2018

OMB No 1545-0047

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Dep	artment of	the Treasury ie Service	► Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection	
A			ndar year, or tax year beginning , 2018, and endi			, 20	
В			C Name of organization HEALTHY GULF		D Employ	er identification number	
X	Address		Doing business as		72-14	447742	
X	Name ch	•	Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telephone number		
	Initial retu	-	1010 COMMON ST. 902		(504)	525-1528	
	Final return	n/terminated					
	Amended		NEW ORLEANS, LA 70112		G Gross re	eceipts \$ 1,350,542.	
		on pending	F Name and address of principal officer	H(a) Is this a g		subordinates? Yes X No	
		, ,	CYNTHIA M SARTHOU, 1010 COMMON ST. STE 902, NEW ORLEANS, LA 70			s included? Yes No	
ī	Tax-exen	npt status	X 501(c)(3)	If "N	o," attach a	list. (see instructions)	
J	Website:	► w	www.healthygulf.org	H(c) Group	exemption	number ▶	
K	Form of o	rganization	X Corporation	ation 199	4 M State	of legal domicile LA	
Р	art I	Summ					
	1	Briefly de	escribe the organization's mission or most significant activities: HEAL	THY GULF'S	MISSI	ON IS TO EMPOWER	
Se		PEOPLE	TO PROTECT AND RESTORE THE NATURAL RESOURCES (OF THE			
nan			F MEXICO FOR FUTURE GENERATIONS.				
Activities & Governance	1		is box $ ightharpoonup$ if the organization discontinued its operations or disposed	of more than	125% of	its net assets.	
ŝ	1				3	9	
ජ	4	Number (of independent voting members of the governing body (Part VI, line 1b)	4	9	
ţį	1		mber of individuals employed in calendar year 2018 (Part V, line 2a)		5	34	
ξį	1		mber of volunteers (estimate if necessary)		6	50	
Ă	1		elated business revenue from Part VIII, column (C), line 12		7a	0.	
	b	Net unrel	lated business taxable income from Form 990-T, line 38	<u> </u>	7b	0.	
	_	_		Prior Ye		Current Year	
e			tions and grants (Part VIII, line 1h)		2,596.	1,120,350.	
Revenue	9	Program	service revenue (Part VIII, line 290 ECEIVED		7,700.	105,157.	
Ŗ					481.	54,893.	
_	11	Other rev	venue (Part VIII, column (A Sines 5, 6d, 8c, 9c, 10c, 46d 11e)		5,757.	60,861.	
	12	Total reve	enue — add lines 8 through A (must equal flar 2018 co com (A), line 12)		5,534.	1,341,261.	
			nd similar amounts paid (Par <u>IX, column (A), lines 1</u>	34	1,000.	7,193.	
	14	Benefits	paid to or for members (Fart IX Octumy (A), line 4)	0.5			
ses	15			854	1,872.	930,484.	
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)				
Ä	b b		draising expenses (Part IX, column (D), line 25) 161, 138.		7.50	260 015	
	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		750.	260,015.	
	1		less expenses. Subtract line 18 from line 12		1,622. 3,088.	1,197,692.	
		nevenue	less expenses. Subtract line 16 from line 12	Beginning of Cu		143,569. End of Year	
o St	20	Total ass	sets (Part X, line 16)		3,739.	2,109,957.	
Asse	21		oilities (Part X, line 26)		,929.	344,686.	
Net Assets or Fund Balances	22		ts or fund balances. Subtract line 21 from line 20		5,810.	1,765,271.	
_	art II		ture Block		7,010.	1,700,2711	
_			iry, I declare that I have exampled this return, including accompanying schedules and stat	ements, and to t	he best of n	ny knowledge, and belief, it is	
tru	e, correct	, and compl	lete Declaration of prepare (other than officer) is based on all information of which prepare	er has any know	edge	n, momorgo and comm, mo	
			Lyd Al				
Sig	gn	Sign	appre of officer	Da	te		
He	ere	CÝ.	NTHIA M SARTHOU, EXECUTIVE DIRECTOR				
		Туре	e or print name and title				
D:	nid	Print/Ty	pe preparer's name Preparer's signature [Date	Check [T If PTIN	
	epare	Barry	y L. Delery CPA	05/15/201		P01356539	
	se Only		name ▶ Barry L. Defery CPS XPAC	Firm	n's EIN ▶	72-1433372	
		Firm's a				04)242-0169	
Ma	y the IR		s this return with the preparer shown above? (see instructions)			(T) 10 (T) 11	
Foi	Paperw	ork Redu	ction Act Notice, see the separate instructions. BAA	EV 04/11/19 PRO		Form 990 (2018)	

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	HEALTHY GULF'S MISSION IS TO EMPOWER
	PEOPLE TO PROTECT AND RESTORE THE NATURAL RESOURCES OF THE
	GULF OF MEXICO FOR FUTURE GENERATIONS.
	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
-4a	(Code) (Expenses \$ 312,963. including grants of \$ 0.) (Revenue \$ 65.)
	CLEAN & HEALTHY WATER:
	HG works to improve water quality by identifying pollution issues and providing technica
	assistance, training, and mentoring to numerous communities faced with pollution. HG also
	works to improve the development and implementation of watershed and coastal wetlands
	restoration plans, and to prevent damaging projects that destroy wetlands and/or impact
	water quality. HG also works closely with citizen activists by providing frequent updates
	and action alerts by telephone and e-mail on water quality issues.
4b	(Code:) (Expenses \$ 289,384. including grants of \$ 7,193.) (Revenue \$ 12,642.)
	COASTAL RESILIENCE:
	HG works to (1) build an active and engaged constituency to support natural storm
	protection and restoration efforts for the Gulf Coast region, (2) advocates for the adoption
	by state and federal agencies of multiple coastal lines of defense to build resiliency and
	protect communities placed at risk due to the continuing loss of coastal wetlands and
	increasing sea levels, (3) advocates for the use of green infrastructure in the Greater New
	Orleans area to address localized flooding, and (4) advocates for the use of post BP
	disaster state and federal restoration efforts to increase the health and resilience of gulf
	communities.
40	(Code:) (Expenses \$ 201,873. including grants of \$ 0.) (Revenue \$ 0.)
-10	CLEAN ENERGY:
	HG works to document and address the continuing environmental and community impact
	of the fossil fuel industry and its associated infrastructure (i.e. pipelines) in Gulf States, with
	a current emphasis on Louisiana, and to hold industry accountable for their continuing
	pollution. We also resist expansion of the fossil fuel industry into the Eastern Gulf of
	Mexico. Our work focuses on efforts to prevent and reduce wetland destruction and
	pollution in the Outer Continental Shelf (OCS) and states bordering the Gulf.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 134,394. including grants of \$ 0.) (Revenue \$ 92,450.) See Statement
4e	Total program service expenses ▶ 938,614.

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Part	V Checklist of Required Schedules			
-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			×
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	×	
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	_	×
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
J	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	×	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			×
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
	If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		_×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
41	domestic government on Part IX, column (A), line 1? #E/Man,1/16-molete Schedule I, Parts I and II	21	×	

Part	Checklist of Required Schedules (continued)			,
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedulė J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	i I	×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		W.Z.		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 34	ر يُرِينِ		1.34
	If at least one is reported on line 2a, did the organization file all required federal employment t	ax returns? . ,	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr	uctions) ("夔"	7 - 30
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sc	hedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	er authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	cial account)?	4a		×
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 A		4		P. (1)
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,00				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or			
	gifts were not tax deductible?		6b	- realisation in Str.	** 2000C30\$*****
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	w Military	4119 TA T
_	and services provided to the payor?		7a		×
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	-	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	or which it was	l_		
_	required to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		\$3000 V	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		×
• f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit the constraint of the formula of the formu		7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form to the organization received a contribution of care, bests, systems, or other values, did the organization file.		7g 7h		
. h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fill Sponsoring organizations maintaining donor advised funds. Did a donor advised fund materials and the organizations of the organization of the organi		M. 7. 113	ica i	E OF PER
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund mass sponsoring organization have excess business holdings at any time during the year?	amained by the	8	SECTION A	1,2"3, X
9	Sponsoring organizations maintaining donor advised funds.		1/2 1 2	A.	1. 8.65
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		. Y. N.
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	on?	9b		
10	Section 501(c)(7) organizations. Enter:		£ ,	dáti.	13.03
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b	ار ازی: آ		1
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a		1. 72	37
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b	Maria Land	4	86
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				1 () () () () () ()
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule	O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	i			
	the organization is licensed to issue qualified health plans	13b		1	
С	Enter the amount of reserves on hand	13c	Con 15	A.L.	38.7
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S		14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in	remuneration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		80 2 1	3 15	^` .¾
16	Is the organization an educational institution subject to the section 4968 excise tax on net inve	stment income?	16	3.45	×
	If "Yes," complete Form 4720, Schedule O.			100	77.5

Part,	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Secti	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a <u>(</u>		戶	
	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.				
, p	Enter the number of voting members included in line 1a, above, who are independent .	1b <u>(</u>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2	i Xf	×
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	er person? .	3	١	×
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4	×	
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		×
6	Did the organization have members or stockholders?		6		×
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		×
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		×
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			#410 004
a	The governing body?		8a	×	,
b	Each committee with authority to act on behalf of the governing body?		8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	ot be reached at	•		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		×
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reve	nue C		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	×	
b	If "Yes," did the organization have written policies and procedures governing the activities o affiliates, and branches to ensure their operations are consistent with the organization's exemption.	pt purposes?	10b	×	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	×	243×242
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X.	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done.	policy? If "Yes,"	12c		
13	Did the organization have a written whistleblower policy?		13	×	
14	Did the organization have a written document retention and destruction policy?		14	×	
15	Did the process for determining compensation of the following persons include a review a				
.5	independent persons, comparability data, and contemporaneous substantiation of the deliberation				190, 147 141, 161
а	The organization's CEO, Executive Director, or top management official		15a	×	
b	Other officers or key employees of the organization		15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?	lar arrangement	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	n to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► See Part VI	, Line 17 s	tmt		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable			tion 5	501(c
	(3)s only) available for public inspection. Indicate how you made these available. Check all that		,		\ -,
	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	ents, conflict of in	terest	policy	, and
	financial statements available to the public during the tax year.				
. 20	State the name, address, and telephone number of the person who possesses the organization of the person of the			>	
	- ΕΥΝΌΡΕΙΑ ΚΑΡΨΉΟΙ ΙΟΙΟ ΕΟΜΜΟΝ ΚΎ ΚΨΕ 902 ΝΕΜ ΟΡΙΕΔΝΚ Τ.Δ. 7011	/ (504)525=1	カンN		

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average	(C) Position (do not check more than one box, unless person is both an						(D) Reportable	(E) Reportable	(F) Estimated amount of	
	hours per week (list any hours for related organizations below dotted line)	Individua or directo	institutional trustee	a Officer	Key employee	Highest compensated employee	ee) Former	compensation from the organization (W-2/1099-MISC)	from related the organizations co organization (W-2/1099-MISC)		
(1) HENRY CADDELL BOARD MEMBER/VICE-CHAIR	1.00	×						0.	0.	. 0.	
(2) BEVERLY NICHOLS BOARD MEMBER/TREAS/SEC	1.00	×		×		,		0.	0.	0.	
(3) ACHIE ADAMS BOARD MEMBER	1.00	×						0.	0.	0.	
(4) AARON VILES BOARD MEMBER/CHAIR	1.00	×						0.	0.	0.	
(5) HAL SUTTER BOARD MEMBER	1.00	×						0.	0.	0.	
(6) COLEEN PICHON BATTLE BOARD MEMBER	1.00	×						0.	0.	0.	
(7) SAM PEREZ BOARD MEMBER	1.00	×						0.	0.	0.	
(8) CYNTHIA M SARTHOU EXECUTIVE DIRECTOR	40.00			×				112,500.	0.	17,646.	
(9)											
(10)											
(11)											
(12)											
(13)											
(14)	 										

Part	VII Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per	(do n box, i	ot ch	(C) Position theck more than of the person is both and a director/trust			one an	(D) Reportable compensation	(E) Reportable compensation fro	le	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N		other compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)												
(19)												•
(20)												
(22)												
(23)										!		
(25)												
1b c d	Sub-total	VII, Sectio	n A					>	112,500.		0.	17,646
2	Total number of individuals (including but reportable compensation from the organic	not limited	to th	ose	list	ed	above	e) w	·	ore than \$1		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, c	or tr	uste	ee,	key 6	emp	oloyee, or high	est compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization											
Section	n B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . (A) Total revenue Revenue excluded from tax exempt function business Grants Arrounts Federated campaigns . . . 1a 1b Membership dues 1c Fundraising events . 1d Related organizations . . . and Other Similar Government grants (contributions) 1e Contributions, All other contributions, gifts, grants, and similar amounts not included above 1,021,395 1,006 Noncash contributions included in lines 1a-1f. \$ Total, Add lines 1a-1f 1,120,350, Program Service Revenue Business Code PROGRAM SERV.-FISHERIES 900099 92,450. 92,450. 0. 2a 12,707. 12,707. 541900 b FISCAL SPONSOR All other program service revenue. 105,157. Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) . . . , . . . 61,255. Income from investment of tax-exempt bond proceeds ▶ 5 ' Royalties (i) Real (ii) Personal 6a Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory Less, cost or other basis and sales expenses . 6,362. Gain or (loss) . 6,362. Net gain or (loss) 6,362 6,362 Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 13,653 Less: direct expenses . 2.919 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances Less: cost of goods sold ... Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11a MISCELLANEOUS 900099 127. 127. 0. 0. 900099 50,000. 50,000. 0. LEASE/MOVE REIMBURSEMENT b C All other revenue Total, Add lines 11a-11d. Total revenue. See instructions 1,341,261. 155,284. 65,627.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX								
		(A)			· · · · · <u> </u>			
Do no 8b, 9b	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,193.	7,193.	The second secon				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	130,367.	102,640.	9,189.	18,538.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	656,555.	516,912.	46,280.	93,363.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,149.	9,891.	1,022.	1,236.			
9	Other employee benefits	73,989.	60,206.	6,064.	7,719.			
10	Payroll taxes	57,424.	45,096.	4,482.	7,846.			
11	Fees for services (non-employees):		, <u> </u>	,	, 3 -			
а.	Management							
b	Legal							
c	Accounting	12,502.	10,135.	1,004.	1,363.			
_	-	12,302.	10,133.	1,004.	1,505.			
d	Lobbying		Company of the control of the contro					
e	Professional fundraising services. See Part IV, line 17	255	10.00 . 12.05 / CO.000 # 15.00 . 1	THE STATE CONDITION AND ADMINISTRAL SECTION AND ASSESSMENT AND ASSESSMENT ASS	'			
f	Investment management fees	255.	0.	255.	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	8,558.	5,510.	427.	2,621.			
12	Advertising and promotion							
13	Office expenses	45,133.	34,525.	4,009.	6,599.			
14	Information technology	35,832.	28,846.	2,966.	4,020.			
15	Royalties							
16	Occupancy	50,754.	41,145.	4,076.	5,533.			
17	Travel	25,287.	23,917.	371.	999.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .	36,717.	30,414.	2,521.	3,782.			
20	Interest	3,600.	2,919.	289.	392.			
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .	8,820.	7,151.	708.	961.			
23	Insurance	7,308.	5,924.	587.	797.			
24	Other expenses Itemize expenses not covered	******						
-7	above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column				The state of the s			
	(A) amount, list line 24e expenses on Schedule Q)		Samulanandan, Tenanggapapak	Opporates different management				
_	, ,	13,466.	0.	13,466.	0.			
a	MOVING EXPENSES	4,720.	688.	13,466.	4,013.			
b	TRAINING							
C	OUTREACH	3,434.	2,309.	10.	1,115.			
d	DUES & SUBSRRIPTIONS	2,898.	2,601.	136.	161.			
е	All other expenses	731.	592.	59.	80.			
25	Total functional expenses. Add lines 1 through 24e	1,197,692.	938,614.	97,940.	161,138.			
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)		,		,			
	and the same of th	REV 04/11/19 PRO			Form 990 (2018)			

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 20,807. 1 15,284. 206,014. 2 253,049. 2 25,000. 3 255,000. 3 6,438. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 6` Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L **Assets** 7 Inventories for sale or use 8 48,140. 9 46,666. Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 64,308 10a 36,015. 28,293. 25,658. 10c 10b **b** Less, accumulated depreciation 1,528,707. 1,493,045. 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . 12 13 13 Investments -- program-related. See Part IV, line 11. 14 14 4,460. 4,413. 15 15 1,858,739. 2,109,957. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 11,102. 3,966. 17 17 18 18 19 Deferred revenue . . 19 20 20 29,589. 268,367. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 Secured mortgages and notes payable to unrelated third parties . . . 40,001. 23 23 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 61,237. 72,353. Total liabilities. Add lines 17 through 25 . 141,929. 344,686. Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. 170,938. 218,324. 27 1,517,281. 1,519,709. 28 28 29,666. 26,163. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds . 32 1,716,810. 1,765,271. **3**3 33 1,858,739. 2,109,957. Total liabilities and net assets/fund balances Form **990** (2018)

	(=====				
Part	XI Reconciliation of Net Assets		•		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	41,2	61.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	97,6	92.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	43,5	69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,7	16,8	10.
5	Net unrealized gains (losses) on investments	5		95,1	08.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,7	65,2	71.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		- miles we	SALVANIE	production of the second
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ır		· *	المعربية
	Schedule O.		*** Á	4.00	孙城
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				×
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r 🌂 🦂	· 李· 李· 徐·	*^* 2 %
	reviewed on a separate basis, consolidated basis, or both:			****	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		- marina		-
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:			* 逐举	
	▼ Separate basis □ Consolidated basis □ Both consolidated and separate basis		* 1875 , 18	ar air	S are
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o			!	
	of the audit, review, or compilation of its financial statements and selection of an independent account		24	X	~~ ma
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ir	ا المراجعة	with the	4
	Schedule O.		شنشد	شنشد	March
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ar			
	the Single Audit Act and OMB Circular A-133?		. 3a		×_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

(E) **Total** **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018

Open to Public

Internal Revenue Service Inspection **Employer Identification number** Name of the organization 72-1447742 HEALTHY GULF Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10) listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5. 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 1,212,531. 1,364,367. 654,491. 972,596. 1,120,350. 5,324,335. 2 levied for revenues the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 1,364,367. 654,491. 972,596. 1,120,350. 5,324,335. The portion of total contributions by person (other than governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 3,552,037. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 1,212,531. 1,364,367. 654,491. 972,596. 1,120,350. 5,324,335. 7 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources 39,721. 43,391. 61,255. 65,282. 49,142. 258,791. Net income from unrelated business activities, whether or not the business) is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 0. 5,583,126. Total support. Add lines 7 through 10 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2017 Schedule A, Part II, line 14 15 16a 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Part	(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	nization failed	d to qualify un	der Part IJ.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	II.)	
	on A. Public Support				1 1 2 2 4 7	4) 0040	/ 12 = 1 1
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities	1					
	furnished in any activity that is related to the organization's tax-exempt purpose		1		/		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the		-				
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						-
_	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3		4				
	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	THE PERSON NO. 1889	Siller Calendar suctor suctor suctor	(486-1480), a 148-1480 (486-1480).	- Marie Marie Lake - pape + 60 to 1850	To and In Wall Somatto.	
8 ,	Public support. (Subtract line 7c from		Stripe for the stripe of	A South Time William	unter mininger aggrende. An	The state of the s	
Cooti	on B. Total Support	6 1 million Served South of South Standing	Multi mane , W. Aller	Carrier Date 3 Service units. Januari	14 - Bar Mar March 15	※となる一般を与いめの過ぎ	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(a) 2,014	(5) 2010	(6) 2010	(0) 2011	(0) 20.0	(1) 1014
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 /.						
С	Add lines 10a and 10b / .						
11	Net income from unrelated bysiness						
	activities not included in line 10b, whether	1		,			
	or not the business is regularly carried on						·
12	Other income. Do not include gain or				,		
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	First five years. If the Form 990 is for the	he organization	n's first, secon	ı d. third. fourth	or fifth tax v	Ll ear as a sectio	n 501(c)(3)
• •	organization, check this box and stop he	•	•	•	•		
Secti	on C. Computation of Public Support						
15	Public support percentage for 2018 (line			13, column (f))	.	15	%
16	Public support percentage from 2017 Sci		•			16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2018	•	• • •	-			%
18	Investment income percentage from 201						%
19a	331/3% support tests - 2018. If the organ						
	17 is not more than 331/3%, check this box		-				
b	331/3% support tests—2017. If the organiz						
00	line-18 is not more than 331/3%, check this Private foundation. If the organization d		-	•	· · · · · ·		=
วก	- Private tolingation it the Organization of	חמו ניחפרע פ	THE THE HEAD 14	ING OF IMPLE	THE PART OF TAX	arin see instill	andris 🗩 🗀

Part IV Supporting Organizations

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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 organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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fit	9c	ļ	
on ed	10a	****	
to	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	4		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		***	170.79
	below, the governing body of a supported organization?	11a		
b	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. on B. Type I Supporting Organizations	11c		
<u>Secu</u>	on b. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	1 40
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	8		
	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.			46.3
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1	kra naminokana	Ed. Com n.
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.	100	September 1	N. A. S. C.
04		2		
Secti	on C. Type II Supporting Organizations	ı	Ves	NI-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	S. S. S. S.	Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	Jan .		S 2
	the supported organization(s).	1		****
Secti	on D. All Type III Supporting Organizations			
	on or an appearance		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	2.385	: 20	V.T.(** **
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		aha Sirif	A THIS TOWN
	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		11. 18. 18.	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	6. 5.2.	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	27.4	17.000	
	significant voice in the organization's investment policies and in directing the use of the organization's		in the state of th	
	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.		e Alexander	4 25.4
		3		
	on E. Type III Functionally Integrated Supporting Organizations	·	A!	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	instruc	ctions	S).
a b	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. 			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions)
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	1		******
	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,		W.	
	how the organization was responsive to those supported organizations, and how the organization determined		1/0/2	
	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		· with	
	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	178	.0	1
_	activities but for the organization's involvement.	2b	725 · 74455	Kant 1/1434
3	Parent of Supported Organizations. Answer (a) and (b) below.			\$ 67.75 1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		4.34 3	
-	trustees of each of the supported organizations? Provide details in Part VI .	3a	5 · } B \$7986	Stern , Vota
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1	7.7.4.25 7.7.4.55	W. L.
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		<u>. </u>
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):			
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):	表が		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	ı	
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	2018 875 700 850 70 10 80	
2 Enter 85% of line 1.	2	4.12	
, 3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	P. 663 - 132 2 2 13	·
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-functionall	y in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D—Distributions	•		Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		<u> </u>	
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			·
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See		\	
	instructions.		Normal Professional Agency Programme 22	
3	Excess distributions carryover, if any, to 2018	Time complete the control of the con		
<u>a</u>	From 2013			
<u> b</u>	From 2014	ALLES STATE OF THE		Supplete Suppleted by A. Samura Colonia, S. Samura
C	From 2015	To the second se		Inning the same of
<u>d</u>	From 2016	Sind Sind And Control of the Control	A CONTRACT OF THE PARTY OF THE	The hard continue that the second continue to
<u>e</u>			ar approved a supplementation of the second	
f	Total of lines 3a through e Applied to underdistributions of prior years			
<u>g</u> h	Applied to underdistributions of prior years Applied to 2018 distributable amount			(1997) 19 19 19 19 19 19 19 19 19 19 19 19 19
		PD 6 48-277 (2602) 188-2 - 588-54-793 - 638-7-5-5		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			A section of the section of the section of
4	Distributions for 2018 from			
•	Section D, line 7:		Apply a program of potential body, when I amble	e donore a moderni, suppresi i digenti proprimi di disconi
а	Applied to underdistributions of prior years		Contraction of the American and	
b	Applied to 2018 distributable amount		18 18 18 18 18 18 18 18 18 18 18 18 18 1	
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result	Topic Color of the		
	greater than zero, explain in Part VI. See instructions.	A Control of the Cont		na di mana di m
6	Remaining underdistributions for 2018. Subtract lines 3h		TENER TO THE TENER OF THE TENER	
	and 4b from line 1. For result greater than zero, explain in		100	
	Part VI. See instructions.		100	
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		A TOUR OF SERVICE AND A SERVIC	
8	Breakdown of line 7:		Ar animalian pina Thabia Tambahadan managan aha, Jahan	
а	Excess from 2014			
b	Excess from 2015	and the same of th		
С	Excess from 2016			
d	Excess from 2017	A CONTRACTOR OF THE CONTRACTOR		
_	Excess from 2018	Sacretain Co. 52-20		

Schedule A (Form 990 or 990-EZ) 2018

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.)
	·
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

	ee separate instructions), the		ran, tooo oopara.	5 mon 2010 mo, 61 1 51 m 500				
	ection 501(c)(4), (5), or (6) orga of organization	anizations. Complete Part III.		Fmplover ider	ntification number			
	THY GULF			72-14477				
Part		e organization is exempt und	er section 5016	<u> </u>				
1 2 3	definition of "political car Political campaign activit	f the organization's direct and in mpaign activities") y expenditures (see instructions) . cal campaign activities (see instruc		▶ \$	IV. (see instructions fo			
Part	Part I-B Complete if the organization is exempt under section 501(c)(3).							
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ \$				
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 🕨 💲)			
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	🔲 Yes 🔲 No			
4a	Was a correction made?				Yes No			
b	If "Yes," describe in Part			-\	(-\(0\)			
Part	-	e organization is exempt und			(C)(3).			
1	activities	ly expended by the filing organiz	ation for section	527 exempt function				
2		filing organization's funds contrib	uted to other ord	Ψ	• • • • • • • • • • • • • • • • • • • •			
2	527 exempt function acti	0 0	_					
3	•	expenditures. Add lines 1 and 2	Enter here and	on Form 1120-POL.				
	line 17b			▶ \$				
4	Did the filing organization	n file Form 1120-POL for this year	?		🔲 Yes 🔲 No			
5	organization made payme the amount of political co	ses and employer identification nui ents. For each organization listed, ontributions received that were pro fund or a political action committe	enter the amount mptly and directly	paid from the filing organi delivered to a separate p	zation's funds. Also ente political organization, sucl			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								

Pa	art	II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (ele	ection under		
A	Cr	neck 🕨	if the filing organization belong	liated group memb	per's name,			
		address, EIN, expenses, and share of excess lobbying expenditures).						
В	Cł	heck 🕨	lf the filing organization checke	ed box A and "limited control" provisions apply.				
			Limits on Lobby	(a) Filing	(b) Affiliated			
			(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals		
•	1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		38,667.					
	b Total lobbying expenditures to influence a legislative body (direct lobbying)				15,467.			
	С	Total lo	bbying expenditures (add lines 1a	and 1b)	54,134.			
	d				884,480.			
	е	Total e	xempt purpose expenditures (add	lines 1c and 1d)	938,614.	·		
	f	Lobby	ng nontaxable amount. Enter tl	ne amount from the following table in both				
		colum	ns		165,792.			
	L	If the ar	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:				
		Not ove	r \$500,000	20% of the amount on line 1e.	Salaran Salaran Salaran			
	Ĺ	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.				
	L	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000				
		Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
			7,000,000	\$1,000,000	计划程序中等型			
	g	Grassr	oots nontaxable amount (enter 259	% of line 1f)	41,448.			
	h	Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0	0.			
	i	Subtra	ct line 1f from line 1c. If zero or les	s, enter -0	0.			
	j	If there	e is an amount other than zero o	on either line 1h or line 1i, did the organization	file Form 4720			
		reporti	ng section 4911 tax for this year?			∐ Yes ☐ No		
,			4-Yea	ar Averaging Period Under Section 501(h)				
		10	a arganizations that made a sec	tion 501(h) election do not have to complete all	of the five column	ne holow		

See the separate instructions for lines 2a through 2f.)						
Lob	bying Expenditures	During 4-Year A	veraging Period			
Calendar year (or fiscal year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Tota	

	EODD)	ing Expenditures	During 4- rear A	craging r criod		
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount	174,494.	163,371.	157,030.	165,792.	660,687.
b	Lobbying ceiling amount (150% of line 2a, column (e))	· · · · · · · · · · · · · · · · · · ·			を表現を変する。 を表現を表現を表現を表現を表現を表現を表現を表現を表現を表現を表現を表現を表現を	991,031.
С	Total lobbying expenditures	23,206.	33,680.	49,353.	54,134.	160,373.
d	Grassroots nontaxable amount	43,624.	40,843.	39,258.	41,448.	165,173.
е	Grassroots ceiling amount (150% of line 2d, column (e))					247,760.
f	Grassroots lobbying expenditures	21,915.	29,980.	35,252.	38,667.	125,814.

REV 11/14/18 PRO

Schedule C (Form 990 or 990-EZ) 2018

Part	(election under section 501(h)).	ilea i	Form	1 5768		
For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	1)		(b)	
	ption of the lobbying activity.	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		多數多			
а	Volunteers?			William Control	regionalista. Manufika	age or over
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				40.00	A. W.
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1	finis (Alle)	17 (40)			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			>*******	STORY OF	
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		2.400			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				TO SERVICE SERVICE	
Part		(5), (or se	ction		
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."				line :	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	/ing	eral or			
5	Taxable amount of lobbying and political expenditures (see instructions)		4			
		•	5			
	Supplemental Information e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groundstructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pai	t II-A, I	ines 1	and
	(
		,				

Schedule C (Form	Critedule C (Form 990 or 990-EZ) 2018					
	Supplemental Information (continued)					
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SCHEDULE D (Form 990)

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.

Open to

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization 72-1447742 HEALTHY GULF Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X

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Part	III Organizations Maintaining	Collections of	Art, Historical	Treasures, or C	ther Similar Ass	ets (continu	ıed)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oti	her records, chec	k any of the follo	wing that are a sign	nificant use	of its
а	☐ Public exhibition		d 🗌 Loan	or exchange pro-	grams		
b	☐ Scholarly research		e 🗌 Othe	r			
C	☐ Preservation for future generations						
4	Provide a description of the organizat XIII.	tion's collections a	ınd explain how t	hey further the or	ganization's exem	pt purpose ir	n Part
5	During the year, did the organization assets to be sold to raise funds rather					· □ Yes □] No
Part	IV Escrow and Custodial Arra	ingements.					
	Complete if the organization 990, Part X, line 21.				•		m
1a	Is the organization an agent, trustee included on Form 990, Part X?					: ☐ Yes ⊠	No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following t	able:			
				<u> </u>		nount	
C	Beginning balance				C		
d	Additions during the year				d		
e	Distributions during the year				e f		
f	Ending balance					Y Vec	¬ No
2a h	If "Yes," explain the arrangement in Pa						
Par		art Am Oncor nor	on the explanatio	THUS BOOM PROVICE	200 0111 011 7111 1		<u> </u>
	Complete if the organization	answered "Yes'	' on Form 990, I	Part IV, line 10.			
	<u></u>	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	back
1a	Beginning of year balance	26,163.	22,597.	21,884.	21,958.	20,9	969.
b	Contributions	5,025.	500.				
¢	Net investment earnings, gains, and						
	losses	-1,267.	3,267.	860.	51.	1,1	<u>114.</u>
d	Grants or scholarships						
е	Other expenditures for facilities and programs						
f	Administrative expenses	255.	201.	147.			125.
g	End of year balance	29,666.	26,163.	<u> </u>	·	21,9	<u> 958.</u>
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment 0.%						
a			%				
b	Permanent endowment ► 10 Temporarily restricted endowment ►	<u>0.</u> %					
С	The percentages on lines 2a, 2b, and		nn%				
3a	Are there endowment funds not in the	•		at are held and a	dministered for the	•	
	organization by:	•	J			Yes	No
	(i) unrelated organizations					3a(i) ×	
	(ii) related organizations					3a(ii)	×
b	If "Yes" on line 3a(ii), are the related o					3b	
4	Describe in Part XIII the intended uses		n's endowment f	unds.			
Part							
	Complete if the organization				··	· · · · · · · · · · · · · · · · · · ·	
	Description of property	(a) Cost or oth	1 * *		Accumulated depreciation	(d) Book value	
1a	Land	•	0.			. <u>-</u>	0.
þ	Buildings	·		2 600	262	2 2	
C	Leasehold improvements	•		3,600.	360.		40.
d	Equipment	•		60,708.	27,933.	32,7	13.
e Total	Other	· nust equal Form 00	90 Part X colum	(B) line 10c l		36,0	115
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Complete if the organization answered "Yes" on Form 990, Part X, line 11b. See Form 990, Part X, line 12. (a) Description of associaty or entirely associated and the control of association of associat	Part VII	Investments - Other Securities				Page
(1) Financial derivatives (2) Closely-held equity interests (3) Other (4) (5) (7) (6) (7) (7) (8) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	1	Complete if the organization ans	wered "Yes" on For	rm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
23 Closely-held equity interests			у	(b) Book value	1 ''	
23 Closely-held equity interests	(1) Financial	derivatives				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(3) Other					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15d. See Form 990, Part X, line 15d. See Form 990, Part X, line 15d. See Form 990, Part	(A)					
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Part				Retur	rn.
	Complete if the organization answered "Yes" on Form 990, I			r	
1	Total revenue, gains, and other support per audited financial statements			1	1,262,136.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-95,108.		
b	Donated services and use of facilities	2b	13,319.		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	··		
е	Add lines 2a through 2d			2e	-81 , 789.
3	Subtract line 2e from line 1	_.		3	1,343,925.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	255.		
b	Other (Describe in Part XIII.)	4b	<u>-2,919.</u>		
-	Add lines 4a and 4b			4c	-2,664.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,341,261.
Part				er Ket	urn.
	Complete if the organization answered "Yes" on Form 990, I	Part IV	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	1,213,675.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		12 210		
a	Donated services and use of facilities	2a	13,319.		
b	Prior year adjustments	2b			
C	Other losses	2c	0.010		
d	Other (Describe in Part XIII.)	2d	2,919.	00	16 220
e	Add lines 2a through 2d			2e	16,238.
3	Subtract line 2e from line 1	 i i		3	1,197,437.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	255.		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4b	233.		
b c	· · · · · · · · · · · · · · · · · · ·			4c	255.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,197,692.
Part					2,25,,052.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	V, line 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				

Pt IV, Line 2b: THE ORGANIZATION ACTED AS A PASS THROUGH ENTITY FOR OTHER NON-PROFIT					
ORGANIZATIONS. THESE FUNDS ARE EXPECTED TO BE DISBURSED IN 2019.					
Pt XI, Line 4b: EXPENSES NOT IN REVENUE PER AUDITED FINANCIAL STATEMENTS: \$2,919					
Page 9, Part VIII, Line 8b: Direct fundraising expenses.					
Pt XII, Line 2d: AMOUNTS INCLUDED IN EXPENSES PER AUDITED FINANCIAL STATEMENTS:					
\$2,919 Page 9, Part VIII, Line 8b: Direct fundraising expenses.					
\$2,919 Page 9, Part VIII, Line 8b: Direct fundraising expenses.					
DE VIINA 4. THESE ENDOWMENT FINDS ARE ADMINISTEDED BY AN INDERENDENT ORGANIZATION					
Pt V, Line 4: THESE ENDOWMENT FUNDS ARE ADMINISTERED BY AN INDEPENDENT ORGANIZATION.					
TUTE ODCANTZATION UNE DISCOPTION OVED TTE DISDOSTITON ANNIVAL DISTOLUTIONS ADD					
THIS ORGANIZATION HAS DISCRETION OVER ITS DISPOSITION. ANNUAL DISTRIBUTIONS ARE					
MADE IN ACCORDANCE WITH THE POLICIES OF THE ADMINISTERING ORGANIZATION AND ARE					
MADE IN ACCORDANCE WITH THE POLICIES OF THE ADMINISTERING ORGANIZATION AND ARE					
CONSIDERED UNRESTRICTED WHEN RECEIVED.					

Schedule D (For	m 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULEI (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

► Attach to Form 990.

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OMB No 1545-0047

Open to Public Inspection 2018

Employer identification number 72-1447742 ■ Go to www. Department of the Treasury Internal Revenue Service Name of the organization

HEALT	HEALTHY GULF	72-1447742
Part I	Part I General Information on Grants and Assistance	
1 D	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	sistance, and
æ	the selection criteria used to award the grants or assistance?	X Yes
<u>م</u>	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	answered "Yes" on Form 9
	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ArtSpot Productions, Inc. 609 Saint Ferdinand NEW ORLEANS LA 70117	72-1499547	501 (C) (3)	7,000.	0	0. N/A	N/A	Coastal Resilience
(2)							
(3)							
(4)							
(2)							
(9)							
ω							
(8)				•			
(6)							
(10)							
(11)							
(12)							
	1 501(c)(3) and go	vernment organiza	tions listed in the li	ine 1 table			
3 Enter total number of other organizations listed in the line 1 tab	rganizations listed	in the line 1 table					0
Cor Danamork Doduction Act Motion	OOO amed and considerations of a con-	000 1100					(0 - 1 - 1 - 1 - 1 - 0 - 0 - 1 - 1 - 0 - 0

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

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Schedule I (Form 990) (2018)

Page 2 (f) Description of noncash assistance OF EACH GRANT YEAR, SUBMIT A NARRATIVE REPORT OF THE WORK ACCOMPLISHED Pt I Line 2: HEALTHY GULF OCCASIONALLY REGRANTS FUNDS RECEIVED FROM CHARITABLE FOUNDATIONS. IT MONITORS THOSE INTO LARGER GRANT Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) UNDER THE GRANT AND THE EXPENDITURE OF GRANT FUNDS. THIS INFORMATION IS THEN INCORPORATED (d) Amount of noncash assistance (c) Amount of cash grant SUBMITTED TO THE CHARITABLE FOUNDATION. (b) Number of recipients GRANTS BY REQUIRING THAT GRANTEES AT THE END (a) Type of grant or assistance REPORTS THAT ARE Part IV Part III က 4 S 9 N

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

72-1447742 HEALTHY GULF Pt VI, Line 11b: AFTER THE COMPLETED FORM 990 IS RECEIVED BY THE ORGANIZATION, IT IS DISTRIBUTED AND REVIEWED BY THE BOARD OF DIRECTORS. UPON APPROVAL, THE FORM 990 IS RELEASED FOR FILING WITH IRS. Pt VI, Line 12c: EACH MANAGEMENT LEVEL EMPLOYEE AND EACH MEMBER OF THE BOARD IS REQUIRED TO DISCLOSE ANY SITUATIONS THAT MAY GIVE RISE TO A CONFLICT OF INTEREST. THE BOARD SHALL TAKE ACTION AS MAY BE REASONABLY NECESSARY TO PROTECT THE BEST INTEREST OF THE ORGANIZATION. Pt VI, Line 15a: THE ORGANIZATION PERFORMS A TWO-WAY EVALUATION ANNUALLY AND WILL USE COMPARABLE DATA OF OTHER NON-PROFIT ORGANIZATIONS AND COMPLETE A PERFORMANCE REVIEW. THE BOARD APPROVES ALL RAISES FOR THE EXECUTIVE DIRECTOR. THE BOARD WILL ALSO COMPLETE A PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR AND DETERMINE WHETHER A MERIT RAISE IS APPROPRIATE. Pt VI, Line 19: AVAILABLE UPON REQUEST Pt VI, Line 4: THE ORGANIZATION CHANGED ITS NAME IN 2019 TO "HEALTHY GULF". AMENDED ARTICLES OF INCORPORATION ARE ATTACHED. Pt III, Line 4d: Expenses: \$134,394 including grants of: \$0 Revenue: \$92,450 Description: CONSERVING MARINE RESOURCES: HG works to support activities focused on achieving fishery management regulations that are science-based, promoting sustainable fisheries in the Gulf of Mexico, advocating for the protection of marine habitat, and promoting protections for marine mammals. HG's efforts include targeted outreach to increase the number of concerned citizens taking action to support the Sustainable Fisheries Act and sustainable management of fisheries. Pt VI, Section C, Line 17: State: FL State: NY State: MS

Name of the organization	Employer identification number
HEALTHY GULF	72-1447742
State: TN	
State: IN	
State: AL	
State: LA	
State: TX	
State: GA	
State: CO	
State: NC	
State: CA	
State: OH	
State: WA	
Pt IX, Line 24e:	
Description: LICENSES & PERMITS	
Total: \$731	
Program services: \$592	
Management and general: \$59	
Fundraising: \$80	
`	

Schedule O (Form 990 or 990-EZ) (2018)

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