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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

OMB No 1545-0047

Open to Public

Form 990
Department of the

▶ Do not enter social security numbers on this form as it may be made public Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection , and ending 06-30-2018 For the 2017 calendar year, or tax year beginning 07-01-2017 C Name of organization D Employer identification number B Check if applicable Ocean Conservancy ☐ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 1300 19th Street NW No 8th Fl ☐ Application pending (202) 429-5609 City or town, state or province, country, and ZIP or foreign postal code Washington, DC 20036 **G** Gross receipts \$ 42,118,365 Name and address of principal officer H(a) Is this a group return for Lawrence J Amon □Yes ☑No subordinates? 1300 19th Street NW No 8th Fl H(b) Are all subordinates Washington, DC 20036 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www oceanconservancy org L Year of formation 1972 M State of legal domicile VA K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities Ocean Conservancy is working to protect the ocean from today's greatest global challenges. Together with our partners, we create science based solutions for a healthy ocean and the wildlife and communities that depend on it Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 121 Total number of volunteers (estimate if necessary) . 6 789,138 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b 17,791 **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . 24,058,239 36,557,965 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 572,974 553,815 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 304,441 98,607 24,729,820 37,416,221 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 926,758 2,219,054 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 10,959,846 12,203,504 16a Professional fundraising fees (Part IX, column (A), line 11e) . 690,017 467,502 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶3,827,204 11,407,913 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 11,134,335 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 23,984,534 26,024,395 19 Revenue less expenses Subtract line 18 from line 12 . 745,286 11,391,826 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 36,119,574 48,359,161 21 Total liabilities (Part X, line 26) . 2,594,983 2,260,644 22 Net assets or fund balances Subtract line 21 from line 20 33,524,591 46,098,517

Signature Block

Signature of officer

awrence J Amon CFO Type or print name and title

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

Paid
Preparer
Use Only

Sign Here

	Print/Type preparer's name Nicole M Prince CPA	Preparer's signature Nicole M Prince CPA		Check If	PTIN P01315245
Paid Preparer	Firm's name Rogers & Company PLI	self-employed Firm's EIN ► 58-2676261			
Use Only	Firm's address ▶ 8300 Boone Boulevard	Phone no (703) 893-0300		
	Vienna, VA 22182				
May the IRS discu	ss this return with the preparer show	vn above? (see instructions)			. ☑Yes ☐No

2019-02-14

Form	990 (2017)					Page 2					
Par	t IIII Stateme	nt of Program Servi	ce Accomplis	hments							
	Check if Sc	chedule O contains a resp	onse or note to	any line in this Part III		🗹					
1	Briefly describe th	e organization's mission		·							
Ocea solut	n Conservancy is wo	orking to protect the oce cean and the wildlife and	an from today's (communities tha	greatest global challenge. at depend on it	s Together with our partners, we o	create science-based					
2	Did the organization	on undertake any signific	ant program ser	vices during the year whi	ich were not listed on						
	the prior Form 990	0 or 990-EZ?				☐ Yes 🗹 No					
	If "Yes," describe	these new services on S	chedule O								
3	Did the organization	on cease conducting, or	make significant	changes in how it conduc	cts, any program						
	services ⁷										
	If "Yes," describe	these changes on Sched	ule O								
4	Section $501(c)(3)$		ions are required	to report the amount of	argest program services, as measu grants and allocations to others, t						
4a	(Code) (Expenses \$	4,066,459	including grants of \$) (Revenue \$)					
	See Additional Data		· ·			<u> </u>					
4b	(Code) (Expenses \$	3,428,913	including grants of \$	35,500) (Revenue \$)					
	See Additional Data										
4c	(Code) (Expenses \$	5,715,620	ıncludıng grants of \$	670,839) (Revenue \$)					
	See Additional Data										
	See Additional Da	ta Table									
4d	Other program se	rvices (Describe in Sche	dule O)								
	(Expenses \$	6,810,466 in	cluding grants of	\$ 1,512,71	.5) (Revenue \$)					
4e	Total program s	ervice expenses 🟲	20,021,4	58							

or X as applicable

Checklist of Required Schedules

Page 3

No

Nο

Νo

Nο

No

Nο

Nο

Nο

Νo

No

Nο

Nο

No

Nο

Form **990** (2017)

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, lıne 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

29

No

Page 4

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Part IV Checklist of Required Schedules (continued) 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21

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24d

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25b

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Yes

Form 990 (2017)

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Νo

Nο

orm	990 (2017)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 99			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3а	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Institution foca and control c			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
ט	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		l

Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instru		onse to l	ines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management		1	1
			Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year 1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	b Enter the number of voting members included in line 1a, above, who are independent			
	1b	15		
2	officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the di of officers, directors or trustees, or key employees to a management company or other person?	rect supervision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v	was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets			No
6		6		No
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoin			—
-	members of the governing body?	7a		No
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stock persons other than the governing body?	kholders, or 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the following	ng the year by		
а	a The governing body?	8a	Yes	
b	b Each committee with authority to act on behalf of the governing body?	8b	Yes	<u> </u>
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	section B. Policies (This Section B requests information about policies not required by the Int	ternal Revenue Coo	(e.) Yes	N.
Λ-	a Did the organization have local chapters, branches, or affiliates?	10a	res	No No
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapter and branches to ensure their operations are consistent with the organization's exempt purposes?			110
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be form?	efore filing the	Yes	
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could conflicts?	d give rise to	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Schedule O how this was done	' describe in	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	Did the process for determining compensation of the following persons include a review and approval by persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ındependent		
а	a The organization's CEO, Executive Director, or top management official	15a	Yes	
b	b Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6а	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme taxable entity during the year?	ent with a 16a		No
b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza status with respect to such arrangements?			
Se	Section C. Disclosure	130	<u> </u>	<u> </u>
7	List the States with which a copy of this Form 990 is required to be filed▶			
	.` AL , AK , AZ , AR , CA , CT ME , MD , MA , MI , MS , N OR , PA , RI , SC , TN , UT	IĤ, NĴ, NM, NY, NC		
8				
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
9		t of interest		
0	policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books a	and records		
J	► Kenneth Donaldson 1300 19th St NW 8th Fl Washington, DC 20036 (202) 429-5609	ma records		

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	rson compensation compensation from the from relations organization (W- organization (W- 2/1000 MTSC)			(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		`MISC)	related organizations
See Additiona	al Data Table										

Form 990 (2017)								•	•			Page 8
Part VII Section A. Officers, Dire	ctors, Trustee	s, Key	Emp'	loy€	es,	, and	Higl	hest Compensa	ted Employees	(con:	tınued)	
(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	ot che unles fficer	neck mo ess pers er and a stee)	rson	(D) Reportable compensation from the organization (W-		w-	Estima amount o compen from	ated of other sation the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organizat relat organiza	ed
See Additional Data Table							\top			\exists		
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1b Sub-Total						*				-		
d Total (add lines 1b and 1c)	•		· .			>		3,077,225		0		505,385
Total number of individuals (including of reportable compensation from the compensa	ing but not limited	d to thos				e) who) rec	eived more than \$	100,000			
											Yes	No
3 Did the organization list any forme line 1a? If "Yes," complete Schedule	•		•	•		loyee, d			d employee on	3		No
4 For any individual listed on line 1a, organization and related organization individual	is the sum of reprons greater than '	ortable (\$150,00	comp)0? <i>If</i>	ensa "Yes	ition s," c	n and c comple	other te Sc	r compensation fro chedule J for such	om the		\ ,,	
5 Did any person listed on line 1a rec	The ar accrus co		- on f	m		·	'-+ad	Lauraniantion or in	lunderal for	4	Yes	
services rendered to the organization									dividual for	5		No
Section B. Independent Contra	ectors		—	—	—		—			-		110
1 Complete this table for your five high	ghest compensate									mper	nsation	
from the organization Report comp	pensation for the o	calendar	r year	end	iing	with o	r wit	thin the organization	on's tax year (B)		(C	٠,
	ne and business addre	ess							scription of services		Comper	nsation
Chapman Cubine & Hussey								Direct mai	ıl consultant			283,000
2000 15th St N 550 Arlington, VA 22201												
Ocean Wonks					_		_	Policy cour	nsel	_		216,000
175 Carroll Ave Newport, RI 02840												
Lincoln Policy Group	-							Lobbying				180,000
1110 Vermont Ave NW 1000												
Washington, DC 20005 Revolution Messaging								Digital fund	 ndraising			174,069
1730 Rhode Island Ave NW 310									-			
Washington, DC 20036 Alaska Strategies								Policy cour	escal			138,000
6595 Plantation Lane								101107 000.	ilsei			130,000
Garden City, ID 83763												
7 Total number of independent contract	tors (including but	r not lim	aited '	ro th	IOSE	₄ listed :	. ahor	ve) who received r	more than \$100.00)0 of		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 7

	VIII Statement of Re	venue					rage 3
			sponse or note to ar	ny line in this Part VII	ı		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a Federated campaigns	1	157,787	7	revenue		312-314
tributions, Gifts, Grants Other Similar Amounts	b Membership dues .	. 11	,	-			
Gra not	c Fundraising events .	. 10		-			
\$. 4	d Related organizations	10	1	-			
<u>.</u> 5	e Government grants (contrib	butions) 1	245,022	<u>-</u> 2			
ns,	f All other contributions, gifts	s, grants,		-			
itio er (S	and similar amounts not inc above	cluded 1	f 36,155,156	5			
혈	g Noncash contributions i						
Contributions, Gifts, Grants and Other Similar Amounts	ın lines 1a-1f \$	1					
ة ت	h Total.Add lines 1a-1f .			36,557,965			
ΕE	2a		Busine	ss Code			
١٩٨٠							
Service Revenue	b						
ŤΜC	c —						
Ŋ,	u —						
gran	f All other program service	e revenue					
Program	gTotal. Add lines 2a-2f		•				
	3 Investment income (include		s interest and other	ar			
	sımılar amounts)			520,06	2		520,062
	4 Income from investment	•	•	204.44	1		304,441
	5 Royalties	(ı) Real	(II) Personal	304,44	1		304,441
	6a Gross rents	(I) Real	(II) Personal				
	b Less rental expenses						
	c Rental income or						
	(loss)	.cc)		_			
	d Net rental income or (lo	(ı) Securities	(II) Other	•		+	
	7a Gross amount from sales of assets other than inventory	4,735,8	, ,				
	b Less cost or other basis and sales expenses	4,702,1	44				
	C Gain or (loss)	33,7	53				
	d Net gain or (loss)		•	33,75	3		33,753
Other Revenue	8a Gross income from fundr (not including \$ contributions reported or See Part IV, line 18	of n line 1c)	a				
R_{e}	b Less direct expenses .		b				
her	c Net income or (loss) from		events				
Ö	9a Gross income from gami See Part IV, line 19						
			a				
	b Less direct expenses .		b				
	c Net income or (loss) fror 10a Gross sales of inventory, returns and allowances	, less	vities •				
	b Less cost of goods sold		a b				
	C Net income or (loss) from Miscellaneous Rev						
	11a	renue	Business Code	<u>;</u>			
	с		+		+	+	
	d All other revenue		+			1	
	e Total. Add lines 11a-11a	d	•				
	12 Total revenue. See Inst	tructions .		27 446 22	.1		0 858.256
			<u> </u>	37,416,22	±1	0	0 858,256 Form 990 (2017)

	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other orga	anizations must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	y line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	519,278	519,278		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	1,699,776	1,699,776		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,497,021	1,898,583	275,727	322,711
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				

e Professional fundraising services See Part IV, line 17

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ✓ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials . 19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

9 Other employee benefits .

11 Fees for services (non-employees)

f Investment management fees .

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

16 Occupancy

20 Interest . .

23 Insurance .

a Subscriptions

c Donated goods

d Prof fund alloc

e All other expenses

b List rental

17 Travel .

14 Information technology

10 Payroll taxes .

b Legal .

c Accounting

a Management . .

d Lobbying

section 4958(c)(3)(B)

7 Other salaries and wages

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . .

7,351,037 318,814 1,333,887 702,745

52,646

83,277

467,502

67,475

3,518,741

447,283

3,553,983

1,160,874

1,140,413

400,280

139,788

80,357

244,531

148.234

33,142

49,179

26,024,395

4,343,720

0

14,132

5,590,829 241,937 1,012,240 533,288

35,064

3,171,135

365,701

7,518

875,326

347,547

92,873

57,690

162,113

81,232

32,106

252,348

30,735

20,021,458

2,380,359

1,042,131

1,972,008

810,998 35,423 148,208 78,082

7,171

83,277

67,475

174,138

1,271

5,338

186,470

163,278

33,964

23,565

31,147

12,904

31,426

1,038

4,758

30,405

2,175,733

75

949,210 41,454 173,439 91,375 10,411

467,502

173,468

80,311

1,276

122,270

64,318

29,168

15,768

9,763

50,992

65,964

-252,348

13,686

3,827,204

1,932,956

Form 990 (2017)

961

1,395,505

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

4,513,828

15,976,538

200.155

32,979

544.635

313,967

25.339.469

1.437.590

48.359.161

1,558,712

30,013

671.919

2,260,644

21,229,751

22,030,231

2.838.535

46,098,517

48.359.161

Form **990** (2017)

(B) End of year

5,562,774

53,404

654.383

371.061

22.133.944

1.455.851

36,119,574

1,203,882

149,927

1.241.174

2,594,983

18,723,356

13.209.065

1.592.170

33,524,591

36.119.574

1,629,351

1,315,384

4

5

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11 12

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33

34

Page **11**

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

	Beginning of year	
1 Cash-non-interest-bearing	5,687,997	1
2 Savings and temporary cash investments	200,160	2

Pledges and grants receivable, net . . . Accounts receivable, net . Loans and other receivables from current and former officers, directors,

trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Notes and loans receivable, net .

Inventories for sale or use . Prepaid expenses and deferred charges

10a basis Complete Part VI of Schedule D

10b

Assets 10a Land, buildings, and equipment cost or other b Less accumulated depreciation 11

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 . Investments—program-related See Part IV, line 11

Intangible assets Other assets See Part IV, line 11 .

12 13 14

15 16

Total assets.Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses

18 Grants payable . . . 19 Deferred revenue . . . Tax-exempt bond liabilities 20

21 22

Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L .

Liabilities 23 24

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Secured mortgages and notes payable to unrelated third parties . . . 25 and other liabilities not included on lines 17-24)

Unsecured notes and loans payable to unrelated third parties . Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .

26

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets

Page **12**

0

46,098,517

No

Nο

No

Form 990 (2017)

Yes

Yes

Yes

2a

2b

2c

3a

3b

9

10

3	Revenue less expenses Subtract line 2 from line 1	3	11,39
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,52
5	Net unrealized gains (losses) on investments	5	1,18
6	Donated services and use of facilities	6	

Other changes in net assets or fund balances (explain in Schedule O)

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Form 990 (2017)

Part XII

Schedule O

4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,524,59
5	Net unrealized gains (losses) on investments	5	1,182,10
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Additional Data

Software ID:

Software Version:

EIN: 23-7245152

Name: Ocean Conservancy

Form 990 (2017)

Form 000 Port III Line 4

Form 990, Part III, Line 4a:

Communications & Outreach - Ocean Conservancy educates the public through various communication channels including websites, e-mail, direct mail, social media, paid advertising, public service announcements, reporter outreach, written reports, blogging and more. Ocean Conservancy has more than 130,000 members, International Coastal Cleanup volunteers numbering around 800,000 each year and a social media audience of more than 800,000. We also engage in various efforts to provide strategic advice, messaging and digital assets to the broader ocean community.

Form 990, Part III, Line 4b: Marine Debris Education & Prevention For more than 30 years, Ocean Conservancy has been bringing together passionate ocean lovers who have the common goal of trash free seas. We mobilize the International Coastal Cleanup - the world's largest volunteer effort to clean up waterways and the ocean. We research and share key details about

what is trashing our ocean with the public, scientific community and decision-makers. We are also bringing together leaders from industry, government and academia through the Trash Free Seas Alliance to lead to innovative solutions that stop trash and plastic at the source

Ocean Policy Science and Governance - Ocean Conservancy translates threats into sound practical policies that protect our ocean and improve our lives. We recognize that real leadership means real cooperation between governments, businesses, scientists, policymakers, conservation organizations and citizen advocates. We seek to achieve

Form 990, Part III, Line 4c:

this by advocating for improvement in quality and quantity of ocean research and monitoring, reform of ocean governance and planning for various ocean uses like fishing, fish farming, and other types of resource development. Thanks to improved management practices and restoration of nursery habitat, many of our nation's fisheries are

producing sustainable yields that fuel a strong economy, support well-paying jobs, provide for ample recreational opportunities and supply Americans with healthy seafood

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code (Code

drilling and ensure that Arctic people and wildlife thrives and its waters remain healthy and clean (Code 1,673,019 including grants of \$ 500) (Revenue \$ (Expenses \$ Gulf of Mexico Restoration - Ocean conservancy has worked to promote a healthy Gulf for more than 20 years. Building on established relationships In the region and solid scientific knowledge of its ecosystems and wildlife, Ocean Conservancy's Gulf Restoration and Fisheries Conservation program staff and our policy experts are putting their expertise to work by working with various decision makers and regulators, conduction onthe-ground research and observation, and publishing reports and recommendations for decision-makers and citizens alike. We developed a framework for restoration that is a blueprint to restore the Gulf to its rightful place as a national treasure, and we are working to ensure that necessary funds for long-term science and Gulf restoration are committed

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Michael Orbach

Elizabeth Bagley

Kathleen Justice-Moore

Secretary

Director

Director

Director

Director

Director

Director

John Sargent

Jeremy Milo

Stephen Palumbi

Steve Henn

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Thomas Allen Co-Chair	2 00	х		×				0	0	0	
Daniel Oros Co-Chair	2 00	х		х				0	0	0	
Edward Miller Treasurer	2 00	х		х				0	0	0	

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation

356,227

381,357

135,171

225,284

201,960

0

53,022

43,823

8,110

25,024

36,791

0

0

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours for related organizations		1	ecto	-	ustee	F _Q	organization (W- 2/1099- MISC)	organizations (W- 2/1099- MISC)	from the organization and related
	below dotted line)	Individual trustee or director	Institutional Trustee	<u>ন্</u>	, employee	Highest compensated employee	mer			organizations
Oswald Schmitz Director	2 00	×						0	0	C
Steven Strongin Director	2 00	x						0	0	C
	2.00									

Director									
Steven Strongin	2 00	×						0	
Director		^							
Rashid Sumaila	2 00	×						0	
Director		^						<u> </u>	
Lawrence Wagenberg	2 00								
		l x	I	i l	I I	i	i I	I 0	

2 00

45 00

45 00

24 00

45 00

40 00

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and Independent Contractors

Director

Director

Janis Jones

Suzanne Woolsey

President & CEO

Andreas Merkl

. President

Lawrence Amon

Emily Woglom

Sarah Humphries

VP, Resource Development

......

CFO

EVP

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

				•		<u> </u>	111 2/1000	/W 2/4000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Chris Dorsett VP, Conservation Policy	40 00			×			192,034	0	46,950	
Susan Ruffo Director, International Initiatives	40 00			×			177,691	0	0	
Julia Roberson VP, Communications	40 00			×			163,429	0	21,273	
Scott Highleyman VP, Conservation Policy	40 00			×			162,746	0	35,055	

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160,747

156,832

196,558

146,385

143,528

140,493

0

0

0

0

21,213

20,927

20,621

42,873

43,746

43,624

40 00

40 00

40 00

40 00

40 00

40 00

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Kenneth Donaldson VP, Finance & Admin

......

Marie Michelson

Joi Danielson

Kelly Luck

George Leonard

Chief Scientist

Teresa Parsons

VP, Digital Communications

Director, Foundation support

Director, Program Development

Senior Fellow, Program innovation

and Independent Contractors

and Independent Contractors (A)

Michelle Frey

Director, Digital Communications

Name and Title

hours per week (list any hours for related organizations below dotted line)
 40 00

(B)

Average

00

employee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Institutio

Position (do not check more than one box, unless person is both an officer and a director/trustee)

Х

compensation from the organization (W- 2/1099-MISC) 136,783

(D)

Reportable

(E)

Reportable

compensation

from related

organizations (W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

42,333

efile	e GRA	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9349304600744			
SCI	I FD	ULE A	Public	Charity Statu	e and Dul	alic Supp	ort	OMB No 1545-0047		
	m 990			organization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization o		2017		
•		the Treasury	► Information abo	out Schedule A (Form			ıctions is at	Open to Public Inspection		
lame		ue Service ne organiza vancy	tion	<u> </u>			Employer identific	<u> </u>		
		varicy					23-7245152			
Pai			for Public Charity Sta a private foundation becaus				See instructions.			
пе о 1	rganiz		onvention of churches, or a	•	•	,	(A)(:)			
2		•								
3		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
		·	·	-			-	orke or Alexa December 11 a		
4	Ш		esearch organization opera and state	eted in conjunction with	a nospital descri	ped in section	17U(B)(1)(A)(III). E	nter the nospital's		
5		(b)(1)(A)	ation operated for the bene (iv). (Complete Part II)	-				bed in section 170		
6		•	tate, or local government	_						
7	✓	section 17	ation that normally received (0(b)(1)(A)(vi). (Comple	te Part II)			init or from the gener	al public described in		
8		A communi	ty trust described in sectio	on 170(b)(1)(A)(vi)	(Complete Part I	I)				
9			ural research organization ant college of agriculture					ege or university or a		
LO		from activit	ation that normally received les related to its exempt for income and unrelated bus see section 509(a)(2).	unctions—subject to cer iness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross		
l 1			ation organized and operat		r public safety S	ee section 509	(a)(4).			
12		more public	ation organized and operat ly supported organizations through 12d that describe	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a			
а		Type I. A so	supporting organization open n(s) the power to regularly Part IV, Sections A and I	erated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by			
b		manageme	supporting organization sunt of the supporting organiplete Part IV, Sections A	zation vested in the sar						
С			unctionally integrated. A					ted with, its		
d		Type III n functionally	on-functionally integrat integrated The organizati You must complete Page 1	ed. A supporting organion generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar			
e		Check this	box if the organization rece or Type III non-functional	eived a written determir	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter		of supported organizations		or gamzation					
g	Provid	de the follow	ing information about the	supported organization(s)		_			
	(i) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
		· ·								
Total			tion Act Notice, see the	<u> </u>	Cat No 11285		 Schedule A (Form 9			

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

	III. If the organization f	ails to qualify un	der the tests list	ed below, pleas	e complete Part	III.)		
9	Section A. Public Support							
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	2017	(f) Total
	(or fiscal year beginning in) ▶	(4) 2020	(5) 2021	(0) 2020	(4) 2010		-	(1) 10141
1	Gifts, grants, contributions, and membership fees received (Do not	18,145,072	30,924,938	18,615,990	24,058,239	3,	5,557,965	128,302,20
	include any "unusual grant ")	10,143,072	30,324,330	10,013,330	24,030,233	٠,	3,337,303	120,302,20-
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	10 115 073	20.024.020	10.615.000	24.050.220			120 202 20
4	Total. Add lines 1 through 3	18,145,072	30,924,938	18,615,990	24,058,239	31	5,557,965	128,302,204
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							38,486,768
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public support. Subtract line 5 from line 4							89,815,436
9	Section B. Total Support				<u>'</u>			
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c) 2015	(d) 2016	(e)2	:017	(f) Total
7	Amounts from line 4	18,145,072	30,924,938	18,615,990	24,058,239	30	5,557,965	128,302,204
8	Gross income from interest,	, ,		• • •				
_	dividends, payments received on							
	securities loans, rents, royalties	821,521	647,823	559,032	588,022		824,503	3,440,90
	and income from similar sources							
9	Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried on							
	,							
10								
	or loss from the sale of capital	2						-
11	assets (Explain in Part VI) Total support. Add lines 7 through		+	+	+			
	10							131,743,107
12	Gross receipts from related activities,	etc (see instruction	ons)			12		22,579
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nızatıon,
	check this box and stop here						▶ 🗆	
	Section C. Computation of Publi	c Support Perc	entage					
	Public support percentage for 2017 (li			olumn (f))		14		68 170 %
15	Public support percentage for 2016 Sc	hedule A, Part II, l	ine 14			15		67 710 %
16	33 1/3% support test—2017. If the	e organization did r	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more, c	heck this b	
	and stop here. The organization qual	lifies as a publicly s	upported organiza	tion				▶ 🗹
Ł	33 1/3% support test-2016. If th				nd line 15 is 33 1/	3% or m	ore, check	
_	box and stop here. The organization							▶ □
17:	10%-facts-and-circumstances tes				e 13, 16a, or 16b.	and line	14	_
	is 10% or more, and if the organization							
	in Part VI how the organization meets	the "facts-and-circ	cumstances" test -	The organization q	jualifies as a public	ly suppo	orted	
	organization							▶ □
Ŀ	10%-facts-and-circumstances te						nd line	
	15 is 10% or more, and if the organi						1	
	Explain in Part VI how the organization	on meets the "facts	s-and-circumstance	es test The organ	nization qualifies a	s a publi	CIY	

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
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						
4	under section 513 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						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,					
	describe the designation If historic and continuing relationship, explain	1	İ			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)					
	in section 309(a)(1) or (2)	2				
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)					
	below	3a	İ			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the					
	determination	3b				

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	·					
	determination						
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?						
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use						
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked 12a or 12b in Part I, answer (b) and (c) below						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						

				3.			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use						
		3с					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked 12a or 12b ın Part I, answer (b) and (c) below						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						
_	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		\rightarrow				
	supervised by or in connection with its supported organizations	4b					
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 Part VI what controls the organization used to ensure that all support						
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes						
	to the foligin supported digamentation has used exclusively for section 170(e)(2)(b) purposes						
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and						

			, ,			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "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 supported					
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b				
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 Part VI what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes					
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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the					
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a				

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	
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)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

	ret IV Supporting Organizations (continued)		-	age :
110	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	INO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
u	governing body of a supported organization?	11a		
h	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		
	ection B. Type I Supporting Organizations			
_	detion 5. Type 2 supporting organizations	-	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
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, supervised or controlled the supporting organization	2		
_	Carling O. Tons II Commenting Operations			
	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		103	140
_	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			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 tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
- 5	ection 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 (see instruct	ions)		
	a The organization satisfied the Activities Test Complete line 2 below	•		
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	c	ınetru	ctions)	
	The organization supported a governmental entity. Describe in Fait VI now you supported a government entity (see	mstru	ctions	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 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	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a		
	 b Did the organizations exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard 	3h		

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O)raani:	zatione	Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifying true	_		Part VI) Soc
_	instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) $\frac{1}{2}$	1		
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		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	d Type III supporting or	ganization (see

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in Part VI) See instructio	ns		
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide		
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Other distributions (describe in Part VI) See instruction Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to whole details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Fycess Distributions Underdistributions

details in Part VI) See instructions	Terraine organization is respons	sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

Schedule A (Form 990 or 990-EZ) 2	Pag	e 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)								
	Facts And Circumstances Test								
990 Sched	iule A, Supplemen	tal Information	=						
Ret	Return Reference Explanation								
	, Part II, Line 10, of Other Income	Miscellaneous - 2013 Amount \$ 2							

SCHEDULE C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

DLN: 93493046007449

Open to Public

EZ)

(Form 990 or 990-

Department of the Treasury ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Inspection Internal Revenue Service www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Ocean Conservancy 23-7245152 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017 Cat No 50084S

1,000,000

414,830

250,000

10,944

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

1,000,000

740,339

250,000

125,294

1,000,000

464,498

250,000

4,584

1,000,000

812,585

250,000

85,714

Schedule C (Form 990 or 990-EZ) 2017

4,000,000

6,000,000

2,432,252

1,000,000

1,500,000

226,536

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

SCHEDULE D Supplemental Fina

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.

2017

DLN: 93493046007449

Department of the Treasury
Internal Revenue Service

Inform

Name of the organization

(Form 990)

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.qov/form990</u>.

2017

12b.

Open to Public

Inspection

Employer identification number

Oce	ean Conservancy					23-7	245152		
Pā	Organizations Maintaining Donor Advi								
		(a) Dono					(b)Funds	and other	accounts
L	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
1	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisorganization's property, subject to the organization's ex			ets	held in donor	advised i	unds are	_] Yes □ No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?] Yes □ No
Pa	rt II Conservation Easements. Complete if the	ne organization a	answe	rec	d "Yes" on Fo	orm 990	. Part IV		i les 🗀 NO
	Purpose(s) of conservation easements held by the orga						,	,	
	Preservation of land for public use (e.g., recreation	n or education)		Pı	eservation of	an histor	cally imp	ortant land	area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	П		eservation of				
	☐ Preservation of open space		_		cool ration of	u ece	4 111500110	J. actar c	
,	Complete lines 2a through 2d if the organization held a	qualified conserva	tion co	ntr	ibution in the	form of a	conserva	ition	
_	easement on the last day of the tax year	qualified coriserva	cion co	,,,,,,,,	ibution in the	TOTAL OF A			of the Year
а	Total number of conservation easements					2a			
b	Total acreage restricted by conservation easements					2b			
c	Number of conservation easements on a certified histori	ıc structure ınclude	d ın (a	1)		2c			
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 8/17/06,	and n	ot	on a historic	2d			
3	Number of conservation easements modified, transferre tax year ▶	ed, released, exting	guished	d, c	r terminated	by the or	ganızatıon	during the	
1	Number of states where property subject to conservation	on easement is loca	ated >						
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		rıng, ın	ısp	ection, handlir	ng of viola	- itions,	☐ Yes	Пио
5	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of v	/iolatioi	ns,	and enforcing	g conserv	ation ease		—•
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violati	ons, ar	nd	enforcing cons	servation	easement	s during th	e year
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^2$	above satisfy the	require	em	ents of section	n 170(h)(4)(B)(ı)	☐ Yes	□ No
•	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or							
a	rt III Organizations Maintaining Collections Complete if the organization answered "Ye					ther Si	nilar As	sets.	
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition,	educati	ion	, or research	ın further			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub 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, histori following amounts required to be reported under SFAS					ınancıal g	aın, provi	de the	
а	Revenue included on Form 990, Part VIII, line 1	•	-				▶ \$		
b	Assets included in Form 990, Part X						▶ \$		
	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.			Cat N	No 52283	D Sch	edule D (F	orm 990) 201

Part	2111	Organizations Maintaining Col	lections of Art, H	istorica	l Trea	sures, oi	r Other	Similar As	sets (con	tınued)	
3		the organization's acquisition, accessions (check all that apply)	n, and other records,	check any	of the	following t	hat are a	sıgnıfıcant u	se of its co	llection	
а		Public exhibition		d [Loa	an or excha	ange prog	rams			
b		Scholarly research		e [Oth	her					
С		Preservation for future generations									
4	Provi Part)	de a description of the organization's col XIII	llections and explain h	now they f	urther t	the organiz	zation's ex	empt purpos	se in		
5		ng the year, did the organization solicit o is to be sold to raise funds rather than to						ular	☐ Yes	□ N	o
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990, P	art IV,	line 9, o	r reporte	ed an amou	nt on For	m 990,	Part
1a	Is the	e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other ıntermedı	ary for co	ntributi	ons or othe	er assets	not	☐ Yes	□ N	0
ь	If "Y∈	es," explain the arrangement in Part XIII	and complete the fol	lowing tal	ole			Aı	nount		_
c		nning balance	•	<u> </u>			1c				_
d	_	ions during the year					1d				_
e	Dıstrı	butions during the year					1e				_
f	Endır	ng balance					1f				_
2 a	Dıd tl	he organization include an amount on Fo	orm 990, Part X, line 2	21, for esc	row or	custodial a	ccount lia	ibility?	☐ Yes	N	_ о
b	If "Y∈	es," explain the arrangement in Part XIII									
Pa	rt V	Endowment Funds. Complete if									
	_		(a)Current year	(b)Prior			ears back	(d)Three yea		Four year	
	_	ning of year balance	2,334,417		,219,747	<u> </u>	2,277,442	2,3	325,768		112,766
		outions	1,246,365 192,134		230,687	7	55,704		65,471		325,060
		vestment earnings, gains, and losses	192,134		230,007	<u> </u>	33,704		03,471		
		or scholarships									
		expenditures for facilities ograms	111,314		110,294	1	107,866		106,215		102,930
		istrative expenses	6,134		5,723		5,533		7,582		9,128
g	End of	year balance	3,655,468	2	,334,417	7	2,219,747	2,2	277,442	2,:	325,768
2		de the estimated percentage of the curre	ent year end balance	(line 1g, d	olumn	(a)) held a	s				
а	Board	d designated or quasi-endowment 🕨	0 %								
b	Perm	anent endowment ► 77 650 %									
С	Temp	oorarily restricted endowment > 22 3	350 %								
	The p	percentages on lines 2a, 2b, and 2c shou	ıld equal 100%								
3а		here endowment funds not in the posses	ssion of the organizati	on that ar	e held	and admini	stered fo	r the			
	-	nization by nrelated organizations							3a(i)	Yes	No No
		elated organizations		• •					3a(ii		No
b		es" on 3a(II), are the related organization		n Schedu	le R?.				3b	1	
4		ribe in Part XIII the intended uses of the	· ·								
Par	t VI	Land, Buildings, and Equipme	nt.								
		Complete if the organization answ							•		
	Descri	iption of property (a) Cost or oth (investme		or other bas	sıs (othei	r) (c) Acc	umulated o	lepreciation	(d)	Book valu	e
1a	Land										
b	Buildin	gs									
С	Leaseh	nold improvements			285,80	00		209,242			76,558
		nent			944,43	35		914,583			29,852
					399,1	16		191,559			207,557
-		lines 1a through 1e (Column (d) must e	qual Form 990, Part X	(, column	(B), lin	e 10(c))		>			313,967

Part VII	Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	he organızatı	on answ	ered "Yes" on Form 99	0, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value		od of valuation F-year market value
	al derivatives	· · · ·			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990, Pa	rt IV, lın	e 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Boo	ok value		od of valuation f-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. Complete if the organization answered (a) Description		1990, Par	: IV, line 11d See Form 9	990, Part X, line 15 (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu Part X	omn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	 answered 'Ye	 s' on For		▶ 1e or 11f.
1.	(a) Description of liability		(b) Bo	ok value	
	income taxes ise obligations			68,649	
Gift annuity	payment liability			578,276	
Deferred cor (4)	mpensation liability			24,994	
(5)					
(6)					
(7)					
(8)					
(9)					
	(h) must equal form 000. Bart V ==1/01 lim 25.3	. 1		671.010	
	on (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text o	of the footnote	to the org	671,919 anization's financial state	ements that reports the

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

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

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Add lines 2a through 2d

Supplemental Information

Net unrealized gains (losses) on investments

Part XI

2

а

b

4

b

c

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2017

Page 4

37,416,221

26,369,820

412,900

67,475

26.024.395

Schedule D (Form 990) 2017

25,956,920

d 2d 2e e 3 3

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

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

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

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

Add lines **4a** and **4b**

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1,182,100

412.900

67,475

412,900

67,475

2e

3

4c

5

2a

2b

2c

4a

4b

2a

2b

2c

2d

4a

4b

Explanation

1,595,000 37,348,746 67,475 4c

Page 5		Schedule D (Form 990) 2017	
	ormation (continued)	Part XIII Supplemental Info	
	Explanation	Return Reference	

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 23-7245152
Name: Ocean Conservancy

Complemental Targeton and

Supplemental Information

Return Reference Explanation

Part V, Line 4 The donor-restricted endowment fund has no purpose restrictions and was established to pro vide continuing support for general operations of the organization

Supplemental Information	
Return Reference	Explanation
Part X, Line 2	Management evaluated OC's tax positions and has concluded that OC has taken no uncertain t ax positions that require either recognition or disclosure in the accompanying financial s tatements

Sι

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93-						93493046007449	
SCHEDULE F (Form 990)	Statem	nent of A	Activities (Outside the Uni	ited St	ates	OMB No 1545-0047
(1 01111 330)	► Complete	out the organize		es" to Form 990, Part IV, I o Form 990.	ıne 14b, 15	i, or 16.	2017
Department of the Treasury Internal Revenue Service	► Information	n about Sched	ule F (Form 990) a	and its instructions is at wi	vw.irs.gov/	form990.	Open to Public Inspection
Name of the organization						Employer ident	tification number
Ocean Conservancy						23-7245152	
	nformation on Part IV, line 14		Outside the U	Inited States. Comple	te if the	organization ar	nswered "Yes" to
other assistance, to award the gran	the grantees' eligits or assistance?	gibility for th	e grants or assis	substantiate the amount stance, and the selection	criteria u	sed	✓ Yes □ No
2 For grantmakers outside the United		rt V the orga	anization's proce	dures for monitoring the	use of its	grants and oth	er assistance
3 Activites per Region	n (The following F	Part I, line 3 t	able can be dupli	cated if additional space is	needed)		
(a) Region		b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spec	ty listed in (d) is a service, describe cific type of e(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data				-			
(2)							
(3)							
(4)							
(5)							
3a Sub-total b Total from continuate Part I		C					1,964,793 985
c Totals (add lines 3a For Paperwork Reduction		O Instruction			No 50082	W Schedule	1,965,778 e F (Form 990) 2017

organization	section		grant	cash grant	cash	of non-cash	of non-cash	valuation
	and EIN (ıf				disbursement	assistance	assistance	(book, FMV,
	applicable)							appraisal, other)
(1)		North America	Arctic preservation	1,350,000	Wire			

/6\ M======

(In) December

Page 2

(i) Mothad of

Schedule F (Form 990) 2017

2)		E I	260 424	SA /	
_,	Pacific	i isnenes modeling	01,010	••••	
2)	East Asia and the	Fisheries modeling	61,640	Wire	

(3) Europe (Including Il-isheries modelina 268.421IWire

Iceland & Greenland)

(4)

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

Schedule F (Form 990) 2017

(a) Name of

(h) IDC -----

(-) D----

(4) (5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part IIII Grants and O	ther Assistance to	Individuals	Outside the Unite	ed States. Complete if	the organization an	swered "Yes" to Form 9	90, Part IV, line 16.
Part III can be	duplicated if addition	nal space is r	needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							

Sche	dule F (Form 990) 2017		Page 4
Pai	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	✓ No
	Schedul	e F (Form 9	990) 2017

Schedule F (Fo	m 990) 2017 Page 5							
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting mandal amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to preany additional information (see instructions).								
Return Reference	Explanation							
Part I, Line 2	For research grants, Ocean Conservancy requires semiannual financial reports along with project, progression discussions and reports. For cleanup grants (typically \$5,000 or less) Ocean Conservancy requires a basic financial report certifying the funds							

Return Reference	Explanation			
rt I, line 3	Cash value paid in US dollars			

Pan

Additional Data

East Asia and the Pacific

Software ID: Software Version:

EIN: 23-7245152

Name: Ocean Conservancy

72,140

Form 990 Schedule F Part I - Activitie	es Outside The United States
--	------------------------------

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0		Grants to recipients located in region		1,354,215

0 Grants to recipients

located in region

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland & 273.421 0 IGrants to recipients Greenland) located in region Central America and the Travel 2.224 0 Program services Carıbbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Fast Asia and the Pacific Fees for service, supplies, 31.922 0 |Program services land travel Europe (Including Iceland & 166.111 0 Program services Fees for services, meeting Greenland) sponsorship, and travel

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) North America - Canada and Fees for services and 63,533 0 |Program services Mexico supplies South America Fees for services and 1.227 0 Program services ltravel

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program reaion services, grants to service(s) in region region recipients located in the region) Sub-Saharan Africa 985 0 Program services lTravel

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Department of the Treasury

As Filed Data -

DLN: 93493046007449

2017

OMB No 1545-0047

SCHEDULE G Supplemental Information Regarding (Form 990 or 990-EZ) **Fundraising or Gaming Activities**

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

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

	mal Revenue Service	▶Infor	mation about Schedule	G (Form 9	90 or 990	-EZ) and its instructions is at	l www irs gov/form990).	Inspection
	ne of the organization an Conservancy						Employe	r ide	entification number
	earr Conservancy						23-72451	52	
P		-	ties. Complete ıf th re not required to	_		answered "Yes" on For part.	rm 990, Part IV, lı	ne 1	.7.
1	Indicate whether the	organizat	tion raised funds thro	ough any	of the fo	llowing activities Check a	all that apply		
а	✓ Mail solicitations				e	✓ Solicitation of non-	government grants		
b	✓ Internet and ema	ıl solıcıtat	ions		f	✓ Solicitation of gove	rnment grants		
С	✓ Phone solicitation	ıs			q	Special fundraising	events		
d	☐ In-person solicita	tions							
2a	Did the organization	have a wi				ridual (including officers, on n with professional fundra			
b		nighest pa	aid individuals or enti	ities (fund		pursuant to agreements	-		es No er is
(i)	Name and address of ir or entity (fundraisei		(ii) Activity	fundrai custo cont) Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid (or retained by) fundraiser listed col (i))	(vi) Amount paid to (or retained by) organization
_			D	Yes	No				
1	CHAPMAN CUBINE & H 2000 15TH STREET N	IUSSEY	Direct mail		No	5,049,339	310	,716	4,738,623
_	Arlıngton, VA 22201								
2	BEACONFIRE RED ENG 2300 CLARENDON BLV 95		Digital fundraising		No	1,713,106	129	,319	1,583,787
	Arlıngton, VA 22201								
3	GORDON & SCHWENKI INC 20300 S VERMONT AV		Telemarketing		No	10,759	7	,070	3,689
	Torrance, CA 90502								
4	PUBLIC INTEREST COMMUNICATIONS IN 7700 LEESBURG PIKE		Telemarketing		No	5,745	12	,566	-6,821
_	Falls Church, VA 2204	3							
5	DONOR SERVICES GRO 1200 WILSHIRE BLVD	650	Telemarketing		No	3,921	7	,831	-3,910
	Los Angeles, CA 90017	7							_
·									
7									
8									
9									
10									
									+

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VA, WV, WI, AZ, DE, ID, IN, IA, MT, NE, SD, TX, VT, WY

6,782,870

Cat No 50083H

Total

6,315,368

467,502

Sche	edule G (Form 990 or 990-EZ) 2017				Page 2				
Pa	rt II Fundraising Events. Complethan \$15,000 of fundraising e	event contributions and							
	gross receipts greater than \$!	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events				
		(event type)	(event type)	(total number)	(add col (a) through col (c))				
Revenue									
eve									
~	1 Gross receipts								
	2 Less Contributions								
	4 Cash prizes								
	5 Noncash prizes								
ses	6 Rent/facility costs								
Direct Expenses	7 Food and beverages								
ញិ អ	8 Entertainment								
elic	9 Other direct expenses								
_	10 Direct expense summary Add lines 4 t	through 9 in column (d)		· .					
	11 Net income summary Subtract line 10) from line 3, column (d)		•					
Pai	Gaming. Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part 1	IV, line 19, or reported	more than \$15,000				
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
	1 Gross revenue								
Expenses	2 Cash prizes								
ă	3 Noncash prizes								
ect	4 Rent/facility costs								
<u>ā</u>	5 Other direct expenses								
		☐ Yes%	☐ Yes %	☐ Yes %					
	6 Volunteer labor	☐ No	☐ No	☐ No					
	7 Direct expense summary Add lines 2 t	•							
8 Net gaming income summary Subtract line 7 from line 1, column (d)									
9	Enter the state(s) in which the organizati	ion conducts gaming activ	rities						
a b	Is the organization licensed to conduct go If "No," explain				☐ Yes ☐ No				
10a b	Were any of the organization's gaming lid		ed or terminated during the	e tax year?	Yes No				
					l				

Sche	dule G (Form 990 or 990-EZ) 2017					F	Page 3
11	Does the organization conduct gami	ng activities with nonmember	-s?		Yes	□No	
12	Is the organization a grantor, benefi formed to administer charitable gam	ıcıary or trustee of a trust or a nıng?	a member of a partnership or other entity		□Yes	_	
13	Indicate the percentage of gaming a	activity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the p	person who prepares the orga	nızatıon's gamıng/specıal events books an	d records			
	Name •						
	Address >						
15a	Does the organization have a contra revenue?	ct with a third party from who	om the organization receives gaming		□Yes	□No	
Ь	If "Yes," enter the amount of gaming amount of gaming revenue retained		ganization 🕨 \$ an	d the			
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 s retain the state gaming license?	tate law to make charitable d	istributions from the gaming proceeds to		☐Yes		
b		•	uted to other exempt organizations or spe	nt	∟ res		
Par	in the organization's own exempt act Tt IV Supplemental Informa		り tions required by Part I, line 2b, colui	nns (m) a	and (v): a	nd Part	
			olicable. Also provide any additional in				s).
	Return Reference		Explanation				
Sche	dule G, Part I, Line 2b, Column (v)	Amounts listed in Part I, C	Column V include a portion of non-fundraisi	ng profess	ional fees		
			Sc	hedule G (F	orm 990 or	990-EZ)	2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493046007449 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** Ocean Conservancy 23-7245152 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017						Page 2	
Part III Grants and Other Part III can be dup	r Assistance to plicated if addition	Domestic Individua onal space is needed	als. Complete if the org	janization answered "Yes"	on Form 990, Part IV, line 22		
(a) Type of grant or as		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
Part IV Supplement	tal Information	on. Provide the infe	ormation required in	Part I, line 2; Part III	I, column (b); and any other ad	dditional information.	
Return Reference	Explanation	on					
Part I, Line 2		research grants, Ocean Conservancy requires semiannual financial reports along with project, progression discussions and reports. For cleanup grants (typically less in \$5,000) Ocean Conservancy requires a basic financial report certifying the funds were used for the purpose of the grant.					

Additional Data

(a) Name and address of

organization

3900 Arctic Blvd 203 Anchorage, AK 99503

Foundation

National Marine Sanctuary

8601 Georgia Ave 510 Silver Spring, MD 20910

Software ID:
Software Version:
EIN: 23-7245152
Name: Ocean Conservancy

(b) EIN

94-3370994

Form 990,Schedule I	, Part II, Grants and Othe	er Assistance to Domestic	Organizations and Domes	stic Governments.

501(c)(3)

(c) IRC section

ıf applıcable

or government				assistance	other)	
Inuit Circumpolar Council Alaska	92-0091959	501(c)(3)	10,000			

(d) Amount of cash

grant

10,000

(e) Amount of non-

cash

(f) Method of valuation

(book, FMV, appraisal,

(q) Description of

non-cash assistance

(h) Purpose of grant

or assistance

Arctic Conservation

Meeting sponsorship

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Blue Frontier 14-1861309 501(c)(3) 15.000 Climate modeling

PO Box 19367 Washington, DC 20036

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Anchorage, AK 99501

Aleut International Association 92-0169320 501(c)(3) 40,000 Arctic Conservation 333 W 4th Ave 301

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance rass restroation

Ocean Foundation	71-0863908	501(c)(3)	45,000		Sea gra
1320 19th St NW 500					
Washington, DC 20036					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1111 Franklin St Oakland, CA 94607

University of California 94-3067788 501(c)(3) 91.867 Fisheries modelina

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Native American Rights Fund 84-0611876 501(c)(3) 100.000 Arctic Conservation

Fisheries modelina

1506 Broadway
Boulder, CO 80302

Arizona State University 86-0196696 501(c)(3) 168,411

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 876011 Tempe, AZ 852876011

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed Data -	DLN: 93	49304	16007	449
Sch	edule J	Compensation Information	0	MB No	1545-	0047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, a				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, P	art IV, line 23.	20	17	7
Б	64 7	► Attach to Form 990. Information about Schedule J (Form 990) and its instruc		Open		
•	tment of the Treasurv al Revenue Service	<u>www.irs.gov/form990</u> .	ctions is at		ectio	
	ne of the organiza an Conservancy	ation	Employer identifica	tion n	umber	
	ari conservancy		23-7245152			
Pa	rt I Questi	ons Regarding Compensation				
					Yes	No
1a		opiate box(es) if the organization provided any of the following to or for a perso ection A, line 1a Complete Part III to provide any relevant information regardi ————————————————————————————————————				
		s or charter travel Housing allowance or resider	•			
	_	companions \square Payments for business use o	•			i
		nification and gross-up payments Health or social club dues or				
	LI Discretion	nary spending account LJ Personal services (e g , maid	, chauffeur, cher)			i
b		xes in line 1a are checked, did the organization follow a written policy regardin all of the expenses described above? If "No," complete Part III to explain	g payment or reimbursement	1b		
2		ation require substantiation prior to reimbursing or allowing expenses incurred		2		
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items checked	in line 1a?			
3		If any, of the following the filing organization used to establish the compensation				i
		EO/Executive Director Check all that apply Do not check any boxes for methor of organization to establish compensation of the CEO/Executive Director, but e				i
	✓ Compens	ation committee				
	_ '	ation committee Written employment contract ent compensation consultant Compensation survey or study				
		of other organizations	•			
4		, did any person listed on Form 990, Part VII, Section A, line 1a, with respect t				
	related organiza	ation				
а	Receive a sever	ance payment or change-of-control payment?		4a	Yes	
b	•	r receive payment from, a supplemental nonqualified retirement plan?		4b		No
С		r receive payment from, an equity-based compensation arrangement? of lines 4a-c, list the persons and provide the applicable amounts for each item	in Dort III	4c		No
	in les to any t	or lines 4a-c, list the persons and provide the applicable amounts for each item	m rait III			
	Only 501(c)(3), $501(c)(4)$, and $501(c)(29)$ organizations must complete lines 5-9.				i
5		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue ontingent on the revenues of	e any			
а	The organization	n?		5a		No
b	Any related orga			5b		No
	-	5a or 5b, describe in Part III				
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue ontingent on the net earnings of	e any			
а	The organization	n [?]		6a		No
b	Any related orga			6b		No
_	•	6a or 6b, describe in Part III				
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide any r escribed in lines 5 and 6 ⁷ If "Yes," describe in Part III	nonfixed	7		No
8		ints reported on Form 990, Part VII, paid or accured pursuant to a contract tha nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "		8		No
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow the rebuttable presumption procedure descr	ibed in Regulations section	9		140
For I	Danarwark Badı	uction Act Notice, see the Instructions for Form 990.	t No 50053T Schedule	/Form	2 990)	2017

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

For each individual whose compensation must be reported on Schedule 1, report of	compensation fro	m the organization	on row (1) and fro	m related organiza	tions described i	n the		
or each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII								
Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual								
(A) Name and Title	(B) Break	kdown of W-2 and/c compensation	or 1099-MISC	(C) Retirement and other deferred	(D) Nontaxable benefits	columns	Compensation in	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table								
	-							

Schedule J (Form 990) 2017	Page 3							
Part III Supplemental Inform	art III Supplemental Information							
Provide the information, explanation, or	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation							
Part I, Line 4a	Joi Danielson received a severance payment in the amount of \$29,437							

Schedule J (Form 990) 2017

Software ID:

Software Version:

EIN: 23-7245152

Name: Ocean Conservancy

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
1Janıs Jones President & CEO	(1)	295,537	60,000	690	18,000	35,022	409,249	0	
	(11)	0	0	0	0	0	0	0	
1Andreas Merkl President	(1)	320,067	60,000	1,290	19,365	24,458	425,180	0	
	(11)	0	0	0	0	0	0	0	
2 Emily Woglom EVP	(1)	223,904	0	1,380	13,541	11,483	250,308	0	
		0	0	0	0	0	0	0	
3 Sarah Humphries VP, Resource Development	(1)	200,262	0	1,698	12,333	24,458	238,751	0	
,,	(11)	0	0	0	0	0	0	0	
4 Chris Dorsett VP, Conservation Policy	(1)	189,937	0	2,097	11,928	35,022	238,984	0	
,,	(11)	0	0	0	0	0	0	0	
5 Susan Ruffo Director, International	(1)	156,266	20,000	1,425	0	0	177,691	0	
Initiatives	(11)	0	0	0	0	0	0	0	
6 Julia Roberson VP, Communications	(1)	161,899	0	1,530	9,790	11,483	184,702	0	
	(11)	0	0	0	0	0	0	0	
7 Scott Highleyman VP, Conservation Policy	(1)	150,445	10,000	2,301	0	35,055	197,801	0	
,	(11)	0	0	0	0	0	0	0	
8 Kenneth Donaldson VP, Finance & Admin	(1)	160,399	0	348	9,730	11,483	181,960	0	
,	(11)	0	0	0	0	0	0	0	
9Marie Michelson VP, Digital Communications	(1)	155,417	0	1,415	9,444	11,483	177,759	0	
.,,,	(11)	0	0	0	0	0	0	0	
10 Joi Danielson Senior Fellow, Program	(1)	166,215	0	30,343	9,138	11,483	217,179	0	
innovation	(11)	0	0	0	0	0	0	0	
11Kelly Luck Director, Foundation	(1)	126,995	19,127	263	7,851	35,022	189,258	0	
support	(11)	0	0	0	0	0	0	0	
12George Leonard Chief Scientist	(1)	141,544	0	1,984	8,724	35,022	187,274	0	
	(11)	0	0	0	0	0	0	0	
13Teresa Parsons Director, Program	(1)	139,515	0	978	8,602	35,022	184,117	0	
Development	(11)	0	0	0	0	0	0	0	
14Michelle Frey Director, Digital	(1)	118,033	17,811	939	7,311	35,022	179,116	0	
Communications	(11)	0	0	0	0	0	0	0	

efil	e GRAPHIC pr	int - DO NOT PF	ROCESS	As Filed Data -		DLN:	9349304	6007	449
	IEDULE M			Ioncash Contri	hutions		OMB No 1	545-0	047
(For	m 990)						20	17	,
		►Complete if the ► Attach to Form	_	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	1 /	
				le M (Form 990) and its i	netructione is at www.ire	aov/form990			
Intern	tment of the Treasurv al Revenue Service		out Schedu	ie ii (Form 990) and its ii			Open to Inspe	ction	
	e of the organizat n Conservancy	ion				Employer iden	tification n	umber	•
Ocean	r conservancy					23-7245152			
Pa	rt I Types	of Property							
			(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determin ontribution a		s
1	Art—Works of art	t			<u> </u>				
2	Art—Historical tre	easures .							
3	Art—Fractional in	iterests							
4	Books and public	ations							
5	Clothing and hou								
6	goods Cars and other v								
7	Boats and planes								
8	Intellectual prope								
9	Securities—Public	•	X	37	119.382	Fair market val	ue		
10	Securities—Close	,			115/501	The state of the s			
11	Securities—Partr	nership, LLC,							
12	Securities—Misce	ellaneous							
13	Qualified conserve contribution—Hi structures	storic							
14	Qualified conserve contribution—Of	/ation							
15	Real estate—Res	idential .							
16	Real estate—Con								
17	Real estate—Oth								
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	al supplies .							
21	Taxidermy								
	Scientific specim								
	Archeological art								
	Other ► (X	1	33.142	Purchase value			
Supp	olies)				- 3/- /-				
26	Other ▶ (
27	Other ▶ (
	Other ► (
29				tion during the tax year for , Part IV, Donee Acknowled		29		T	
20.	Dunner the	did the aver-		contribution and access	concepted in Death T. Jones # 11.	rough 30 that i		Yes	No
30a	must hold for at	least three years fr	om the date	contribution any property recontribution, a	and which is not required to		mpt		
b	If "Yes," describ	e the arrangement	ın Part II				30a		No
31	Does the organi	zation have a gift ac	ceptance po	olicy that requires the reviev	v of any nonstandard contri	butions?	31	Yes	
32a	Does the organi	_	nird parties o	or related organizations to so	·		32a		
L	If "Yes," describ						328		No_
	•		amount in	column (c) for a type of pro	nerty for which column (a)	is chacked			
33	describe in Part		i amount in	column (c) for a type of pro	percy for willer column (a)	ia cireckeu,			
		n Act Notice see the	. Tueturet:	s for Form 000	Cat. No. 512271	C-b-	tule M (Form	000) (2017

Schedule M (Form 990) (2017)	Page 2
I, column (b), the	formation. ation required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part number of contributions, the number of items received, or a combination of both. Also complete iditional information.
Return Reference	Explanation
Part I, Line 32b	All non-standard contributions are reviewed by the VP, Resource Development. In consultation with the CFO, the VP, Resource Development will determine if it is in the best interest of the organization to accept the gift
	Schedule M (Form 990) (2017)

efile GRAPH	93493046007449				
SCHEDUL (Form 990 or EZ)	OMB No 1545-0047 2017 Open to Public Inspection				
Name of the org Ocean Conservance	fication number				
Return Reference			Explanation		
Form 990, Part VI, Section B, line 11b					

990 Schedule O, Supplemental Information

ld be resolved will then be provided

Return

Reference	·
Form 990, Part VI, Section B, Inne 12c	Conflict of interest policy disclosure statements are to be prepared at least annually. In the case where a possible conflict by an employee other than the CEO of the organization is identified, the CEO shall determine whether an actual or potential conflict of interest exists or can be reasonably construed to exist and how the conflict of interest should be resolved. When a conflict of interest is disclosed by a covered person other than a cover ed employee or by the CEO, the Chair shall disclose the conflict of interest to the Board of Directors or a designated committee. Then by majority vote of the disinterested Directors is the discrete of Directors or a designated personal discrete constitute less than a group of the discrete discrete.

Explanation

of Directors or a designated committee. Then by majority vote of the disinterested Directors rs (even if the disinterested Directors constitute less than a quorum) it will be decided whether an actual or potential conflict of interest exists or can be reasonably construed to exist. Proposals to the full Board of Directors as to how the conflict of interest shou

Return Explanation

Form 990,
Part VI,
Section B,
Inne 15

The Board sets the CEO's and President's salaries based on its evaluation of their perform ance. The Board takes into account market surveys and the organization's performance and formulation in inancial position. The Executive Committee of the Board of Directors reviews and approves the compensation of other officers and key employees using externally prepared comparabilities.

990 Schedule O, Supplemental Information

tv data

Return Explanation

990 Schedule O, Supplemental Information

Form 990, Part VI,	Ocean Conservancy's audited financial statements, governing documents and conflict of interest policy are available upon request
Section C,	
line 19	

Return Reference

Form 990, Temporary help Program service expenses 2,038 Management and general expenses 8,917 Fun

990 Schedule O, Supplemental Information

Part IX, line	draising expenses 2,835 Total expenses 13,790 Consulting Program service expenses 3,150
11g	,712 Management and general expenses 32,175 Fundraising expenses 170,571 Total expenses
•	3,353,458 Caging Program service expenses 0 Management and general expenses 133,041 F
	undraising expenses 0 Total expenses 133,041 Other Program service expenses 13,215 Man
	agement and general expenses 5 Fundraising expenses 62 Total expenses 13,282 Translatio
	n Program service expenses 5,170 Management and general expenses 0 Fundraising expenses
	0 Total expenses 5,170