

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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.

OMB No 1545-0047 2016 Open to Public

Inter	mal Revenue	Service	▶ Information a	bout Form 990 and	its instructions is at wi	ww.irs.gov/form990	)	Inspection		
<u>A</u>	For the 2	016 calenda	r year, or tax year beginning	<u>.</u>	and ending			<del></del>		
В	Check if appli	cable C Name	of organization				D Employe	r identification number		
	Address chan	nge	Pacific	Whale Found	dation		_			
	Name change		business as				99-0207417			
$\exists$	•	Numbe	er and street (or P O box if mail is not de		3)	Room/suite	E Telephor			
님	Initial return Final return/		Maalaea Road, Su: town, state or province, country, and ZII				1 808-	249-8811		
$\sqcup$	terminated		.luku	HI 96793				. 1 500 034		
	Amended retu		and address of principal officer	n1 90/93		<del></del>	G Gross rec	neipts\$ 1,590,834		
	Application pe			_		H(a) is this a g	roup return for	subordinates Yes X No		
لـــا	тфриосион ра	-  0-1	egory D. Kaufma		1	H(b) A11	ubordinates ind	duded? Yes No		
			0 Maalaea Road,	HI 9				(see instructions)		
			<u>iluku</u>	F *-1	,		J, attach 6 list	(see manuchons)		
<u>_</u>	Tax-exempt				4947(a)(1) or 527			_		
<u>J</u>	Website >		pacificwhale.or	- r - i			emption numb			
_	Form of orga		orporation Trust Association	Other -		L Year of formation	1980	M State of legal domicile HI		
	Part I	Summar								
a.			he organization's mission or m				<b>.</b>			
ဦ	1		e people's environ							
Governance	•		dolphins and the m	marine envi	conment through	gh research	, educa	ation,		
Ş.	0		tion and advocacy							
ဖိ	2 Ch		If the organization discon			than 25% of its ne	et assets.	_		
وة د	3 Nui	mber of voting	g members of the governing bo	ody (Part VI, line 1	a)		3	4		
ties	4 Nui	mber of indep	endent voting members of the	governing body (F	Part VI, line 1b)		4	4		
Activities &	5 Tot	al number of	individuals employed in calend	dar year 2016 (Par	t V, line 2a)		5	60		
Ą	6 Tot	al number of	volunteers (estimate if necess	ary)			6	400		
	7a Tot	al unrelated b	ousiness revenue from Part VII	II, column (C), line	12		7a	0		
	<b>b</b> Net	tunrelated bu	siness taxable income from Fo	orm 990-T, line 34			7b	0		
						Prior Y		Current Year		
ne	8 Coi		d grants (Part VIII, line 1h)				5,603	867,292		
Revenue	9 Pro	-	revenue (Part VIII, line 2g)	<u></u>		6	7,339	512,637		
Š	10 Inve	estment incor	ne (Part VIII, column (A), lines	3 4, and 7d)			0 010	<u> </u>		
_	11 Oth		Part VIII Column (A), limes 5, 6				8,813	5,302		
_			add lines 8 through 11 (must		ımn (A), line 12)	1,00	4,129	1,385,231		
	13 Gra	ants and simil	ar amounts paid (Patt IX, cold	rfri (A), lines 1–3)				<u> </u>		
		nefits paid to	or for members (Part IX, colum	0.4	0 771	000 456				
Expenses	15 Sal		ompensation employeerbene		n (A), lines 5–10)	84	3,771	980,456		
eus	16aPro		drafsing fees (Part IX, column.			<u> </u>				
×	<b>b</b> Tot		expenses (Part IX, column (D		362 <i>,</i> 038			FOF 000		
ш	17 011		(Part IX, column (A), lines 11a				0,454	585,233		
	1		Add lines 13–17 (must equal F		, line 25)		4,225	1,565,689		
<u> </u>	19 Rev	venue less ex	penses Subtract line 18 from	line 12		Beginning of C	0,096	-180,458		
Net Assets or	20 Tot	al accete (De-	rt V Juno 16\					End of Year 1 616 591		
SSE	20 10l	al assets (Par	•				8,191 2,291	1,616,581 1,341,588		
	21 101	,	Part X, line 26)	l 20			5,900	274,993		
	art₃II≎		nd balances Subtract line 21 f	rom line 20	<del></del>	13	3,900	214,993		
		Signatu			<del></del>					
			I declare that I have examined this Declaration of preparer (other that					r my knowledge and belief, it i		
	1			A	7	property rate any rate	I II	117/1-		
e:		Signature of	my Maril	Hund	an		Date.	// <i>\\/</i>		
Sig				$\mathcal{A}$	~~ · · · · · · · · · · · · · · · · · ·		Daye	/		
He	ere		Marie Quinlan		Con	troller		<del>.</del>		
	-   P	rint/Type preparer		Proporada aira atria	2011	I Dark		[], DTIN		
Pai	:	** * *	3 name	Preparer's signature	XIL	Date	Check			
	narer 🔯	yle Hays		Kyle Hays	7 41		7/17 self-en			
		rm's name	Carbonaro CP.		gement Grou	P	Firm's EIN	99-0303190		
US	e Only		1885 Main St					000 040 500		
_		m's address		96793	<del></del>	<u> </u>	Phone no	808-242-5002		
Ма	y the IRS	discuss this r	eturn with the preparer shown	above? (see instri	uctions)			X Yes No		

# Part IV Checklist of Required Schedules

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	l		
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	l		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
_	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		x	
•	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	- 1		
	custodian for armounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	9		x
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
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,			-
••	VII, VIII, IX, or X as applicable	٠,	á.r	j
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			,
u	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		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If		,	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	7.5	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<del> </del>
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	446	v	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		x
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		<del>  ^</del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			┢┋
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		==	<b> </b>
	If "Yes," complete Schedule G, Part III	19		x
			00	

<u> </u>	Checkinst of Required Schedules (Continued)			
		[	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
_	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	,,		v
00	domestic government on Part IX, column (A), line 1? 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	ا مو ا		v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	Ì		
	organization's current and former officers, directors, trustees, key employees, and highest compensated		<b>.</b>	
	employees? If "Yes," complete Schedule J	23	Х	
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			v
	through 24d and complete Schedule K If "No," go to line 25a	24a		<u>x</u> _
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b_		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	The state of the s			~
	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?			v
	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			v
	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			v
	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,		1 mg 1	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		ا بهراند اد	7.5
<b>a</b>	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		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			<b>.</b>
	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	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			٠,
	Part I	31	<del> </del>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32_	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		٦,	
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	X	-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		<b> </b>	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	<b>!</b>
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,			
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

DAA

13b

13c

14a

14b

99-	n	2	n	7	4	1	7
	v	-	u	•	75	-	•

Form	990 (2016) Pacific Whale Foundation 99-0	207417			_	Pa	age <b>6</b>
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response	e to lines 2 throug	gh 7b	below, and	for a "	Vo"	
	response to line 8a, 8b, or 10b below, describe the circumstances, process						s
	Check if Schedule O contains a response or note to any line in this Part VI		_				$\mathbf{X}$
Sec	tion A. Governing Body and Management						
	•	<u> </u>				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1	1a	4			
	If there are material differences in voting rights among members of the governing body, or				1		
	if the governing body delegated broad authority to an executive committee or similar				l		
	committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent		1b	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	ıonshin with			1 1		
-	any other officer, director, trustee, or key employee?	ionomp mar			2	Ì	<b>x</b>
3	Did the organization delegate control over management duties customarily performed by or unc	der the direct				1	
•	supervision of officers, directors, or trustees, or key employees to a management company or of				3		x
4	Did the organization make any significant changes to its governing documents since the prior F	•	,		4		x
5	Did the organization become aware during the year of a significant diversion of the organization				5		X
6	Did the organization have members or stockholders?	13 033013			6		<u> </u>
7a	Did the organization have members of stockholders, or other persons who had the power to elect	t or appoint			<del>Ĭ</del>		
14	one or more members of the governing body?	тог арропп			7a	ľ	x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by)	ners			"		
J	stockholders, or persons other than the governing body?	)CI3,			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertained by	aken during the ve	ar hy ti	he following			
а	The governing body?	anon danng the yet	, c	ic ionoving.	8a	$\mathbf{x}$	
b	Each committee with authority to act on behalf of the governing body?				8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	he reached at					
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	50.000.000			9		x
Sec	tion B. Policies (This Section B requests information about policies not requi	red by the Inter	nal R	Revenue Co	de.)	•	
						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 su	ich chapters.			П		
	affiliates, and branches to ensure their operations are consistent with the organization's exemp				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governin		the fo	orm?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that could give rise	e to co	onflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy	-					
	describe in Schedule O how this was done				12c	x	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and ap	proval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberat						
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						I
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar ari	rangement					1
	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 e	valuate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to s	safeguard the					
	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	d 990-T (Section 50	)1(c)(3	s)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 Sched	tule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documer	nts, conflict of inter	est po	licy, and			
	financial statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization	n's books and reco	rds 🕨	•			
P	acific Whale Foundation 300 Maalaea Road, Ste						

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Form_990 (201	6) Pacific Whale Foundation	99-0207417	Page
Part VII	Compensation of Officers, Directors, Trustees, K	ey Employees, Highest Compensated	Employees, and
	Independent Contractors		[ <del></del>
	Check if Schedule O contains a response or note to	any line in this Part VII	

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

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

Check this box if neither the orga	anization nor an	y rela	ated	orga	nıza	tion c	omp	pensated any current office	r, director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unte icer a	Pos check ess pe	rson i irecto	than or s both r/truste employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)Carole Carlson	1.00				-					
Vice Chairperson	0.00	X		$\mathbf{x}$				0	0	0
(2) Paul Forestell						П				
	1.00									
Co-Chairperson	0.00	x		Х				0	0	0
(3) Josephine Maland	-Dando									
	1.00									
Secretary/Treasurer	0.00	X		X				0	0	0
(4) Mark Orams										
	1.00									
Co-Chairperson	0.00	X		X				0	0	0
(5) Gregory D. Kaufn										
	16.00		ļ							
Executive Director	24.00			X		Ш		94,559	213,476	32,946
(6)Ann Marie Quinla						Ιİ				
	8.00	1		1		l				
Controller	32.00			X		Ш		13,322	53,549	5,008
(7) Kristie Wriggles										
	8.00									
Deputy Executive Dir	32.00		ļ	X				15,832	63,382	7,994
(8)										
(9)										
(10)										
(11)										

Form 990 (2016)

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Part VII Section A	A. Onicers, Directors, 1	rustee	s, r	ey E	mpi	oyee	S, a	ind Highest Compensated	Employees (continued)	<del>,</del>
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i	than o	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
		-								
		+		<u> </u>						
1b Sub-total							<u> </u>	123,713	330,407	45,948
	uation sheets to Part VI b and 1c)	, Sect	ion .	A			<b>&gt;</b>	123,713		
	dividuals (including but no sation from the organizat			thos	se lis	sted a	abo	ve) who received more than	1 \$100,000 of	Yes No
employee on line 1	a? If "Yes," complete Sci	nedule	J fo	r suc	h in	dıvidi	ual	oloyee, or highest compensation		3 X
organization and re individual	elated organizations great	er tha	n \$1:	50,0	00?	lf "Υε	∍s,"	complete Schedule J for su	ıch	4 X
for services rendered Section B. Independent	ed to the organization? If	"Yes,	" con	nplet	e So	hedu	ıle .	J for such person		5 X
1 Complete this table compensation from	e for your five highest con the organization Repor (A) Name and business address	npens t comp	ated ens	ınde atıon	pen for	dent the c	con aler	tractors that received more ndar year ending with or with	than \$100,000 of hin the organization's tax y (B) pton of services	vear (C) Compensation
	Name and business address		-						ption of services	Compensation
							+			
							-			
2 Total number of increceived more than	dependent contractors (ir	icludin	g bu	t not	lımı ganı:	ted to	o th	ose listed above) who	0	

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue exempt function business excluded from tax revenue under sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1a b Membership dues 551,823 1b c Fundraising events 1c 66,530 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 248,939 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 867,292 Program Service Revenue Busn Code 611710 419,043 419,043 2a Whale Watching Education 611710 93,594 93,594 Education Income f All other program service revenue 512,637 g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 1,424 1,424 Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) ▶ d Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) ▶ d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ 66,530 of contributions reported on line 1c) 198,330 See Part IV, line 18 205,603 b Less direct expenses -7,273 -7,273 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11,151 11a Other Income 11,151 b C d All other revenue 11,151 Total, Add lines 11a-11d -5,849 1,385,231 523,788 Total revenue. See instructions

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising (B) (C) Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 144,553 102,111 19,483 22,959 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) 675,319 477,043 91,016 107,260 Other salaries and wages Pension plan accruals and contributions (include 18,110 <u>18,110</u> section 401(k) and 403(b) employer contributions) 85,783 38,182 36,043 11,558 Other employee benefits 56,691 36,191 9,777 10,723 Payroll taxes Fees for services (non-employees) 11 Management а b Legal 6,828 6,828 Accounting C Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 26,273 24,312 1,240 721 (A) amount, list line 11g expenses on Schedule O) 70,867 4,306 954 65,607 Advertising and promotion 12 1,450 93,013 11,916 79,647 13 Office expenses 34,806 12,678 6,799 15,329 Information technology 14 15 Royalties 146,262107,158 19,456 19,648 16 Occupancy 69,283 4,935 63,802 546 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 543 543 20 Interest 21 Payments to affiliates 15,149 5,989 9,074 86 22 Depreciation, depletion, and amortization 26,639 11,257 15,382 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 24,756 23,496 972 288 Miscellaneous 21,171 23,243 Bank Fees/Credit Card Fee 166 1,906 h 12,222 2,892 2,835 6,495 Supplies 10,301 10,055 246 Vehicle Expense 13,757 11,291 25,048 All other expenses 265,721 362,038 1,565,689 937,930 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) DAA Form **990** (2016)

**Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 82,759 25,999 1 1 Cash-non-interest bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 356,252 739,981 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 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 organizations (see instructions) Complete Part II of Schedule L 6 Assets 7 Notes and loans receivable, net 7 3,794 Inventories for sale or use 8 20,675 18,500 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 523,688 10a 482,455 53,604 41,233 10b 10c b Less accumulated depreciation 141 141 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 470,966 790,705 15 Other assets. See Part IV, line 11 15 988,191 1,616,581 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 822,566 1,315,873 17 17 Accounts payable and accrued expenses 18 Grants payable 18 29,625 25,615 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 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 25 852,291 1,341 588 26 Total liabilities. Add lines 17 through 25 26 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 135,900 274,993 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 135,900 274,993 33 Total net assets or fund balances 33 1,616,581 988,191 Total liabilities and net assets/fund balances

orm	1990 (2016) Pacific Whale Foundation 99-0207417			Pa	ige 12		
Pa	rt XI Reconciliation of Net Assets	_					
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	385,	231		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	565,	689		
3	Revenue less expenses Subtract line 2 from line 1	3	_	180,	458		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		135,900			
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6		<u>319,</u>			
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 Part X, line						
	33, column (B))	10		274,	993		
Pa	rt XII Financial Statements and Reporting		_				
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2		<b>x</b>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				·		
	reviewed on a separate basis, consolidated basis, or both			l	'		
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2	$\mathbf{x} \mid \mathbf{c}$			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				,		
	separate basis, consolidated basis, or both			1			
	Separate basis Consolidated basis Both consolidated and separate basis			1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			Ĭ	Ī		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	:   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 audits as set forth in			Ì	·		
	the Single Audit Act and OMB Circular A-133?		3	a	x		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits explain, why in Schedule O and describe any steps taken to underno such audits		3	, l	1		

Form **990** (2016)

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

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Employer identification number

2016

Open to Public Inspection

Name of the organization

Pacific Whale Foundation 99-0207417

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)											
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))											
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's nai	me,										
city, and state:											
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
section 170(b)(1)(A)(iv). (Complete Part II )	section 170(b)(1)(A)(iv). (Complete Part II )										
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.	or university or a non-land grant college of agriculture (see instructions) Enter the name, city, and state of the college or										
An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its											
support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)											
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes											
of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).											
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g											
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.											
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having											
control or management of the supporting organization vested in the same persons that control or manage the supported											
organization(s) You must complete Part IV, Sections A and C.											
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.											
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)											
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness											
requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.											
e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization											
f Enter the number of supported organizations											
g Provide the following information about the supported organization(s)	<u> </u>										
	Amount of										
	support (see										
above (see instructions)) document? instructions) inst	tructions)										
Yes No											
(A)											
(B)											
(C)	·										
(D)	•										
(E)											
Total											

Schedule A (Form 990 or 990-EZ) 2016

Pacific Whale Foundation

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	1			•						
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	916,386	884,871	969,094	975,603	867,292	4,613,246				
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	916,386	884,871	969,094	975,603	867,292	4,613,246				
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)										
6	Public support. Subtract line 5 from line 4						4,613,246				
Sec	tion B. Total Support		_								
Caler	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
7	Amounts from line 4	916,386	884,871	969,094	975,603	867,292	4,613,246				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,651	548	1,239	609	1,424	5,471				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	193,483	161,247	67,602			422,332				
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						5,041,049				
12	Gross receipts from related activities, etc.	(see instructions)				12	3,907,556				
13	First five years. If the Form 990 is for the	organization's first,	second, third, for	ırth, or fifth tax yea	r as a section 501	(c)(3)					
	organization, check this box and stop her						<u> </u>				
Sec	tion C. Computation of Public Su	<del> </del>	<del> </del>			<del></del>					
14	Public support percentage for 2016 (line 6	• •	•	n (f))		14	91.51%				
15	Public support percentage from 2015 Sch					15	89.55%				
16a	33 1/3% support test—2016. If the organ				3 1/3% or more, cl	neck this	<b>.</b> •				
	box and <b>stop here</b> . The organization qual						<b>▶</b> [X				
b	33 1/3% support test—2015. If the organ				o is 33 1/3% or mo	re, cneck					
470	this box and stop here. The organization				40h	44					
17a	10% or more, and if the organization meet	ts the "facts-and-cir	cumstances" test,	check this box and	d <b>stop here.</b> Expla	iin in					
	Part VI how the organization meets the "fa organization	icis-and-circumstar	ices test The org	janization qualifies	as a publicly supp	orted	▶ □				
b	10%-facts-and-circumstances test—201	5 If the organization	on did not check a	hoy on line 13, 16:	a 16h or 17a and	l line					
						ı iii le					
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> .  Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly										
	supported organization	20.5 0.10 14000 4114	s Jamotanooo te	o. The organization	quaimos as a pa	~J.j	▶ [				
18	Private foundation. If the organization did	d not check a box o	n line 13. 16a. 16l	b, 17a, or 17b. che	ck this box and se	е					
-	instructions			, ,	22 2 30.		▶ □				
						Sahadula A (Farm 00	00 ar 000 FZ) 204				

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			<u> </u>			
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support		.4	<u></u>	J	<u> </u>	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						1
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	-	st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	
_	organization, check this box and stop her						<u> </u>
	tion C. Computation of Public St					1 -=	
15	Public support percentage for 2016 (line 8		-	nn (f))		15	
16	Public support percentage from 2015 Sch					16	%_
	tion D. Computation of Investme			2 solumn (f))		17	%
17 18	Investment income percentage for 2016 (Investment income percentage from 2015)	•	•	o, coluinii (1))		18	
18 19a	33 1/3% support tests—2016. If the orga			e 14 and line 15 "	s more than 33 1/3		1
190	17 is not more than 33 1/3%, check this b						<b>&gt;</b>
b	33 1/3% support tests—2015. If the orga		-				<b>-</b>
~	line 18 is not more than 33 1/3%, check the						<b>▶</b> □
20	Private foundation. If the organization di	_	_			-	▶ □

determine whether the organization had excess business holdings )

Page 4

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

Soct	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete A. All Supporting Organizations	olete Part V.	)	
Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<u> </u>		-
-	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			l
	organization was described in section 509(a)(1) or (2)	2		
20		<del></del>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	3a		ĺ
_	(b) and (c) below  Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
b				l
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the	26		
	organization made the determination	3b	1	<b></b>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	ا م	'	ĺ
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	1	-	i
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		i	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	١		l
	despite being controlled or supervised by or in connection with its supported organizations	4b	<b></b>	-
С	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 <b>Part VI</b> what controls the organization used			ĺ
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		}	ł
	purposes	4c	<u> </u>	<u> </u>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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).	<u>5a</u>	╁	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		1	
	designated in the organization's organizing document?	_ <u>5b</u> _	1	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5c</u>	1	
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.	6	ļ	
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)	7	1	ļ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		İ	1
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8_	ļ	<u> </u>
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			ļ
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		<u> </u>
þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		1	ļ
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	ļ	
c	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.	9c	<b></b>	<u> </u>
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		1	
	supporting organizations)? If "Yes," answer 10b below	10a	<u> </u>	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

Sched	ule A (Form 990 or 990-EZ) 2016 Pacific Whale Foundation 9	<u>9-0207417</u>		Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	, ,			1
	below, the governing body of a supported organization?	11a	-	L
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		L
Sect	ion 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			<b>!</b> '
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
<u>Cast</u>	supervised, or controlled the supporting organization	2		L
Sect	ion C. Type II Supporting Organizations	<del></del>		·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			į
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ļ		
	or management of the supporting organization was vested in the same persons that controlled or managed		-	ì
Soot	the supported organization(s)			L
Seci	ion D. All Type III Supporting Organizations			l
_	Delths assessment as an electronic of the control o		Yes	No
1	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 to			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	Ĭ '	-	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			i
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	i i		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<del> </del> ,
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ŀ		<b>'</b>
	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			
Sect	supported organizations played in this regard	3	<u> </u>	L
	ion E. Type III Functionally-Integrated Supporting Organizations	!		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	ee instructions)		
a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>	-44. ( matrical		
С	The organization supported a governmental entity Describe in Part VI how you supported a government en	ntity (see instructions)		
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		res	NO
а				'
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	1 22		1
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			· ·
_	activities but for the organization's involvement		<b></b>	<del> </del>
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	-
b	5		ļ	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		1

Sched	ule A (Form 990 or 990-EZ) 2016 Pacific Whale Foundation		<u>99-0207</u>	<b>417</b> Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v 20, 1	970 (explain in Part VI).Se	ee
	instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	lete Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
co	llection of gross income or for management, conservation, or			
m	antenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
Ins	structions for short tax year or assets held for part of year):			į
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		## T
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			İ
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		, , , , , , , , , , , , , , , , , , ,
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type III	supporting organization (s	see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Breakdown of line 7: b Excess from 2013 c Excess from 2014

and 4b from line 1 For result greater than zero, explain in

Excess distributions carryover to 2017. Add lines 3j

Part VI See instructions

and 4c

d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Pacific Whale Foundation

99-0207417

Page 8

Part VI

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

#### SCHEDULE 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 2016

Open to Public

Name of the organization Employer identification number Pacific Whale Foundation 99-0207417 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part Vill, line 1 Assets included in Form 990, Part X

<u>SCI</u>	nequie D (Form 990) 2016 Pacific Win	are round	latio	n		99-0	20/41/	Page 2
<u></u> F	Part III Organizations Maintaining (	Collections of	Art, Hi	storical Tr	easures,	or Othe	r Similar Asset	s (continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records	s, check	any of the foll	owing that ar	e a signifi	cant use of its	
	a Public exhibition	d 🗍 I	Loan or e	exchange prog	grams			
	b Scholarly research	<b>—</b>	Other		-			
	c Preservation for future generations							
4	4 Provide a description of the organization's colle	ections and explain	how the	y further the o	organization's	exempt i	ourpose in Part	
	XIII	·					•	
5	5 During the year, did the organization solicit or re	eceive donations of	of art, his	torical treasur	es, or other :	sımılar		
	assets to be sold to raise funds rather than to b							Yes X No
F	Part IV Escrow and Custodial Arrar							
	Complete if the organization a	_	on Fo	rm 990, Pa	rt IV, line 9	or rep	orted an amoun	t on Form
	990, Part X, line 21.				,	,		
1	1a is the organization an agent, trustee, custodian	or other intermed	ary for c	ontributions o	r other asset	s not		
	included on Form 990, Part X?		,		, , , , , , , , , , , , , , , , , , , ,			Yes No
	<b>b</b> If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	llowing ta	able:				
	The rest, explain the analysment with arriving	ia complete ale le						Amount
	c Beginning balance						1c	
	d Additions during the year						1d	
	e Distributions during the year						1e	
	f Ending balance						1f	_
-	2a Did the organization include an amount on Fori	m 000 Bort V line	21 for 6		todial accoun	t habiliti (2		Yes No
						-		L res H No
	b If "Yes," explain the arrangement in Part XIII. C Part V : Endowment Funds.	neck here it the ex	фіапацо	n nas been pi	Ovided on Pa	311 ( )		
į	Complete if the organization a	newored "Vee"	on Fo	rm 000 Pa	rt IV Jung 1	0		
	Complete it the of garlization a						(d) Throo years back	(a) Four years back
	4a. Bassassas af saar balaasa	(a) Current year	(0)	Prior year	(c) Two yea	IIS DACK	(d) Three years back	(e) Four years back
	1a Beginning of year balance					-		
	b Contributions		<u>-</u>					
	c Net investment earnings, gains, and							
	losses							
	d Grants or scholarships							-
	e Other expenditures for facilities and							
	programs							
	f Administrative expenses							
	g End of year balance							
2	2 Provide the estimated percentage of the currer	-	e (line 1g	g, column (a))	held as			
	a Board designated or quasi-endowment ▶	%						
	b Permanent endowment ▶ %							
	c Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c should							
3	3a Are there endowment funds not in the possess	ion of the organiza	ition that	are held and	administered	for the		<del></del>
	organization by							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
	b If "Yes" on line 3a(ii), are the related organization	ons listed as requi	red on S	chedule R?				3b
_4	4 Describe in Part XIII the intended uses of the or	rganization's endo	wment f	unds				
F	Part VI Land, Buildings, and Equip	ment.						
_	Complete if the organization a	nswered "Yes'	<u>on Fo</u>	rm 990, Pa	rt IV, line 1	11a. See	e Form 990, Par	t X, line 10.
	Description of property	(a) Cost or other t	pasis	(b) Cost or o	other basis	(c) /	Accumulated	(d) Book value
		(investment)		(othe	er)	de	epreciation	
1	1a Land							
	<b>b</b> Buildings			1	92,365		190,134	2,231
	c Leasehold improvements							
	d Equipment			3	02,350		283,361	18,989
	e Other				28,973		8,960	20,013
То	otal. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Par	t X, colur					41,233

SCHE	aule D (I	rorm 990	1) 2016	Paci	TIG	MITGIE	rounda	-TC
_					_			

	-orm 990) 2016 Pacific Whale Founda	<u>C1011</u>	33-0207417	Page 3
Part VII	Investments—Other Securities.	<b>5</b> 000 <b>5</b> 107 1	0 5 000 5	
	Complete if the organization answered "Yes" o			
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial				
(2) Closely-h	eld equity interests			
(3) Other			<u> </u>	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)		-		<del></del>
(H)				
	an (b) must equal Form 990, Part X, col (B) line 12 ) ▶			
	Investments—Program Related.			
Part VIII		n Form 000 Dad IV II-	. 11a Cao Earm 000 D	net V. line 42
	Complete if the organization answered "Yes" o			
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	market value
(1)				
(2)	W			
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX	Other Assets.			
'	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, P.	art X, line 15.
	(a) Description			(b) Book value
(1)	Sea Sport Cruises			1,033,747
(2)	Art Donation			104,569
(3)	Security Deposits			1,706
(4)	PWF Australia			-349,317
(5)				0 - 0 7 0 - 1
(6)				
`			<del>-</del>	
(7)				
(8)	<del></del>		+	
(9)	(1) 15 000 D (1) 1 (D) 1 (5)			700 705
	nn (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	790,705
Part X	Other Liabilities.	5 000 D (N/)	44 446 0 5	000 D 11
	Complete if the organization answered "Yes" o	on Form 990, Part IV, IIn	e 11e or 11f. See Form	990, Part X,
	line 25.		<del></del>	
1.	(a) Description of liability	(b) Book value		
	Income taxes			
(2) Prep	aid Education Funds	100	Į	
(3)				
(4)				
(5)			]	
(6)				
(7)				
(8)				
(9)				
	on (b) must equal Form 900, Part Y, col. (R) line 25.)	100	1	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

4h

Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

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

e Add lines 2a through 2d

Subtract line 2e from line 1

b Other (Describe in Part XIII )

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

#### Part X - FIN 48 Footnote

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, the Organization may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. The tax benefits recognized in the financial statements from such 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 2016 or 2015

2e

4c

1,565,689

1,565,689

Part XIII Supplemental Information (continued)

The Organization's Forms 990, Return of Organization Exempt from Income Tax, for the years ending 2013, 2014, and 2015, 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 \$ 205,603

reported as an expense on the audit \$ 0

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

Fundraising cost of goods sold \$ 205,603

reported as an expense on the audit \$ 0

# **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

# **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 2016 Open to Public

Inspection

Name of the organization

Employer identification number

		<u> Whale Foun</u>		99-020	
	neral Information m 990, Part IV, line		side the United States. C	complete if the organization an	swered "Yes" on
			to substantiate the amount of its o	grants and other	<del></del>
<del>-</del>			nce, and the selection criteria use		
grants or assi		3			Yes X No
-		=	cedures for monitoring the use of	f its grants and other	
assistance ou	itside the United States	<b>3</b>			
3 Activities per l	Region. (The following	Part I, line 3 table can	be duplicated if additional space i	is needed )	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
•	offices in the region	employees, agents, and	region (by type) (such as, fundraising, program services,	a program service, describe specific type of	expenditures for and investments
	region	ındependent	investments, grants to recipients	service(s) in the region	in the region
		contractors in the region	located in the region)		
East Asia	and Pacific	, <u> </u>			
(1)	1	2	Program Services	Research	69,384
South Amer	ca				
(2)	1	] 1	Program Services	Research	40,616
	1		<del>_</del>		
(3)					
(4)					
(5)					
•					
(6)		[			
(7)					
3-7			• · <del></del>		
(8)					
1-1	<u> </u>				
(9)					
\~I					
(10)					1
(11)					
(12)					
·/					
(13)		]			
· · · · /				<del>                                     </del>	
(14)					
· · · ·					
(15)					
\·•/	-			-	
(16)					
(10)	<u> </u>				
(17)					
3a Sub-total	2	3			110,000
_	-		<del>1</del>	<u> </u>	
b Total from continuation	"				
sheets to Part I			<u> </u>	<u> </u>	
c Totals (add	2	3		1	110,000
lines 3a and 3b)	<u> </u>	oo the Instructions fo	Form 900	- Col	adule E (Form 990) 2016

PWF 11/10/2017 3 27 PM

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed 99-0207417 Schedule F (Form 990) 2016 Pacific Whale Foundation Part II

Page 2

(1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(2) (3) (4) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15)	(1)								
(3) (4) (5) (6) (7) (8) (13) (14) (15) (16) (16) (16) (17) (18) (18) (18) (18) (18) (18) (18) (18	(2)								
(4) (5) (6) (7) (7) (19) (17) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(3)								
(5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16)	(4)								
(5) (8) (9) (10) (11) (12) (13) (14) (16)	(5)								
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(9)								:
(a) (10) (11) (12) (13) (14) (15)	(2)								
(9)         (10)         (11)         (12)         (13)         (14)         (15)         (16)	(8)								
(10)       (11)       (12)       (13)       (14)       (15)       (16)	(6)								
(11) (12) (13) (14) (15)	(10)								:
(12) (13) (14) (15)	(11)								
(14)	(12)								
(14)	(13)								
(15)	(14)								
(16)	(15)								
	(16)								

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

Enter total number of other organizations or entities

Schedule F (Form 990) 2016

PWF 11/10/2017 3 27 PM

), Part IV	t of (9) Description (h) Method of valuation valuation (book, FMV, appraisal, other)																	
99-0207417 es. Complete if the organization answ	(f) Amount of cash noncash disbursement assistance																	
Pacific Whale Foundation Other Assistance to Individuals Outside the United State equalicated if additional space is needed.	egion (c) Number of (d) Amount of recipients cash grant																	
Schedule F (Form 990) 2016 Pacific Whale Foundation Part III Grants and Other Assistance to Individuals Outsided Part III Can be duplicated if additional space is needed.	(a) Type of grant or assistance (b) Region	(1)	(2)	(3)	(4)	(5)	(9)	(1)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(15)	(15)

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)

Schedule F (Form 990) 2016

Yes

# Part V Supplemental Information

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

#### Part I, Line 3 - Activities per Region

Region	Expen	ditures	Investments	;
East Asia and Pacific	\$	69,384	\$	0
South America	\$	40,616	\$	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, line 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

ZU16

Name of the organization Pacific Whale Foun	dation				Employer Identifica 99-02074	
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to	the organization		wer	ed "Yes" on Form 9	90, Part IV, line	17.
Indicate whether the organization raised funds through a		_	ies	Check all that apply		
a Mail solicitations	e Solicitation	of non	-gov	ernment grants		
b Internet and email solicitations	f Solicitation		_	<del>-</del>		
c Phone solicitations	g Special fun					
d In-person solicitations	· ·		•			
<ul> <li>2a Did the organization have a written or oral agreement will or key employees listed in Form 990, Part VII) or entity to</li> <li>b If "Yes," list the 10 highest paid individuals or entities (full or extension or entities).</li> </ul>	n connection with	profess	siona	I fundraising services?		Yes No
compensated at least \$5,000 by the organization	inuraisers) pursua			ments under which the it	indiaiser is to be	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) Did raiser i custod contro contribu	have ly or ol 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	No			
1						
2		+				
3						
4						
						ļ
5						
6		$\Box$				
7						
8						
9						
10						
Total			<b>&gt;</b>		<u>.</u>	

Page 2

P	art	than \$15,000 of	vents. Complete if the orgar fundraising event contribution preater than \$5,000.			
		·	(a) Event #1  Whale Day (event type)	(b) Event #2  Whale Regatta (event type)	(c) Other events  1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	127,997	102,481	34,382	264,860
		Less Contributions	1,067	65,463		66,530
	3	Gross income (line 1 minus line 2)	126,930	37,018	34,382	198,330
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	11,471		82	11,553
Dire	8	Entertainment	20,090		300	20,390
	9	Other direct expenses	150,467		23,193	173,660
		•	Add lines 4 through 9 in column (obtract line 10 from line 3, column (o	•	<b>&gt;</b>	205,603 -7,273
P	art		plete if the organization answ in Form 990-EZ, line 6a.	wered "Yes" on Form 990, P	art IV, line 19, or report	ed more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u> </u>	1	Gross revenue				
sesu	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Ore	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
			Add lines 2 through 5 in column (o		•	
-	8	Net gaming income sumn	nary. Subtract line 7 from line 1, co	olumn (d)	<b>&gt;</b>	
	ls t		e organization conducts gaming act o conduct gaming activities in each			Yes No
		ere any of the organization's Yes," explain	s gaming licenses revoked, susper	nded, or terminated during the tax	year?	Yes No

Sche	dule G (Form 990 or 990-EZ) 2016 Pacific Whale Foundation	99-0207417		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	•	_	
	formed to administer chantable gaming?	l	Yes	∐ No
13	Indicate the percentage of gaming activity conducted in	1 1		
а	The organization's facility	13a		<u>%</u>
b	An outside facility	13b		%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the		
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	+	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	'		
	spent in the organization's own exempt activities during the tax year ▶ \$			
Par		columns (iii) and (v);	and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any ac	dditional information.		
	See instructions			

# **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

	Pacific Whale Foundation	99-0207417		
Pa	art I Questions Regarding Compensation			-
			Yes	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			
	First-class or charter travel  Housing allowance or residence for personal	1150		
	H a manufacture of the personal	į į		
		ence		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	-1-0		
	Discretionary spending account  Personal services (such as, maid, chauffeur,	cner)		
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
U				
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	<u>1b</u>		
2	Did the ergonization require substantiation prior to remburging or elleving our appearance in all			
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?	2		
•				
3	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			
	Compensation committee		1	
	Independent compensation consultant		,	
	Form 990 of other organizations  X Approval by the board or compensation com	mittee	1	
	During the year did any nersen leted on Form 000 Part VIII Coation A line to with reconstitution for		1	
4	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.			x
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?		<del>                                     </del>	
	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			
а	The organization?	5a		x
	Any related organization?	5b		x
_	If "Yes" on line 5a or 5b, describe in Part III	55		
			1	
6	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			
а	The organization?	6a		х
	Any related organization?	6b	-	x
	If "Yes" on line 6a or 6b, describe in Part III		† · · · ·	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		-==-
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		x
		ا ا		▎▔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		1	1
	Regulations section 53 4958-6(c)?	ا		1

Part |

Pacific Whale Foundation Schedule J (Form 990) 2016

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

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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 aren't listed on Form 990, Part VII

Schedule J (Form 990) 2016 (F) Compensation in column (B) reported as deferred on pnor Form 990 Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual 233,528 107,453 (E) Total of columns (B)(·)(B) 12,894 20,052 (D) Nontaxable benefits 00 (C) Retirement and other deferred compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (iii) Other reportable compensation 00 (II) Bonus & incentive compensation 213,476 94,559 (ı) Base compensation **≘** ≘ ≘ 3 3 3 3 Ξ Ξ ε 3 3 B (A) Name and Title Gregory D. Kaufman 1 Executive Director 우 ₽ 4

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Schedule J (Form 990) 2016 Pacific Whale Foundation 99-0207417

Supplemental Information

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

**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 2016

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

Pacific Whale Foundation

99-0207417

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

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.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Fundraising cost of goods sold \$ 205,603

reported as an expense on the audit  Fundraising cost of goods sold		Page <b>2</b>		
Name of the organization	Employer Identification number			
Pacific Whale Foundation	99-02	07417		
reported as an expense on the audit	\$	0		
Fundraising cost of goods sold	\$	-205,603		
reported as an expense on the audit	Ś	0		

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SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Pacific Whale Foundation

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

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Employer identification number

99-0207417

Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (f)
Direct controlling entity (e) End-of-year assets Public charity status (if section 501(c)(3)) Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section Legal domicile (state or foreign country) ق (c) Legal domicile (state or foreign country) Primary activity (b) Primary activity e (a) Name, address, and EIN (if applicable) of disregarded entity (a)Name, address, and EIN of related organization Part Part ₹ Ξ <u>@</u> <u>4</u> € 3 3 9 3 3

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

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 Pacific Whale Foundation

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Schedule R (Form 990) 2016 (k) Percentage ownership (i) Section 512(b)(13) controlled entity? × × Yes (J) General or managing Yes gartner? 4,718,581 100.000000 390,662|100.000000 **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Percentage ownership amount in box 20 (i) . Code V—UBI of Schedule K-1 (Form 1065) end-of-year assets (h) Dispro-portionate Yes No aloc 2 (g) Share of end-of-year assets (f) Share of total (f) Share of total income Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year. U O (e)
Predominant
income (related, tax under sections 512-514) Direct controlling excluded from unrelated, N/A N/A (d)
Direct controlling
entity (c) Legal domicile foreign country) (state or H AS (c) Legal domicile (state or foreign country) Education Education Primary activity (b) Primary activity HI 96793 (2) PWF Eco Adventures Australia Name, address, and EIN of related organization Level 16 175 Eagle Street Ste 211 (a)
Name, address, and EIN of related organization (1)SeaSport Cruises, Inc. 300 Maalaea Road, 99-0191430 Brisbane Wailuku Part III Part IV ձ 8 3 |€ | ଚ € lΞ

Yes

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

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

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

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2 If the	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	ie, including covered re	elationships and transact	on thresholds
	(e)	(q)	(0)	(p)
	Name of related organization	Transaction	Amount involved	Method of determining amount involved
		type (a-s)		
Ξ	PWF Australia, Inc.	đ	739,981	Accrual
(2)	Sea Sport Cruises, Inc.	0	1,158,519	Accrual
(3)	Sea Sport Cruises, Inc.	п	138,720	138,720 Accrual
4	Sea Sport Cruises, Inc.	0	237,903	Accrual
(2)				
(9)				

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 Pacific Whale Foundation

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

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

tage			ĺ										910
(k) Percentage ownership											-		990) 2
(J) General or managing partner?	No							_	=	<u>-</u> -			Form
Gen	Yes												ule R (
(i) Code V—UB! amount in box 20 of Schedule K-1 (Form 1065)													Schedule R (Form 990) 2016
	ę												
(h) Disproportionate allocations?	Yes												
Disi	<u> </u> Σ						_						
(g) Share of end-of-year assets													
(f) Share of total income													
rtners nn (3) ions?	N <sub>o</sub>												
(e) Are all partners section 501(c)(3) organizations?	Yes												
(d) Predominant income (related, unrelated, excluded from tax under													
(c) Legal domicile (state or u	country)										'		
(b) Primary activity													
(a)     (b)     (c)     (d)     (e)       Name, address, and EIN of entity     Primary activity     Legal     Predominant     Are all partners       domicile     income (related, excluded 501(c)(3)       foreign     from tax under     organizations?													
		£	(2)	9	€	<u>(S)</u>	9	E	(8)	6	(10)	(1)	

Schedule R (Form 990) 2016 Pacific Whale Foundation

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