in Part VI) See instructions | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | · · · · · · · · · · · · · · · · · · · | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| 10 | Line o amount divided by Line o amount | (i) | (ii) | (iii) |
| | Section E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2014 | Distributable Amount for 2014 |
| 1_ | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014 | | | |
| а | | | | |
| b | | | | |
| С | | | | |
| d | | | | |
| | From 2013 | | | |
| | Total of lines 3a through e | | | |
| _ | Applied to underdistributions of prior years | | | |
| | Applied to 2014 distributable amount | | | |
| | Carryover from 2009 not applied (see instructions) | | | |
| $\overline{}$ | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2014 from Section | | | |
| • | D, line 7 \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2014 distributable amount | | | |
| | Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2014, if | | | |
| 3 | any Subtract lines 3g and 4a from line 2 (if amount | | | |
| | · · | | 1 | |
| | greater than zero, see instructions) | | <u> </u> | |
| 6 | Remaining underdistributions for 2014 Subtract lines 3h | | ‡ | |
| | and 4b from line 1 (if amount greater than zero, see | | <u> </u> | |
| | instructions) | | ‡ | |
| 7 | Excess distributions carryover to 2015. Add lines 3j | | [| |
| | and 4c | | 1 | |
| 8_ | Breakdown of line 7 | | | |
| a | | | | |
| | | | | |

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 Pacific Whale Foundation 99-0207417 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

SCHEDULE D. (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

| Pa | acific Whale Foundation | | 99-0 | 207417 |
|----------|--|--|--------------|---------------------------------------|
| | Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" to F | | Account | s. |
| | Complete if the organization unowered Teo to t | (a) Donor advised funds | /h | Funds and other accounts |
| 4 | Total number at end of year | (a) DONO: BUYISHO TURKS | (6 | y i dies and other accounts |
| 1 | • | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| | Aggregate value at end of year | A About a state bould an along a distance of | | · · · · · · · · · · · · · · · · · · · |
| 5 | Did the organization inform all donors and donor advisors in writing tha | | | |
| _ | funds are the organization's property, subject to the organization's excl | | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in | • | | |
| | only for charitable purposes and not for the benefit of the donor or dono | or advisor, or for any other purpose | | |
| | conferring impermissible private benefit? If II Conservation Easements. | | | Yes No_ |
| ra | Complete if the organization answered "Yes" to F | orm 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 a historically imp | ortant land | d area |
| | Protection of natural habitat | Preservation of a certified histori | c structure | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conse | rvation contribution in the form of a consc | ervation | |
| | easement on the last day of the tax year | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | 2b | |
| С | Number of conservation easements on a certified historic structure inc | luded in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/ | 06, and not on a | | |
| | historic structure listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, released, ex | dinguished, or terminated by the organiza | ation during | g 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 mon | itoring, inspection, handling of | | |
| | violations, and enforcement of the conservation easements it holds? | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforce | cing 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) | (1) | |
| | and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easem | ents in its revenue and expense stateme | nt, 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 | | | |
| Pa | Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F | | Similar | Assets. |
| | | | hala: | |
| ıa | If the organization elected, as permitted under SFAS 116 (ASC 958), reverse of art, but areal transported and the samples assets held for public | · · · · · · · · · · · · · · · · · · · | | |
| | works of art, historical treasures, or other similar assets held for public | | | |
| L | public service, provide, in Part XIII, the text of the footnote to its finance. If the assentiation planted, as negligible under SEAS 116 (ASC 058), | | | |
| D | If the organization elected, as permitted under SFAS 116 (ASC 958), t | • | | |
| | works of art, historical treasures, or other similar assets held for public | exilibition, education, or research in furt | nerance 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, o | • | rovide the | |
| | following amounts required to be reported under SFAS 116 (ASC 958) | relating to these items | _ | _ |
| а | Revenue included in Form 990, Part VIII, line 1 | | • | • \$ |
| b | Assets included in Form 990, Part X | | ▶ | · \$ |

| | | whale round | | | | | 20/41/ | | | Page 2 | | |
|------------|---|-------------------------|----------------|------------------|-----------------|---------------|-----------------|-------------|-------------------|-----------------------|--|--|
| P | art III | | | | | | | | (continue | ed) | | |
| 3 | Using the organization's acquisition, access collection items (check all that apply) | sion, and other record | s, check | any of the foll | owing that ar | e a signifi | cant use of its | ; | | | | |
| а | Public exhibition | d 🗍 | Loan or | exchange prog | grams | | | | | | | |
| b | Scholarly research | e 🗍 | Other | | _ | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's | collections and explain | n how th | ey further the d | organization's | exempt p | ourpose in Pa | rt | | | | |
| | XIII | | | | | | | | | | | |
| 5 | During the year, did the organization solicit | or receive donations | of art, hi | storical treasui | res, or other s | sımılar | | | | | | |
| | assets to be sold to raise funds rather than | to be maintained as p | art of th | ne organization | 's collection? | | | | Yes | X No | | |
| P | 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 | a Is the organization an agent, trustee, custo | dian or other intermed | liary for | contributions o | r other assets | s not | | | | | | |
| | included on Form 990, Part X? | | | | | | | | Yes | No | | |
| b | o If "Yes," explain the arrangement in Part X | III and complete the fo | llowing t | table | | | | | | | | |
| | | | | | | | | | Amount | | | |
| С | Beginning balance | | | | | | 1c | | | | | |
| d | d Additions during the year | | | | | | 1d | | | | | |
| е | Distributions during the year | | | | | | 1e | | | | | |
| f | Ending balance | | | | | | 1f | | | | | |
| 2 a | a Did the organization include an amount on | Form 990, Part X, line | 21, for | escrow or cust | todial accoun | t liability? | | | Yes | No | | |
| | If "Yes," explain the arrangement in Part X | III Check here if the e | xplanati | on has been pr | rovided in Pai | rt XIII | | | | П | | |
| P | art V Endowment Funds. | | | | | | | | | | | |
| | Complete if the organization | on answered "Yes | <u>" to Fo</u> | rm 990, Par | t IV, line 10 | 0 | | | | | | |
| | | (a) Current year | (b |) Prior year | (c) Two yea | rs back | (d) Three yea | rs back | (e) Four y | ears back | | |
| 1a | Beginning of year balance | | | | | | | | | | | |
| b | Contributions | | | | | | | | | | | |
| C | Net investment earnings, gains, and | | | | | | | | | | | |
| | losses | | | | | | | | <u> </u> | | | |
| d | d Grants or scholarships | |] | | | | | | <u> </u> | | | |
| € | Other expenditures for facilities and | | | | | | | | | | | |
| | programs | | | | | | | | <u> </u> | | | |
| f | Administrative expenses | | | | | | | | | | | |
| ç | g End of year balance | | | | | | | | <u>.l</u> | | | |
| 2 | Provide the estimated percentage of the c | urrent year end balanc | e (line 1 | g, column (a)) | held as | | | | | | | |
| a | a Board designated or quasi-endowment ▶ | % | | | | | | | | | | |
| k | b Permanent endowment ► % | 6 | | | | | | | | | | |
| C | Temporarily restricted endowment ► | % | | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c sh | ould equal 100% | | | | | | | | | | |
| 3a | Are there endowment funds not in the pos | session of the organiza | ation tha | at are held and | administered | for the | | | _ | | | |
| | organization by | | | | | | | | <u>Y</u> | 'es No | | |
| | (i) unrelated organizations | | | | | | | | 3a(i) | _ | | |
| | (ii) related organizations | | | | | | | | 3a(ii) | _ | | |
| Ł | o If "Yes" to 3a(II), are the related organization | | | | | | | | 3b | | | |
| 4 | Describe in Part XIII the intended uses of | | owment | funds | | | | | | | | |
| Ρ. | art VI Land, Buildings, and Eq | | | | | _ | | | | | | |
| | Complete if the organizati | | | | | <u>1a See</u> | Form 990, | Part > | <u>(, line 10</u> | | | |
| | Description of property | (a) Cost or other | | (b) Cost or o | | | Accumulated | | (d) Book va | lue | | |
| | | (investment) | 1 | (oth | er) | de | epreciation | | | | | |
| | a Land | | | <u> </u> | 20 225 | | 400 | | | | | |
| t | b Buildings | | | ļ <u> </u> | 90,365 | | 190,13 | 4 | | 231 | | |
| (| c Leasehold improvements | | | ļ <u>-</u> | 04 0 55 | | 0.65 | | | <u></u> - | | |
| | d Equipment | | | 2 | 84,060 | | 262,18 | 8 | 2: | 1,872 | | |
| | e Other | | | <u> </u> | | | | | | | | |
| lota | al. Add lines 1a through 1e (Column (d) mus | st equal Form 990, Pai | t X, colu | ımn (B), line 10 | Oc) | | | > | 2 | 2,103 | | |
| | | | | | | | | | | | | |

| Door | 2 |
|------|---|
| Page | |

| Part VII | Investments—Other Securities. Complete if the organization answered "Yes" to | to Form 990 Part IV line 1 | I1h See Form 990 Part | X line 12 |
|---------------|--|------------------------------------|-----------------------------------|-------------|
| | (a) Description of security or category | (b) Book value | (c) Method of valua | |
| | (including name of security) | (b) Book value | Cost or end-of-year mar | |
| (4) Financial | | | | |
| (1) Financial | | | | |
| • | eld equity interests | | | |
| (3) Other | | <u> </u> | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | <u> </u> | | |
| (H) | | | | - , |
| | nn (b) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII | Investments—Program Related. | | | |
| | Complete if the organization answered "Yes" | | <u>11c. See Form 990, Part 2</u> | X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valua | |
| | | | Cost or end-of-year man | rket value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | - | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Part IX | Other Assets. Complete if the organization answered "Yes" (a) Description | to Form 990, Part IV, line | 11d See Form 990, Part | X, line 15 |
| -(4) | Sea Sport Cruises | | | |
| | Art Donation | | | 380,84 |
| (2) | | | | 104,56 |
| _(3) | Security Deposits | | | 1,51 |
| _(4) | Maitenance Agreement | | | 201 21 |
| _(5) | PWF Australia | | | -201,31 |
| _(6) | | | | |
| _(7) | | · | | |
| _(8) | | | | |
| (9) | | | | 005 61 |
| | nn (b) must equal Form 990, Part X, col (B) line 15) | | <u> </u> | 285,61 |
| Part X | Other Liabilities. Complete if the organization answered "Yes" line 25 | to Form 990, Part IV, line | 11e or 11f. See Form 990 |), Part X, |
| 1. | (a) Description of liability | (b) Book value | | |
| (1) Federa | al income taxes | | | |
| | paid Education Funds | 100 | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | (b) must sound Form 000 Part V and (D) to 200 b | 100 | | |
| | mn (b) must equal Form 990, Part X, col (B) line 25) | | | |
| | or uncertain tax positions. In Part XIII, provide the text of the | contrate to the atganization's fil | nancial statements that reports : | ine |

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information.

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Subtract line 2e from line 1

b Other (Describe in Part XIII)c Add lines 4a and 4b

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

Part X - FIN 48 Footnote

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, the organization may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. The tax benefits recognized in the financial statements from such position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon settlement. There were no unrecognized tax benefits identified or recorded as liabilities for fiscal year 2014 or 2013.

<u>4a</u> 4b

The Organization is subject to routine audits by taxing jurisdictions.

Subsequent to year end, the Organization was informed that their 2012 Form

1,515,432

1,515,432

4c

\$

reported as an expense on the audit

0

Part XIII Supplemental Information (continued)

990 was selected to be audited by the IRS. The Organization believes this audit will not reveal any significant discrepancies in their tax filings. As the audit is still in the process the Organization has determined no liability is needed. As of the date of this report the Organization has complied with all request from the IRS and has not received any correspondence since April 2015.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Fundraising cost of goods sold \$ 195,107

reported as an expense on the audit \$ 0

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Fundraising cost of goods sold \$ 195,107

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Pacific Whale Foundation

Employer identification number 99-0207417

| Part | | | I Inform | | | Ou | tside the l | Jnited States. | Complete if the organization and | |
|--------|--|--|----------------------------------|----------|--|-------|--|--|---|---|
| а | or grantma | kers . I he grai | Does the o | organiza | ation maintain rec | | | te the amount of it selection criteria u | ts grants and other sed to award the | Yes X No |
| | or grantma | | | | | 's pr | ocedures for I | monitoring the use | e of its grants and other | |
| 3 A | ctivities per | Regio | n (The fol | lowing | Part I, line 3 table | can | be duplicated | d if additional spac | ce is needed) | |
| | a) Region | | (b) Number offices in the region | of | (c) Number of employees, agents, and independent contractors in region | | (d) Activ region fundraising in gran | ities conducted in (by type) (e g , g, program services, ivestments, its to recipients d 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 |
| Eas | t Asia | and | Pacif | | | | | | | |
| (1) | | - | | 1 | | 2 | Program | Services | Research | 79,273 |
| | th Amer | cica | | 1 | | 1 | Dm = ==== | C | D | 10.010 |
| (2) | | | | 1 | | | Program | Services | Research | 46,646 |
| (3) | | - | | | | | | | | |
| (4) | | <u> </u> | | | | | | | | |
| _(5) | | | | | | | | | | |
| (6) | | ļ | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10)_ | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| 3a Sul | | _ | | 2 | <u> </u> | 3 | | | | 125,919 |
| shee | il from continuations ets to Part I | on | | | | | | | | |
| | tals (add es 3a and 3t |) | | 2 | | 3 | | | | 125,919 |

Schedule F (Form 990) 2014 Pacific Whale Foundation

Part II

99-0207417

Page 2

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

| | Part IV Inc | 15 for any recir | Jent who receiv | Part IV line 15 for any recipient who received more than \$5,000. Part II can be dublicated it additional space is needed | can be dublicated if | | | | |
|------|--------------------------|------------------------------|-----------------|---|--------------------------|--------------------|------------------------|---|--|
| (a) | (a) Name of organization | (b) IRS code section and EIN | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash | (g) Amount of non-cash | (h) Description of non-cash assistance | (I) Method of valuation (book, FMV, appraisal, |
| | | (if applicable) | | | | dispursement | assistance | | other) |
| € | | | | | | | | | |
| (2) | | | | | | | | į | |
| (5) | | | | | | | | | |
| (9) | | | | | | | | | |
| (5) | | | | | | | | | |
| (9) | | | | | | | | | |
| (2) | | + | | | | | | | |
| (8) | | | | | | | | | |
| (6) | | | | | | | | | |
| (10) | | | | | | | | | |
| (£) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (16) | | | | | | | | | |
| (16) | | | | | | | | | |
| | | | | | | | | | |

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

Schedule F (Form 990) 2014

PWF 11/12/2015 1 58 PM

| Page 3 | IV, line 16 | (h) Method of valuation | (book, FMY, appraisal, other) | | | | | | | | | | | | | | | | | | | | Schedule F (Form 990) 2014 |
|--------------------------|--|-------------------------|-------------------------------------|---------|-----|---|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|------|----|----------------------------|
| | res" on Form 990, Part | contamonal (a) | of non-cash assistance | | | | | | | | | | | | | | | | | | | | Schedule |
| | zation answered ") | (f) Amount of | assistance | | | | | | | | | | | | | | | | | | | | |
| 99-0207417 | . Complete if the organi | (e) Manner of | disbursement | | | | | | | | | | | | | | | | | | | | |
| 6 | he United States. | | (a) Amount of cash grant | | | | | | | | | : | | | | | | | | | | | |
| Pacific Whale Foundation | viduals Outside t pace is needed. | | (c) Number of recipients | | | | | | | | | | | | | | | | | | | | |
| Whale Fo | nce to Indivade | | (b) Region | | | | | | | | | | | | | | | | | | | | |
| For | - - - | | (a) Type of grant or assistance | (1) | (2) | Ç | (6) | (4) | (5) | (9) | (2) | (8) | (6) | (19) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | 78 | |

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

for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2014

Yes

Part V

Supplemental Information

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

Part I, Line 3 - Activities per Region

| Region | Expe | nditures | Investments | 3 |
|-----------------------|------|----------|-------------|---|
| East Asia and Pacific | \$ | 79,273 | \$ | 0 |
| South America | \$ | 46,646 | \$ | 0 |

SCHEDULE G. (Form 990 or 990-EZ)

Department of the Treasury

Total

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Internal Revenue Service Employer identification number Name of the organization Pacific Whale Foundation 99-0207417 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes." list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions col (i) Yes No 2 9 10

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

PWF 11/12/2015 1 58 PM Pacific Whale Foundation Schedule G (Form 990 or 990-EZ) 2014 99-0207417 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events Whale Day Whale Regatta None (add col (a) through (event type) col (c)) (event type) (total number) Revenue 167,709 92,223 259,932 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 167,709 92,223 259,932 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 21,919 7 Food and beverages 21,919 8 Entertainment 150,620 150,620 9 Other direct expenses 172,539 10 Direct expense summary Add lines 4 through 9 in column (d) 87,393 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Revenue

| | <u>than \$15,000 o</u> | n Form 990-EZ, line 6a | | | |
|-----------------|-------------------------------|--|--|------------------|--|
| Revenue | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| Re | 1 Gross revenue | | | | |
| ses | 2 Cash prizes | | | | |
| Exper | 3 Noncash prizes | | | | |
| Direct Expenses | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | Yes % | Yes No | % Yes % | |
| | | Add lines 2 through 5 in column (| | > | |
| | | e organization conducts gaming ac o conduct gaming activities in each | | | Yes No |
| | Were any of the organization' | 's gaming licenses revoked, suspe | ended or terminated during the | e tax year? | Yes No |
| | | | | Schedule G (| Form 990 or 990-EZ) 2014 |
| | | | | | |

| 00.10 | dule G (Form 990 or 990-EZ) 2014 Pacific Whale Foundation 99-02074 | 17 | Page 3 |
|-------|--|--|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity | | |
| | formed to administer charitable gaming? | Yes | ∐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | 1 | |
| a | The organization's facility | | <u>%</u> |
| | An outside facility 13b | <u>, </u> | %_ |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| | Name ▶ | | |
| | Address ► | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | □ v | □ M. |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the | Yes | ∐ No |
| ~ | amount of gaming revenue retained by the third party \$\Bigs\\$ | | |
| С | If "Yes," enter name and address of the third party | | |
| | Name ▶ | | |
| | Address ▶ | | |
| 16 | Gaming manager information | | |
| | Name ▶ | | |
| | Gaming manager compensation ▶ \$ | | |
| | Description of services provided ▶ | | |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatory distributions | | |
| | | | |
| _ | retain the state gaming license? | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or | | |
| | spent in the organization's own exempt activities during the tax year ▶ \$ | | |
| Pai | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information instructions) | | |

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

Pacific Whale Foundation

Employer identification number 99-0207417

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

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

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

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

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

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

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

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available upon request at the office.

| ne of the o [†] ganization | Employer ident | ufication number |
|--|----------------|------------------|
| Pacific Whale Foundation | 99-020 | 07417 |
| | | |
| Form 990, Part XI, Line 9 - Reconciliation of Change | s - Other | |
| Fundraising cost of goods sold | \$ | 195,107 |
| reported as an expense on the audit | \$ | 0 |
| Fundraising cost of goods sold | \$ | -195,107 |
| | | |

PWF 11/12/2015 1 58 PM

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

Open to Public Inspection 2014 OMB No 1545-0047

Employer identification number "

Direct controlling entity ε Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. 99-0207417 (e) End-of-year assets Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity Pacific Whale Foundation (a) Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part I Part II £ 8 ල **3** 3

Section 512(b)(13) controlled entity? (f) Direct controlling (e)
Public charity status
(if section 501(c)(3)) (d) Exempt Code section (c) Legal domicile (state or foreign country) (b) Primary activity (a)Name, address, and EIN of related organization £ 3 <u>₹</u> 2 9

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

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

Page 2

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Pacific Whale Foundation

Schedule R (Form 990) 2014 (k) Percentage (i) Section 512(b)(13) controlled entity? £ ownership × × Yes managing partner? General or Yes 4,327,060 100.000000 88,864 100.000000 Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Percentage ownership Ξ amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) end-of-year assets (g) Share of (h)
Disproportionate
alloc ? Yes No Share of end-ofyear assets Share of total Share of total (C corp, S corp, income Type of entity or trust) υ υ Predominant income (related, unrelated, excluded from tax under sections 512-514) (d) Direct controlling entity (d) Direct controlling (c) Legal domicile foreign country) (state or H AS (c) Legal domicile state or foreign country) Education Education Primary activity Primary activity ê HI 96793 (2) PWF Eco Adventures Australia Name, address, and EIN of related organization Level 16 175 Eagle Street Ste 211 AS Name, address, and EIN of (1)SeaSport Cruises, Inc. related organization 300 Maalaea Road, 99-0191430 Brisbane Wailuku Part IV Part Ⅲ A € |ੴ ₹ <u>|</u>ල 3 3

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Yes

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19 4

Pacific Whale Foundation

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

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- - b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
 - i Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)

- s. Other transfer of cash or property from related organization(s)

| on thresholds | (p) |
|--|-----|
| elationships and transacti | (5) |
| line, including covered re | (q) |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this | (a) |

| | (a) Name of related organization | Transaction type (a-s) | Amount involved | Method of determining amount involved |
|-----|----------------------------------|------------------------|-----------------|---------------------------------------|
| (5) | PWF Australia, Inc. | च | 309,258 | 309,258 Accrual |
| (2) | Sea Sport Cruises, Inc. | u | 162,957 | Accrual |
| (3) | Sea Sport Cruises, Inc. | a | 144,863 | 144,863 Accrual |
| (4) | Sea Sport Cruises, Inc. | 0 | 242,861 | 242,861 Accrual |
| (5) | | | | |
| | | | | |

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Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014 Pacific Whale Foundation

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| | domicite (state or foreign | income (related, unrelated, excluded from tax under | section 501(c)(3) | ers Share of total income | Share of end-of-year assets | Usproportionate allocations? | onate Code V—UBI soft amount in box 20 of Schedule K-1 (Form 1065) | managing partner? | ownership |
|------|--------------------------------------|---|-------------------|---------------------------|-----------------------------|------------------------------|---|--------------------------|-----------|
| 1 | country) | sections 512-514) | Yes | | | Yes | ON. | Yes | |
| | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | , | | | | |
| (4) | | | | | | | - | | |
| (5) | | | | | | | | | |
| (9) | | | | | | | | | |
| (2) | | | | | | | | | |
| (8) | | | | | | | | | |
| (6) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |

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Part VII Supplemental Information

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