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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_ 2015 Open to Public Inspection

Α	For the 2015	alendar year, or tax year beginning , and ending		
	Check if applicable	C Name of organization D Er	mployer	r identification number
∐'	Address change	Pacific Whale Foundation	0 - 0'	207417
1	Name change			20/41/ e number
	Initial return	300 Maalaea Road, Suite 211	<u> </u>	249-8811
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code		
$\overline{}$	Amended return		ross rece	eipts\$ 1,205,02
H		F Name and address of principal officer H(a) Is this a group ret	turn for s	ubordinates Yes X N
LJ′	Application pending	Gregory D. Kaulman		
		300 Maalaea Road, Suite 211 H(b) Are all subordina		(see instructions)
_		Martura mr 30733	,11 & 113t	(See Instructions)
_	Tax-exempt status Website. ▶ V	· • · · · · · · · · · · · · · · · · · ·		
	Form of organization			M State of legal domicite H
		Immary	<u>~</u>	M State of regal domicie ts
••		escribe the organization's mission or most significant activities		
ခွ		be the people's environmental organization for protection of	the	world's
au		es, dolphins and the marine environment through research, ed		
Activities & Governance		ervation and advocacy		
Š	2 Check th	is box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets	s	
8		of voting members of the governing body (Part VI, line 1a)	3	4
ies	4 Number	of independent voting members of the governing body (Part VI, line 1b)	4	4
ivit	5 Total nu	nber of individuals employed in calendar year 2015 (Part V, line 2a)	5	73
Act	6 Total nui	nber of volunteers (estimate if necessary)	6	400
	7a Total uni	elated business revenue from Part VIII, column (C), line 12	7 <u>a</u>	
_	b Net unre	lated business taxable income from Form 990-T, line 34	7b	
	9 Contribu	tions and grants (Part VIII, line 1h)	194	Current Year 975 , 603
Revenue		tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) 148, 9		67,33
ver	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		01,33.
S		venue (Part VIII, column (A), lines 5, 4, and 70) 69 , 8		-38,81
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,004,12
\neg		nd similar amounts paid (Part IX, column (A), lines 1–3)		(
		paid to or for members (Part IX, column (A), line 4)	$\neg \uparrow$	
S	15 Salaries	other compensation, employee benefits (Part-IX-column (A), lines 5–10)	27	843,77
nse	16aProfessi	onal fundraising fees (Part IX) column (A) une 11e D		
ep		draising expenses (Part IX, column (D), line 25)		***
Ω į	17 Other ex	penses (Part IX, column (A), lines 1 140 1/1 d2 13f−2 d46 Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	105	550,454
	18 Total exp	enses Add lines 13–17 (must equal Part IX, column (A), life 25)		1,394,22
	19 Revenue	less expenses Subtract line 18 from line 12		-390,09
Net Assets or Fund Balances	00 = 4.1			End of Year 988, 193
Asse Bala	20 Total ass			852,29
te d	21 10(a) (lat	illities (Part X, line 26) ts or fund balances Subtract line 21 from line 20 369, 2 340, 6		135,900
		gnature Block	<u> </u>	
		perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	et of m	v knowledge and helief it i
		omplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		/ /
		Vinn. Maro Dunlan.	7	1/7/2016
Sig	ın 🖊 🥫	ignerate of officer	Date	7 /
He		Ann Marie Quinlan Controller		<i>,</i> .
	7 i	ype or print name and title		
	1	e preparer's name Preparer's signature Date	Check	ıf PTIN
Paid	Kyre		self-em	
	parer Firm's na		EIN 🕨	99-0303190
Use	Only	1885 Main St Ste 408		000 040 500
	Firm's ac		no	808-242-500
		ss this return with the preparer shown above? (see instructions)		X Yes No
For DAA	Paperwork Red	uction Act Notice, see the separate instructions.		Form 990 (201

Form 990 (201	Dacific	Whale Fo	oundation	99-0207417	Page 2
Part III	Statement of I	Program Ser	vice Accomplishment	S	
			ns a response or note to	o any line in this Part III	
	scribe the organiza		monmontal area	nightion for protoct	ion of the worldin
				nization for protect onment through resea	
	vation and			ommente enrough resea.	ion, caucación,
			<u> </u>		
		ke any significar	nt program services during th	e year which were not listed on the	
•	n 990 or 990-EZ?	Cab			Yes X No
•	describe these new		nedule O ake significant changes in ho	wit conducts, any program	
services?	_	oridacting, or m	are significant changes in no	w it conducts, any program	Yes X No
If "Yes," o	describe these char	ges on Schedul	le O		
4 Describe	the organization's p	rogram service	accomplishments for each o	f its three largest program services, as me	asured by
				eport the amount of grants and allocations	to others,
the total of	expenses, and reve	nue, if any, for e	each program service reporter	d.	
4a (Code) (Expense	es \$	664,623 including gra	unts of \$) (Re	venue \$
•	, , ,			entific research of	
porpoi	ses and o	ther mar	ine life livin	g in the wild.	
- ~				•	
and dy is for of our the imeducat	namic env children cocean, a portance ion progr	oundation ironment to arrius love of conseams that	al learning op ve at adulthood science and l rvation. We ac we offer at s	ents of \$) (Real to providing meaning portunities for study and with an appreciation earning, and a true ecomplish this vision sea, along the shorel at local schools.	ents. Our vision on of the wonders understanding of through the
4c (Code:) (Expense		70,420 including gra	ents of \$) (Retained the state of \$) (Retained	evenue \$
effect intern	ive conse	rvation onservat	programs, enha	ance PWF's role in the state of	e local and ssful advocate for
-	ogram services (Des				
(Expense			cluding grants of \$) (Revenue \$	
4e Total pro	gram service expen	ses ▶	911,143		Form 990 (2015
1164					Form 272911 (2015

	_		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		.	
2	complete Schedule A	1 2	X	x
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	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	- 1	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			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		$\neg \neg$	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		$\neg \uparrow$	
	complete Schedule D, Part III	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	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,		· .	\$5.
	VII, VIII, IX, or X as applicable.	1		TAN Design
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	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	ľ	l	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	 -	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	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			v
4	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	,_		v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	.		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	46		v
	If "Yes," complete Schedule G, Part III	19		X

P	art IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
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		1	l
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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,	100	/ <u>(</u> ()	1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1 32	·~
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? 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,		1	<u></u>
	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		ì	.,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	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		35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		l	
	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	X	
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		1	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

1a b c	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part \ Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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	1a 1b	4 0		Yes	No			
b c	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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	1a			Yes	No			
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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.				Yes	No			
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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.				1	1			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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	10	<u> </u>	⊣ .~:	t i	l			
_	reportable gaming (gambling) winnings to prize winners? 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	ı		1 7	-				
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	ı		1c		1 1			
La	Statements, filed for the calendar year ending with or within the year covered by this return]	ļ					
	·	2a	73	ľ					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu								
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				, /				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a	Ī	x			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ity						
	over, a financial account in a foreign country (such as a bank account, securities account, or other fi	nancial							
	account)?			4a	X				
b	If "Yes," enter the name of the foreign country ▶ Australia					1 . 1			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nts			` .			
	(FBAR)			100	7	¥ /			
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	ction?		5b	<u> </u>	X			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		 			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he		6-		~			
	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 contribute	ons or		6ь					
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170/s)				1.55	ļ			
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	annde							
а	and services provided to the payor?	goods		7a	[x			
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as							
	required to file Form 8282?			7c		x			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7,	 	1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contrac	t?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf	ract?		7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	99 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		<u> </u>			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ed by t	he	K.	•	1 .			
	sponsoring organization have excess business holdings at any time during the year?			8	ļ	ļ			
9	Sponsoring organizations maintaining donor advised funds.			1	ŀ	1			
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	<u> </u>	ļ			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	 	ļ			
10	Section 501(c)(7) organizations. Enter	1	1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u></u>	\dashv	I				
11	Section 501(c)(12) organizations. Enter	11a	I						
a	Gross income from members or shareholders	114				1			
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b			1				
120	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For			12a	Ť	1			
12a		12b		120	 	1			
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	J	_					
	Is the organization licensed to issue qualified health plans in more than one state?			13a	Ť	1			
а	Note. See the instructions for additional information the organization must report on Schedule O.			1.00	1	1			
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		`	1				
С	Enter the amount of reserves on hand	13c		\neg	1				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		,	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b					

Form 990 (2015) Pacific Whale Foundation

WHATE FOUNDACTON	33-0207417	
Management, and Disclosure For each	ch "Yes" response to lines 2 through 7b below, an	id for a "No
a 8a 8h or 10h halow describe the circums	estances, processes, or changes in Schedule O. S	See instructi

art VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "r	10
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru	ctions
	Check if Schedule O contains a response or note to any line in this Part VI	X
41 4	O I D I IM	

Sec	tion A. Governing Body and Management					
			_	h	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			1/1	Ý. A	٤,
	if the governing body delegated broad authority to an executive committee or similar	}			7 4	,
	committee, explain in Schedule O			· .	11.1	,
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				44	'
	any other officer, director, trustee, or key employee?			2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3_		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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following:	(7)		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at]	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal F	<u>Revenue C</u>	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	<u> </u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	orm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				•	١.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	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	
14	Did the organization have a written document retention and destruction policy?			14	X	ļ <u>.</u>
15	Did the process for determining compensation of the following persons include a review and approval by				1	
	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	L
b	Other officers or key employees of the organization			15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				İ	
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
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				Į.,	
	organization's exempt status with respect to such arrangements?			16b]
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 5	01(c)(3	B)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 inter	est po	licy, and			
	financial statements available to the public during the tax year					

State the name, address, and telephone number of the person who possesses the organization's books and records Pacific Whale Foundation 300 Maalaea Road, Ste #211

Wailuku

HI 96793

808-856-8309

orm 990 (2015) Pacific 1	Whale	Foundation
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99-0207417

Párt VII	Compensation of Officers, I	Directors, Trustees,	Key Employees, High	est Compensated Employ	ees, and
	Independent Contractors				

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

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

(A) Name and Title	(B) Average hours per week (list any	bo. off	x, unle icer a	Pos check ess pe nd a d	rson ı	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Carole Carlson										
	1.00									
Vice Chairperson	0.00	X		X				o	0	(
(2) Paul Forestell										
•	1.00									
Co-Chairperson	0.00	X		x				ol	o	(
(3) Josephine Maland		 			-				<u> </u>	
(0,0000	1.00									
Secretary/Treasurer	0.00	x		x				o	o	(
(4) Mark Orams	0.00	122		^		-	_	0	<u> </u>	
(4) Mark Orano	1.00									
Co-Chairperson	0.00	x		x				o	o	(
(5) Gregory D. Kaufi	nan									
	16.00									
Executive Director	24.00			X				71,958	147,458	33,560
(6) Ann Marie Quinla								,		
	8.00			ĺ						
Controller	32.00			X				12,863	51,296	4,447
(7)										
(8)										
(9)										
(10)							-			
(11)										
(11)										Form 990

Par	* VII Section A. Officer	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			
4	(A) Name and title	(B) Average hours per week (list any	Average Position hours per (do not check more than or week box, unless person is both officer and a director/truste					an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Estimated amount of other compensation		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations		
1b	Sub-total	<u> </u>						•	84,821	198,754	38,007		
	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Secti	ion A	4			>	84,821	198,754	38,007		
2	Total number of individuals (in reportable compensation from			_	thos	e lis	sted a	abov	ve) who received more than	\$100,000 of			
3	Did the organization list any f employee on line 1a? If "Yes, For any individual listed on lir organization and related organ	" complete Sche ne 1a, is the sum	dule of re	J for	suc able	h ind	dıvidi 1pen:	ual satio	on and other compensation	from the	yes No 3 X		
5 Secti	individual Did any person listed on line for services rendered to the confidence on B. Independent Contract	rganization? If "								r ındıvıdual	5 X		
1	Complete this table for your f compensation from the organ	ization Report o	ensa omp	ited ensa	inde ition	pend for t	dent o	cont alen	dar year ending with or with	nin the organization's tax ye	ear.		
	Name an	(A) d business address						\vdash	Descrip	(B) of services	(C) Compensation		
								H					
2	Total number of independent received more than \$100,000	contractors (incl	uding n fror	but n the	not e org	limit	ted to	tho	ose listed above) who	0			
DAA											Form 990 (2015)		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (C) Unrelated exempt function business excluded from tax under sections revenue 512-514 Federated campaigns 1a 614,941 b Membership dues 1b c Fundraising events 94,018 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants and similar amounts not included above 266,644 g Noncash contributions included in lines 1a-1f 975,603 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 611710 67,339 67,339 2a Education Income f All other program service revenue 79 g g Total. Add lines 2a-2f 67,339 investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 609 609 (i) Real (ii) Personal 6a Gross rents Less rental exps c Rental inc or (loss) Þ d Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue 94,018 (not including \$ of contributions reported on line 1c) 161,244 See Part IV, line 18 200,891 b Less direct expenses b -39,647 c Net income or (loss) from fundraising events -39,647 9a Gross income from gaming activities See Part IV, line 19 ь **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a 225 225 Other Income b d All other revenue 225 Total. Add lines 11a-11d 1,004,129 67,564 0 -39,038 Total revenue. See instructions

DAA

Form **990** (2015)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) (A) (C) Do not include amounts reported on lines 6b, Total expenses Management and Fundraising 7b. 8b. 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part (V. line 21 Grants and other assistance to domestic 4 individuals See Part IV, line 22 Grants and other assistance to foreign 绵 organizations, foreign governments, and foreign Ŕ individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 84,821 51,017 33,804 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 581,342 349,654 231,688 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 54,529 59,477 114,006 Other employee benefits 43,394 20,208 63,602 10 Payroll taxes Fees for services (non-employees): Management Legal b 28,415 17,355 11,060 Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 28,165 67,346 28,030 135 (A) amount, list line 11g expenses on Schedule O) 67,346 12 Advertising and promotion 75,914 13,877 89,791 13 Office expenses 34,422 37,565 3,143 Information technology 14 15 Royalties 175,917 112,983 62,934 16 Occupancy 19,797 6,157 13,640 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 735 735 20 Interest 21 Payments to affiliates 9,990 3,272 13,262 22 Depreciation, depletion, and amortization 28,963 11,257 17,706 23 Insurance Other expenses Itemize expenses not covered 24 ź above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column 3 (A) amount, list line 24e expenses on Schedule O) Bank Fees/Credit Card Fee 25,456 20,509 4,947 4,874 3,530 8,404 Maintenance 8,065 Vehicle Expense 8,065 2,610 3,448 Equipment Rental 6,058 12,199 316 12,515 All other expenses 911,143 483,082 0 1,394,225 Total functional expenses. Add lines 1 through 24e 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)

∞Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 82,759 78,344 Cash-non-interest bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 309,258 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary *:.* 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 3,794 180 8 Inventories for sale or use 14,287 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 519,188 other basis Complete Part VI of Schedule D 10a 22,103 465,584 53,604 10b 10c b Less accumulated depreciation 141 11 141 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 Investments—program-related See Part IV, line 11 13 13 14 14 Intangible assets 470,966 285,619 15 15 Other assets See Part IV, line 11 988,191 709,932 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 822,566 323,341 17 Accounts payable and accrued expenses 17 18 18 Grants payable 45,842 29,625 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 100 of Schedule D 369,283 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. 135,<u>900</u> 340,649 27 Unrestricted net assets 28 28 Temporarily restricted net assets Net Assets or Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 340,649 33 135,900 33 Total net assets or fund balances 709,932 988,191 Total liabilities and net assets/fund balances

		99-0207417		Paç	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this F	Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		04,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		94,	
3	Revenue less expenses Subtract line 2 from line 1	_3	_ 3	90,0	<u> </u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A	.))		40,	
5	Net unrealized gains (losses) on investments	5	1	.85,:	347
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Par	t X, line			
	33, column (B))	10	1	.35,	900
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this F	Part XII			
		-		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual	Other			
	If the organization changed its method of accounting from a prior year or checked "Othe	er," explain in			
	Schedule O.		18		2
2a	Were the organization's financial statements compiled or reviewed by an independent a	accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year we		^		1,,
	reviewed on a separate basis, consolidated basis, or both		1/2		2.
	Separate basis Consolidated basis Both consolidated and separat	te basis		· `	18%
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year we	re audited on a	3 4 .		,
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate	te basis	\frac{1}{2} \cdot \]	13	200
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respons	ability for oversight			
	of the audit, review, or compilation of its financial statements and selection of an indep	endent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the	tax year, explain in			,
	Schedule O		:		
За	As a result of a federal award, was the organization required to undergo an audit or aud	lits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization di	d not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to un		3b		
			Fo	orm 99 ((2015)

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.

2015
Open to Public Inspection

Name of the organization

Pacific Whale Foundation

Employer identification number 9.9 - 0.207417

			Pacific What	e roundation			99-020	/41/
P	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part) See instruction	ns
Γhe	organ	nization is not	a private foundation becaus	se it is (For lines 1 through 11, c	heck only	one box.	.)	
1		A church, cor	nvention of churches, or ass	sociation of churches described i	n section	170(b)(1)(A)(i).	
2		A school des	cribed in section 170(b)(1)((A)(ii). (Attach Schedule E (Form	990 or 9	90-EZ))		
3		A hospital or	a cooperative hospital servi	ce organization described in sec	tion 170	b)(1)(A)(i	iii).	
4		A medical res	search organization operate	d in conjunction with a hospital o	lescribed	ın sectio	n 170(b)(1)(A)(iii). Enter the he	ospital's name,
		city, and state	е					
5		An organizati	on operated for the benefit	of a college or university owned	or operate	ed by a go	overnmental unit described in	
		section 170(b)(1)(A)(iv). (Complete Part II.)						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	X		•	substantial part of its support fro			• • •	
	ш	•	section 170(b)(1)(A)(vi). (C	, , , , , , , , , , , , , , , , , , , ,	= 3		2 2	
8				170(b)(1)(A)(vi). (Complete Part	шх			
9	Ħ			1) more than 33 1/3% of its supp		contributio	ons membership fees and gro	iss
Ŭ		•	,	npt functions—subject to certain				.00
				nd unrelated business taxable in				
			-	80, 1975 See section 509(a)(2).	•			
10				exclusively to test for public safe				
11	H			exclusively for the benefit of, to				eas of
''	Ш			tions described in section 509(a				
				cribes the type of supporting org				Oncok
_								
а			·	ed, supervised, or controlled by to to regularly appoint or elect a ma				n
			• • • • •		ajonty or t	ne unecu	ors or trustees or the supporting	9
L		-	You must complete Part I		with ite e	unnortod	organization(s), by baying	
b	Ш			vised or controlled in connection i organization vested in the same				
			s). You must complete Pa		e persons	ulat Will	nor or manage the supported	
_	ГП			oorting organization operated in o	connection	nwath an	d functionally integrated with	
С	نــا			ctions) You must complete Par				
d				supporting organization operate				
u		-		ganization generally must satisfy				
				st complete Part IV, Sections A				
е				ed a written determination from t				
٠	L		•	nctionally integrated supporting			ype i, Type ii, Type iii	
f	Ent	•	of supported organizations		organizati	OII.		
a			ving information about the s					
Ů		e of supported	(n) EIN	(III) Type of organization	(IV) is the c	rganization	(v) Amount of monetary	(vi) Amount of
		anization	(,	(described on lines 1–9	listed in you		support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
				}	Yes	No		
(A)								
. ,				1		l '		
(B)								
(C)					}	}		
(D)								
(E)					-	 		
(E)								
			m non cynconn - mana		,			
Tot	al		`					

Page 2

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	859,479	916,386	884,871	969,094	975,603	4,605,433
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	859,479	916,386	884,871	969,094	975,603	4,605,433
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)				in the second se		
6	Public support. Subtract line 5 from line 4					17 372	4,605,433
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	859,479	916,386	884,871	969,094	975,603	4,605,433
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,173	1,651	548	1,239	609	5,220
9	Net income from unrelated business activities, whether or not the business is regularly carried on	109,717	193,483	161,247	67,602		532,049
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		<u> </u>	(()			5,142,702
12	Gross receipts from related activities, etc.	(see instructions)				12	6,403,599
13	First five years. If the Form 990 is for the	organization's first	, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	r -
	organization, check this box and stop her						•
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2015 (line 6			ın (f))		14	89.55%
15	Public support percentage from 2014 Sch					15	88.29%
16a	33 1/3% support test—2015. If the organ				33 1/3% or more,	check this	▶ ▼
	box and stop here . The organization qual				15 22 4/20/		ightharpoons
þ	33 1/3% support test—2014. If the organ				15 15 33 1/376 01 11	iore,	▶ □
47.	check this box and stop here. The organi	•		_	So or 16h and lin	0.14 (6	
174	10%-facts-and-circumstances test—20° 10% or more, and if the organization mee	-					
	Part VI how the organization meets the "fa						
	organization	acts-and-circumstar	noes test the or	gamzation qualific	s as a publicity sup	ported	▶ [
b	10%-facts-and-circumstances test—20°	14. If the organization	on did not check a	hox on line 13 16	na 16b or 17a ar	nd line	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me						
	supported organization	and and		organizati	чашинее че и р	··· - ··•	▶ □
18	Private foundation. If the organization di	d not check a box o	on line 13. 16a. 16	b, 17a, or 17b. ch	eck this box and s	ee	. [_
. •	instructions			_,,,			▶ □
					·		

Р	an	6	3

Schedule A (Form 990 or 990-EZ) 2015 Pacific Whale Foundation
Part III Support Schedule for Organizations Described in Section

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.)

Sac	tion A. Public Support	qua) ai.aa		,	ompioto i di citi		
	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	(a) 2011	(6) 2012	(c) 2013	(d) 2014	(e) 2013	(i) rotai
2	grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		,				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			89 8 A			
8	Public support. (Subtract line 7c from line 6)	~ \$ ^^ / / ·				46.77	
Sec	tion B. Total Support	<u> </u>	35655	<u> </u>	<u> 1. (48,76 m. – 72 d.</u>	S Sicci	
	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(a) 2011	(6) 2012	(6) 2013	(d) 2014	(6) 2010	(i) Total
-					-		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)			<u> </u>	I		
14	First five years. If the Form 990 is for the organization, check this box and stop her	e		urth, or fifth tax ye 	ar as a section 501 	(c)(3))
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2015 (line 8		•	ın (f))		15	%
16	Public support percentage from 2014 Sch					16	%
	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2015 (I			i, column (f))		17	<u>%</u>
18	Investment income percentage from 2014					18_	
19a	33 1/3% support tests—2015. If the orga						. —
	17 is not more than 33 1/3%, check this be	="	-				▶ []
b	33 1/3% support tests—2014. If the orga line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization did	-	-			-	ĎĦ
	- 1.1.2.2 Tourisday in it did digamentori di	oon a box		D, CO.K G.IO D.	2		0 or 000 E7) 2015

Part IV

Supporting Organizations

(Complete only if you checked a box in line 11 on 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 Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a 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.
- c 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
- 4a 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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)

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orn	n 990	or 990-	EZ) 2015

99-0207417 Schedule A (Form 990 or 990-EZ) 2015 Pacific Whale Foundation Page 5 Supporting Organizations (continued) No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? 11b b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): а The organization satisfied the Activities Test Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions). C 2 Activities Test Answer (a) and (b) below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	,		
7 Check here if the current year is the organization's first as a non-functiona	illy-integrated Type	III supporting o	irganization (see	
7 Check here if the current year is the organization's first as a non-functiona instructions)	illy-integrated Type	III supporting o	organization (see	

2

3

1

Enter 85% of line 1

Minimum asset amount for prior year (from Section B, line 8, Column A)

	Type III Non-Functionally Integrated 509(a)(3) S		tions (continued)	TI Fage /
	ion D · Distributions	supporting Organiza	tions (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos			Current real
2	Amounts paid to perform activity that directly furthers exempt purposes			
-	organizations, in excess of income from activity	or supported		
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets	orted organizations		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
 -	Distributions to attentive supported organizations to which the organizations	tion is responsive		
·	(provide details in Part VI). See instructions	don is responsive		li di
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Line o amount divided by Line 3 amount	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	dection E - Distribution Allocations (See Mistractions)	LACESS DISTINUTIONS	Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	2 3 2 2 2	F16-2013	Amount for 2015
2	Underdistributions, if any, for years prior to 2015			· · · · · · · · · · · · · · · · · · ·
-	(reasonable cause required-see instructions)	13% (3 d d d d d		
3	Excess distributions carryover, if any, to 2015			Announce announce anning
a	Exocos distributions carryover, if arry, to 2010	3.4° 2.8° 36.5	28 2 A	30.0
<u>c</u>		rai religit relia e Sarai	77 30 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	From 2013			**************************************
	From 2014	X	, // // // // // // // // // // // // //	77.7
	Total of lines 3a through e		a yanya ay iaan dan i'aa	
	Applied to underdistributions of prior years	W 188 (31)	<u> </u>	77 78 7 XX 7
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)		,	
	Remainder Subtract lines 3g, 3h, and 3i from 3f.	i		
4	Distributions for 2015 from Section	7 , 7,		W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	D, line 7. \$			
a	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·	 	
	Applied to 2015 distributable amount	***************************************	5	<u>.</u>
	Remainder Subtract lines 4a and 4b from 4.		· /	x / / /
5	Remaining underdistributions for years prior to 2015, if			3 3 2 2 2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	any Subtract lines 3g and 4a from line 2 (if amount	\ \ \		1 1
	greater than zero, see instructions)			100
6	Remaining underdistributions for 2015 Subtract lines 3h	` .		
	and 4b from line 1 (if amount greater than zero, see	52		
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3		······································	· · · · · · · · · · · · · · · · · · ·
	and 4c			
8	Breakdown of line 7		· · · · · · · · · · · · · · · · · · ·	<u> </u>
a	, , , ,	5.		
b	——————————————————————————————————————	,	***************************************	·
	Excess from 2013	2		
	Excess from 2014	, , , , , , , , , , , , , , , , , , ,	***************************************	The state of the s
	Evenes from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

Schedule A (Form 990 or 990-EZ) 2015 Pacific Whale Foundation

99-0207417

Page 8

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public inspection

Name of the organization

Employer identification number

P	acific Whale Foundation		99-0207417
Pş	Organizations Maintaining Donor Adv Complete if the organization answered "	vised Funds or Other Similar Funds o 'Yes" on Form 990, Part IV, line 6.	or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	-	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
	funds are the organization's property, subject to the organiz	cation's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the do	onor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the organization answered "	'Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organiza	ation (check all that apply)	
	Preservation of land for public use (e.g., recreation or en		mportant land area
	Protection of natural habitat	Preservation of a certified hist	toric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form of a co	nservation
	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 st	tructure included in (a)	2c
d	(c) 2042.	d after 8/17/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the organ	ization during the
	tax year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		п п
_	violations, and enforcement of the conservation easements		Ŭ Yes ☑ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing conservation ea	sements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h)(4)(l	B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva	•	
	balance sheet, and include, if applicable, the text of the foot	tnote to the organization's financial statements tha	at describes the
n -	organization's accounting for conservation easements		on Olive Harris Annual Co
Pa	Organizations Maintaining Collection Complete if the organization answered "	ns of Art, Historical Treasures, or Other Yes" on Form 990, Part IV, line 8	er Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue statement ai	nd balance sheet
	works of art, historical treasures, or other similar assets held	d for public exhibition, education, or research in fu	urtherance of
	public service, provide, in Part XIII, the text of the footnote to	to its financial statements that describes these iter	ms.
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statement and b	palance sheet
	works of art, historical treasures, or other similar assets held	d for public exhibition, education, or research in fu	urtherance of
	public service, provide the following amounts relating to the	se items.	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financial gain,	provide the
	following amounts required to be reported under SFAS 116	(ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
h	Assets included in Form 990 Part V		▶ •

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		190,365	190,134	231
c Leasehold improvements				
d Equipment		299,850	272,090	27,760
e Other		28,973	3,360	25,613
Total. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X, colu	mn (B), line 10c)		53,604

	Investments—Other Securities.	a Farm 000 Part IV Inc	44b Oct Francisco Dec	1 age (
	Complete if the organization answered "Yes" o			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(4) Francisco de			Cost of end-of-year in	arket value
(1) Financial de				
	d equity interests			
(3) Other				
(A)				· · · · · · · · · · · · · · · · · · ·
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)			· · · · · · · · · · · · · · · · · · ·	
	(b) must equal Form 990, Part X, col (B) line 12.) ▶			
	Investments—Program Related.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	<u>e 11c See Form 990, Par</u>	t X, line 13
	(a) Description of investment	(b) Book value	(c) Method of val	uation
-			Cost or end-of-year m	arket value
_(1)				
_(2)				
_(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
·	(b) must equal Form 990, Part X, col (B) line 13.) ▶			**
	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11d. See Form 990, Par	t X, line 15
	(a) Description			(b) Book value
(1)	Sea Sport Cruises			644,812
(2)	Art Donation			104,569
(3)	Security Deposits			1,51
(4)	PWF Australia			-279,93
(5)				
(6)				
(7)				
(8)				
(9)				<u>-</u>
	(b) must equal Form 990, Part X, col (B) line 15.)		•	470,960
	Other Liabilities.			
•	Complete if the organization answered "Yes" or	n Form 990 Part IV line	e 11e or 11f See Form 90	0 Part X
	line 25.		3 1 10 01 1 11. 000 1 01. 11 00	, , , a, , , , , , , , , , , , , , , ,
1.	(a) Description of liability	(b) Book value	7	······································
	come taxes	(c) con raise		
	id Education Funds	100	, ,	
	id Boucation Funds	100		
(3)			, ,	,
(4)			, ,	
(5)				
	-			
(6)				
(6) (7)			, ,	,
(6) (7) (8)			,	· (
(6) (7) (8) (9)	(b) must equal Form 990, Part X, col (B) line 25.) ▶	100		

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

<u> </u>	Edde D (Form 990) 2015 FACTITE WHATE FOUNDACTOR		JJ-020/41		rage 🕶
· Pa	Reconciliation of Revenue per Audited Financial Statement	ents W	ith Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, P	art IV,	line 12a		
1	Total revenue, gains, and other support per audited financial statements			1	1,390,367
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			7, 74	
а	Net unrealized gains (losses) on investments	2a	185,347	.	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	200,891	 ^	
е	Add lines 2a through 2d			2e	386,238
3	Subtract line 2e from line 1			3	1,004,129
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
C	Add lines 4a and 4b			4c	· · · · · · · · · · · · · · · · · · ·
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,004,129
, Pa	ម្ស៊ី XII 🎋 Reconciliation of Expenses per Audited Financial Statem	nents \	<i>N</i> ith Expenses per F	₹etur	n.
	Complete if the organization answered "Yes" on Form 990, P	Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements			1	1,595,116
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			9	
а	Donated services and use of facilities	2a		121	
b	Prior year adjustments	2b			
C	Other losses	2c		ľ /	
d	Other (Describe in Part XIII.)	2d	200,891		
е	Add lines 2a through 2d			2e	200,891
3	Subtract line 2e from line 1		•	3	1,394,225
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			77	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		14	
b	Other (Describe in Part XIII.)	4b		[:: 1	

Part XIII Supplemental Information.

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

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

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 a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for fiscal year 2015 or 2014

1,394,225

The Organization's Forms 990, Return of Organization Exempt from Income Tax, for the years ending 2012, 2013, and 2014, are subject to examination by the IRS, generally for three years after they were filed.

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

Fundraising cost of goods sold \$ 0

reported as an expense on the audit \$ 200,891

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

Fundraising cost of goods sold \$ 0

reported as an expense on the audit \$ 200,891

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 2015

Open to Public Inspection

Pacific Whale Foundation

Employer identification number 99 - 0207417

	m 990, Part IV, line		itside the United States. C	omplete if the organization answ	ered "Yes" on
			to substantiate the amount of its g	grants and other	
			nce, and the selection criteria use		
grants or assis	stance?				Yes X No
2 For grantmak	kers. Describe in Part	V the organization's pr	ocedures for monitoring the use of	fits grants and other	
assistance ou	tside the United States	s.			
3 Activities per l	Region (The following	Part I, line 3 table can	be duplicated if additional space is	s needed)	
(a) Region	(b) Number of offices in the	(c) Number of employees,	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
	region	agents, and	region (by type) (e g , fundraising, program services,	a program service, describe specific type of	expenditures for and investments
		independent contractors	investments, grants to recipients	service(s) in region	in region
		ın region	located in the region)		
	and Pacific	_	D	3	60 101
(1) South Amer:	1		Program Services	Research	68,181
(2)	1	1	Program Services	Research	28,047
(3)					
(4)					
(5)					
(6)					
_(7)					
(0)					
(8)					
(9)					
(40)					
(10)		-			
(11)					
(42)					
(12)					
(13)					
(4.4)					
(14)				-	
(15)					
(16)					
(17)					
3a Sub-total	2	3		· · · · · · · · · · · · · · · · · · ·	96,228
b Total from continuation					
sheets to Part I				<u> </u>	
c Totals (add			, ,		
lines 3a and 3b)	2	3	,	* * *	96,228
For Paperwork Red	duction Act Notice, se	ee the Instructions fo	r Form 990.	Sched	ule F (Form 990) 2015

Schedule F (Form 990) 2015 Pacific Whale Foundation

Page.2

99-0207417

(I) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of non-cash assistance (g) Amount of Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed non-cash assistance (f) Manner of disbursement (e) Amount of cash grant (d) Purpose of (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II (10) (12) (13) 3 (15) (18) 1 3 \oplus গ্ৰ 3 Ð Ø 9 9

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

Enter total number of other organizations or entities

3

PWF 11/11/2016 9 18 AM

Page 3	(h) Method of valuation (book, FMV, appraisal, other)																			Schedule F (Form 990) 2015
res" on Form 990, Par	(g) Description of non-cash assistance																			Schedul
zation answered "	(f) Amount of non-cash assistance																			
99-0207417 s. Complete if the organi	(e) Manner of cash cash disbursement													į						
9 he United States	(d) Amount of cash grant																			
Pacific Whale Foundation Other Assistance to Individuals Outside t e duplicated if additional space is needed.	(c) Number of recipients																			
Whale Formance to Individuals	(b) Region																			
Grants and ((a) Type of grant or assistance																			
Schedule F		(1)	(2)	(3)	(4)	(2)	(9)	6	6	6	(10)	13	(12)	(13)	(14)	(15)	(16)	(17)	(18)	

	dule F (Form 990) 2015 Pacific Whale Foundation 99-0207417		Page 4
P	nt.IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign	□	.
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	∐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		₽
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		T.
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		₩
	Instructions for Form 5713, do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Part V., Supplemental Information

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

Part I, Line 3 - Activities per Region

Region	Expen	ditures	Investments	3
East Asia and Pacific	\$	68,181	\$	0
South America	\$	28,047	\$	0

Department of the Treasury Internal Revenue Service

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

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

OMB No 1545-0047

<u> 2015</u>

Open to Public

Name of the organization Pacific Whale F	oundation				99 - 02074	
Fundraising Activities. Complete Form 990-EZ filers are not required.	ete if the organization	on ansv s part.	vere	ed "Yes" on Form 9		
1 Indicate whether the organization raised funds thr			es C	Check all that apply		
a Mail solicitations	e Solicitation	of non-	gove	ernment grants		
b Internet and email solicitations	f Solicitation	of gove	ernme	ent grants		
c Phone solicitations	g Special fur	ndraising	eve و	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreem or key employees listed in Form 990, Part VII) or or	entity in connection with	profess	ional	fundraising services?		Yes No
b If "Yes," list the ten highest paid individuals or ent compensated at least \$5,000 by the organization.		ant to ag	jreen	nents under which the	fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fi raiser ha custody control contribution	ave or of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes I	\rightarrow			
1						
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3			十	-	-	
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6			7			
7			\Box			
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8			寸			
9		1 1	\dashv			
10			\dashv			
Total			▶			

Schedule G (Form 990 or 990-EZ) 2015 Pacific Whale Foundation 99 - 0207417 Page 2

Part III: Fundraising Events. Complete if the organization answered "Yes" on 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 g	reate	r tna <u>n</u>	<u>\$5,000.</u>								
				(a)	Event #1		(b) Eve			(c) Othe	r events	(d)	Total events
4.			Wha	ale (ev	Day ent type)	Wha	ale R	egatta _{ype)}	1	(total n	umber)	(add	col (a) through col (c))
Revenue	1	Gross receipts			137,375			83,479			34,408		255,262
		Less: Contributions			10,539			83,479					94,018
	3	Gross income (line 1 minus line 2)			126,836						34,408		161,244
	4	Cash prizes								<u>-</u>			
	5	Noncash prizes											
ses	6	Rent/facility costs							!				
Direct Expenses	7	Food and beverages			14,933								14,933
Direct	8	Entertainment			35,165						625		35,790
	9	Other direct expenses			136,506						13,662		150,168
		Direct expense summary									.		200,891
P	art	Net income summary Su III Gaming. Comp			organization ansv		"Yes" o	n Form 990, P	art I	V, line	19, or report	ed mor	
		than \$15,000 o						·		•			
Revenue					a) Bingo			bs/instant essive bingo		(c) Oth	er gaming		otal gaming (add through col (c))
Rev	1	Gross revenue		_	·-··								
ses	2	Cash prizes											
rect Expenses	3	Noncash prizes											
Direct	4	Rent/facility costs	_										
	5	Other direct expenses											
	6	Volunteer labor		Yes No	%		Yes No	%		Yes No	%	(
	7	Direct expense summary	Add I	nes 2 th	nrough 5 in column (d)					>		
	8	Net gaming income sumn	nary. S	ubtract	line 7 from line 1, co	olumn (d	d)				<u> </u> ▶		
9	Ent	ter the state(s) in which the	organ	izatıon	conducts gaming ac	tivities							
		the organization licensed to No," explain	condu	ıct gam	ing activities in each	of thes	se states?						Yes No
		ere any of the organization's Yes," explain	s gamı	ng licer	ses revoked, suspe	nded or	terminate	ed during the tax y	ear?				Yes No

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? Indicate the percentage of gaming activity conducted in The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶ Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ (if "Yes," enter name and address of the third party ▶ \$ (if "Yes," enter name and address of the third party ▶ \$ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor Mandatory distributions is the organization required under state law to make charitable distributions from the gaming proceeds to	Sche	dule G (Form 990 or 990-EZ) 2015 Pacific Whale Foundation	99-0207417		Page 3
formed to administer chantable gaming? Indicate the percentage of gaming activity conducted in a The organization's facility An outside facility Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ If 'Yes,' enter name and address of the third party Name ► Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer Employee Independent contractor 17 Mandatory distributions a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming (sense?) Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization sown exempt activities during that year ► \$ Part IV Supplemental Information. Provide the explanations required by Part II, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see	11	Does the organization conduct gaming activities with nonmembers?		Yes	No
Indicate the percentage of gaming activity conducted in a The organization's facility An outside facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records Name Address Address Address Address It'Yes, 'enter the amount of gaming revenue received by the organization receives gaming revenue? If'Yes,' enter hame and address of the third party Name Address If'Yes,' enter name and address of the third party Name Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer	12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
a The organization's facility b An outside facility 1.3b		formed to administer charitable gaming?		Yes	No
b An outside facility It is the name and address of the person who prepares the organization's gaming/special events books and records Name Address Address Address If "Yes," enter the amount of gaming revenue received by the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party If "Yes," enter name and address of the third party Name Address Gaming manager information: Name Gaming manager compensation \$ bescription of services provided Director/officer	13	Indicate the percentage of gaming activity conducted in			
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? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ if "Yes," enter name and address of the third party Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retein the state gaming license? 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 ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see	а	The organization's facility	13a		%_
Name ► Address ► Address ► Address ► Does the organization have a contract with a third party from whom the organization receives gaming revenue? If Yes, enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ If Yes, enter name and address of the third party Name ► Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	b	An outside facility	13b		<u>%</u> _
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ 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 a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16c, and 17b, as applicable. Also provide any additional information (see	14				
Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ □ If "Yes," enter name and address of the third party ► \$ Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ 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 ► \$ Part IV Supplemental Information. Provide the explanations required by Part II, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see		Name ▶			
revenue?		Address ▶			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c 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 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ N 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 ▶ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see	15a		ſ	Yes	□ No
C 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 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ N 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 ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see	b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	nd the		
Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	С				
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Name ▶			
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		Address ▶			
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	16	Gaming manager information:			
Director/officer		Name ▶			
Director/officer		Gaming manager compensation ▶ \$			
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ▶ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see		Description of services provided ▶			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see		Director/officer Employee Independent contractor			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see	17	Mandatory distributions			
retain the state gaming license? 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 ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see		•			
spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see		retain the state gaming license?		Yes	No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see	b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see					
mou delicino).	Pai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any add			
		instructions).			

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Públic Inspection

Employer identification number

99-0207417 Pacific Whale Foundation **Questions Regarding Compensation** Part I No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a a The organization? X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a a The organization? X b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed X payments not described on lines 5 and 69 if "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe X 8 in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53 4958-6(c)?

Pacific Whale Foundation

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed 99-0207417

Page 2

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Section A, line 1a, applicable column (D) and (E) amounts for that individual Schedule J (Form 990) 2015

Part II Officers, D

	(B) Breakdown of	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı) - (D)	in column (B) reported as deferred on prior Form 990
	(1) 71,958	0	0	0	13,424	85,382	0
Director	(11) 147,458	0	0	0	20,136	167,594	0
	(1)					•	
2	(11)						
	(1)						
3	(11)						
	(1)			_			
4	(II)						
	(0)						
5	(m)						
	(0)						
9	(u)						
	(1)						
7	(u)						
	(1)						
80	(11)						
	(1)					•	
6	(11)						
	(0)					·	
10	(E)						
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	3						
15	(I)						
	②						
16	(ii)						
						Sch	Schedule J (Form 990) 2015

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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J (Form 990) 2015 Pacific Whale Foundation
Part III Supplemental Information Supplemental Information

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

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

OMB No 1545-0047
2015

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

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.

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Employer iden	Pag trification number
Pacific Whale Foundation	99-02	
Form 990, Part XI, Line 9 - Other Changes in Net Assets	Explan	ation
Fundraising cost of goods sold	\$	0
reported as an expense on the audit	\$	200,891
Fundraising cost of goods sold	\$	0
reported as an expense on the audit	\$	-200,891

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. ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) ▶ Attach to Form 990. (b) Primary activity Primary activity Pacific Whale Foundation (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R PWF 11/11/2016 9 18 AM (Form 990) Part II Part 1 Ξ 9 ල 3 3 Ξ 4 9 9 ල

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number 99-0207417 (f) Direct controlling

(e) End-of-year assets

entity

Schedule R (Form 990) 2015 (9)
Section 512(b)(13)
controlled entity?
Yes No (f) Direct controlling entity (e)
Public charity status
(if section 501(c)(3))

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

because it had one or more related organizations treated as a partnership during the tax year.	organizations tr	eated	as a partner	ship during the	tax year.		-			
(a) Name, address, and EIN of related organization	(b) Primary activity ()	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unicated, excluded from tax under sections 512-514)	Share of total income	(g) Share of end-of- year assets	(h) Disproportionate alloc?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
			!					}		
										:
ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ations Taxable related organiza	as a C	corporation treated as a	or Trust Comportion or 1	olete if the or rust during t	ganization answei he tax year.	ed "Yes" on	Form 990, P	art IV,	
(a) Name, address, and EIN of related prganization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total Income	(9) Share of end-of-year assets	i	(h) Percentage ownership	Section 512(b)(13) controlled entity?
(1)SeaSport Cruises, Inc. 300 Maalaea Road, Ste 211 Wailuku 99-0191430	Education	g g	н	N/A	υ		4,285,171		100.000000	
(2)PWF Eco Adventures Australia Level 16 175 Eagle Street Brisbane AS	Education	g	AS	N/A	υ		88,	88,864 100.0	100.000000	×
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Yes

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99-0207417

Schedule R (Form 990) 2015 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

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

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?

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Gift, grant, or capital contribution to related organization(s)

Gift, grant, or capital contribution from related organization(s) 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)

Exchange of assets with related organization(s)

j 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)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

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

2 If the ans	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ne, including covered re	lationships and transacti	on thresholds
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	PWF Australia, Inc.	ď	309,258	Accrual
(2)	Sea Sport Cruises, Inc.	ø	640,636	Accrual
(3)	Sea Sport Cruises, Inc.	ជ	145,283	Accrual
(4)	Sea Sport Cruises, Inc.	o	177,480	177,480 Accrual
(2)				

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Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 Pacific Whale Foundation

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

(1)	 domicile (state or foreign	uncome (related, unrelated, excluded from tax under	section 501(c)(3) organizations?		Share of total income	Share of end-of-year assets	5 = 1		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		Percentage ownership
			Yes	9			Yes	2		Yes	Ŷ.	
								_				
(3)			<u> </u>	_								
(4)												
(5)								_				
											+	
(2)												

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Schedule R (Form 990) 2015 Pacific Whale Foundation 99-0207417

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).