# Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public. Of the body of the security numbers on this form as it may be made public. Of the body of the security numbers on this form as it may be made public. Of the body of the security numbers on this form as it may be made public. Of the body of the security numbers on this form as it may be made public. Of the body of the body

Open to Public Inspection

Ā	For the	2018 cale	ndar year, or tax year beginning Jul 1 , 2018, and ending	g Ju	n 3'0	<b>, 20</b> 1 9				
B	Check if a	pplicable	C Name of organization The Ocean Foundation		D Employe	er identification number				
_	Address of	, ,	Doing business as	•	71-08	363908				
_	Name cha		Number and street (or P O box if mail is not delivered to street address) Room/sui	te	E Telephor	ne number				
ī	Initial retu	-	1320 19th Street NW 5th F	loor	(202)	887-8996				
$\overline{\sqcap}$		/terminated	City or town, state or province, country, and ZIP or foreign postal code							
$\exists$	Amended		Washington, DC 20036		<b>G</b> Gross re	ceipts \$ 8,532,198.				
$\bar{\Box}$			F Name and address of principal officer	H(a) Is this a o		subordinates? Yes X No				
_			Mark J. Spalding, 1320 19th Street NW 5th Floor, Washington, DC 200							
	Tax-exem	nnt status				list (see instructions)				
<u>:</u>	Website:	<u> </u>	www.oceanfdn.org	H(c) Group	exemption	number ▶				
<del>-</del> —			Corporation ☐ Trust ☐ Association ☐ Other ►	ion 200	1 M State	of legal domicile DC				
	art I	Summ								
_			escribe the organization's mission or most significant activities. The Oce	an Fdn is a	unique com	munity foundation with a				
ė			n to support, strengthen, and promote those organization							
Governance			f destruction of ocean environments around the world. Our s							
era			is box ▶ ☐ if the organization discontinued its operations or disposed o							
Š	II .		of voting members of the governing body (Part VI, line 1a)		3	9				
ంఠ	4		of independent voting members of the governing body (Part VI, line 1b)		4	9				
es	5					32				
₹	6		nber of volunteers (estimate if necessary)		6	250				
(S)	7a		elated business revenue from Part VIII, column (C), line 12		7a	0.				
Ö	Ь		lated business taxable income from Form 990-T, line 38		7b	0.				
Serivities ON National Sectivities				Prior Ye	ear	Current Year				
2	8	Contribu	tions and grants (Part VIII, line 1h)	7,983	3,847.	7,733,201.				
Ž.	9		service revenue (Part VIII, line 2g)	474	4,807.	759,947.				
Š	<b>1</b> 10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		2,036.	1,961.				
4	₹11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	nd 11e) 35,500. 3						
4	12	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,490	6,190.	8,532,198.				
<b>一</b> ,	13	Grants a	nd sımılar amounts paıd (Part IX, column (A), lines 1-3)	1,543	3,706.	1,326,880.				
•	14	Benefits	paid to or for members (Part IX, column (A), line 4)							
S	₹35	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,13	5,441.	2,130,212.				
nse	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)							
Expenses	b	Total fun	draising expenses (Part IX, column (D), line 25) ► 671,726.							
ũ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,92	4,874.	4,745,024.				
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,60	4,021.	8,202,116.				
	19	Revenue	less expenses. Subtract line 18 from line 12		2,169.	330,082.				
5 6			RECEIVED	Beginning of Cu	irrent Year	End of Year				
Net Assets or	20	Total ass		5,482	2,926.	5,940 <u>,</u> 901.				
A A	21	Total liab	sets (Part X, line 16)	72	6,911.	833,618.				
2	22	Net asse	ts or fund balances. Subtract line 21 from the 20	4,75	6,015.	5,107,283.				
P	art II	Signa	ture Block							
Ur	nder penal	ties of perju				ny knowledge and belief, it is				
tru	ie, correct	, and comp	lete Declaration of prepare (other than officer) is based on all information of which prepare	r nas any know	leage					
		<b>                                     </b>			2 Nov	12				
Sign		Sign	nature/of office/	Da	ate					
He	ere	_	rk J Spalding, President			<del></del>				
		L 7	e or print name and title	<del></del>		L DTIN				
Pá	aid			ate	Check	□ if PTIN				
	epare	r Mari		1/11/201		ployed P00105648				
	se Only	Firm's r				52-1864182				
		Firm's a	address ► 607 2nd Street, NE, Washington, DC 20002-4	909 Pho	one no (2	02) 547-2727				
_			s this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	X Yes No				
Fo	r Paperw	ork Redu	iction Act Notice, see the separate instructions. BAA RE	V 05/20/19 PRO		Form <b>990</b> (2018)				

Part	
V'	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	The Ocean Fdn is a unique community foundation with a
	mission to support, strengthen, and promote those organizations dedicated to reversing the
	trend of destruction of ocean environments around the world. Our slogan is "Tell Us What You Want To Do
2	Did the organization undertake any significant program services during the year which were not listed on the 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 \$ 2,140,588. including grants of \$ 608,302. ) (Revenue \$ 270,415.)
	PROTECTING SPECIES OF CONCERN -
	For many of us, our first interest in the oceans began with an interest in the large
	animals that call it home. Whether it be the awe inspired by a gentle humpback
	whale, the undeniable charisma of a curious dolphin, or the ferocious gaping maw of a great white shark, these animals are more than just the ambassadors of the sea. These
	apex predators and keystone species keep the ocean ecosystem in balance, and the health
	of their populations often serves as an indicator for the health of the oceans as a whole.
	of their populations often serves as an indicator for the hearth of the occase as a mister.
4b	(Code: ) (Expenses \$ 1,237,495. including grants of \$ 73,902. ) (Revenue \$ 145,652.)
	EXPANDING OCEAN LITERACY AND PUBLIC AWARENESS -
	One of the most significant barriers to progress in the marine conservation sector is a
	lack of real understanding about the vulnerability and connectivity of ocean systems. It is easy to
	think of the oceans as vast, almost unlimited sources of food and recreation with abundant
	animals, plants, and protected spaces. Thus, it can be difficult to see the destructive consequences of human activities along the coast and below the surface. This lack of awareness
	creates a significant need for programs that effectively communicate how the health of our oceans
	relates to climate change, the global economy, biodiversity, human health, and our quality of life.
4c	(Code. ) (Expenses \$ 1,823,122. including grants of \$ 202,813. ) (Revenue \$ 28,467. )
	PROTECTING MARINE HABITATS AND SPECIAL PLACES -
	Our oceans are a mosaic of special places, from the bustling vibrancy
	of coral reefs to the tidal pools of the rocky coasts to the
	stark, glistening beauty of the frozen Arctic. These habitats and
	ecosystems are more than just picturesque; they all provide vital benefits to the health of the ocean, the plants and animals
	that live in them, and the human communities that depend on them.
	that 11ve in them, and the namen communitates that depend on them.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,618,215. including grants of \$ 441,863.) (Revenue \$ 33,414.)
4e	Total program service expenses ► 6,819,420.

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Part i	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	×	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	×	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> 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 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		_x_
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		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
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	_x_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144		×
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 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
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	20b		
	domestic government on Part IX, column (A), line 1? It (Veso) 16 propolete 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 Schedule 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	to defease any tax-exempt bonds?	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		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 74  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	:		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	Did the organization comply that backup transcioning falce for reportable payments to vehicle and			

reportable gaming (gambling) winnings to prize winners?

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
٠	5 to the same base of same larger was sated as Ferma W.O. Treassantial of Wass and Tour		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  32	!		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 32 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	<del></del>	
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 Schedule O	3b	×	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶		_	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ا ۔		١
_	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		
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD	-	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	,		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a	—	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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 Schedule O.	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		
	excess parachute payment(s) during the year?	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Part '								
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				_			
<del></del>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>		×			
Section	on A. Governing Body and Management	<del></del>		Yes	No			
4	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 9	-	163	1			
1a	If there are material differences in voting rights among members of the governing body, or	1a9						
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.				: I			
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 9						
2								
	any other officer, director, trustee, or key employee?		2	×				
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 oth		3		×			
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4 5		×			
5	Did the organization become aware during the year of a significant diversion of the organization based members or stockholders?	on s assets?.	6		×			
6	Did the organization have members of stockholders, or other persons who had the power to	elect or appoint						
7a	one or more members of the governing body?		7a		×			
b	Are any governance decisions of the organization reserved to (or subject to approve	l by) members,						
_	stockholders, or persons other than the governing body?		7b		x			
8	Did the organization contemporaneously document the meetings held or written actions ur	ndertaken during			. 1			
	the year by the following:			<del>,</del>				
a	The governing body?		8a 8b	<u>, ×</u>				
_	Each committee with authority to determine the governing many.							
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
Secti	on B. Policies (This Section B requests information about policies not required by the		ue C	ode.)	<u>×</u>			
				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 of affiliates, and branches to ensure their operations are consistent with the organization's exen		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bet	fore filing the form?	11a	×				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•		<u>~</u>	لــــا			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	×				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi		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	and approval by			1			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		<u> </u>		<u>l</u>			
a	The organization's CEO, Executive Director, or top management official		15a	×				
b	Other officers or key employees of the organization		15b					
160	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ular arrangement						
16a	with a taxable entity during the year?		16a		×			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization							
	participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the						
	organization's exempt status with respect to such arrangements?	· · · · ·	16b					
	on C. Disclosure		4					
17	List the states with which a copy of this Form 990 is required to be filed See Part V.			tion 4	501/5\			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all the		(Sec	uon t	JU I (U)			
	Own website Another's website Don request Other (explain in Science)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing docum	•	erest	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							
	Mark J. Spalding, 1320 19th Street NW 5th Floor, Washington, D	C 20036 (202	)887	-899	96			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key 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 hours per week (list any hours for related organizations below dotted line)	er officer and a director/trustee) any or officer and a director/trustee) Former any or officer and a director/trustee)		re than one n is both an tor/trustee)		ore than one on is both an ctor/trustee)		e than one is both an or/trustee)		nore than one son is both an ector/trustee)		nore than one son is both an ector/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Angel Braestrup Secretary & Director	1.00	×		×				0.	0.	0.						
(2) Joshua R. Ginsberg Treasurer & Director	1.00	×		×				0.	0.	0.						
(3) Walter Howes Director	1.00	×						0.	0.	0.						
(4) Bill Eichbaum Director	1.00	×						0.	0.	0.						
(5) Dawn Martin Director	1.00	×						0.	0.	0.						
(6) Nora Pouillon Director	1.00	×						0.	0.	0.						
(7) Elliot S. Cafritz Director	1.00	×						0.	0.	0.						
(8) Russell F. Smith Director	1.00	×				-		0.	0.	0.						
(9) Lisa Volgenau Director	1.00	×						0.	0.	0.						
(10) Mark J Spalding President	60.00			×				263,842.	0.	33,336.						
(11) Tamika Washington Finance & Operations Director	40.00					×		120,100.	0.	9,347.						
(12) Shana Miller Program Director	40.00					×		122,045.	0.	8,628.						
(13) Meghan Jeans Program Director	40.00					×		110,100.	0.	15,526.						
(14) William Mott Program Director	40.00					×		101,000.	_ 0.	7,070.						

ı arı	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
•	(A) Name and title	(B) Average hours per	box,	ot ch unles	Pos eck s pe	rson	than c is both or/trust	an	(D)  Reportable compensation	(E)  Reportable compensation f		(F) Estimate amount	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-MIS	SC)	other ompensa from the organizate and relate organizate	e on ed
(15)	•												
(16)													
(17)													
(18)													
(19)						. <u></u>	,						
(20)													
(21)													
(22)												<del></del>	
(23)													
(24)													
(25)													
С	Sub-total		 n A			<u>.                                    </u>		<b>&gt;</b>	717,087.		0.		,907.
2	Total (add lines 1b and 1c)	not limited	to th					<b>▶</b> e) w	717,087. tho received m	l_ ore than \$10	0.  0,000 of	73	<u>,907.</u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	nest compen	sated	3	s No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$'	150,	000	)? <i>I</i> 	f "Ye.	s," ·	complete Sch	nedule J for 	such _	4 ×	:
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi	vidual _	5	×
Section	n B. Independent Contractors										<del></del>		
1	Complete this table for your five highest compensation from the organization. Repyear.								year ending wit			zation's	tax
	(A) Name and business add	Iress							(B) Description of s	ervices	Com	(C) pensatio	1
	y Kalas, 255 Huntington Bay Roa												,883. ,715.
	ter Communications, 1300 Tracy Pla Fordham, 2100 Connecticut Ave., NW												, 174.
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed ab	ove) who			4

Part	VIII	Statement of Revenue			D+\/!!!		
		Check if Schedule O contains a response o	r note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	All other contributions, gifts, grants,	3,193.	-			
	ĥ	Total. Add lines 1a-1f	. ▶	7,733,201.			
nue			ss Code		750 047		
Program Service Revenue	2a b c	Fees for Services 90009	9	759,947.	759,947.	0.	0.
Sen	d						
ram	e	All albania					<del> </del>
rog	f g	All other program service revenue .  Total. Add lines 2a–2f	. •	759,947.			· · · · · · · · · · · · · · · · · · ·
_	3	Investment income (including dividends, in and other similar amounts)	nterest,	1,961.	0.	0.	1,961.
	5	Royalties	▶				
	6a	Gross rents 37,089.	rsonal				
	b	Less. rental expenses					
	C	Rental income or (loss) 37,089.	. ▶	37,089.	37,089.	0.	0.
	d 7a	Gross amount from sales of (i) Securities (ii) C	• •	37,009.	37,005.	<u> </u>	
	b	assets other than inventory Less. cost or other basis and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	. ▶				
venue	8a	Gross income from fundraising events (not including \$		  -  -			
Other Revenue		of contributions reported on line 1c). See Part IV, line 18 a					
₹		Less: direct expenses <b>b</b>					
		Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	. ▶			<u> </u>	······
	1	Less. direct expenses b					
	10a	Net income or (loss) from gaming activities .  Gross sales of inventory, less returns and allowances a				<u> </u>	
	1	Less: cost of goods sold b		l			
	С	Net income or (loss) from sales of inventory .					
	11a		ss Code				
	l la						
	C				-		
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	. ▶	8,532,198.	797,036.	0.	1,961.

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX								
<u>Da = :</u>		<u> </u>	<del></del>		(D)				
8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) 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	789,920.	789,920.						
2	Grants and other assistance to domestic individuals See Part IV, line 22	8,000.	8,000.	_ ,	* * * * * * * * * * * * * * * * * * *				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	528,960.	528,960.						
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	308,321.	262,073.	15,416.	30,832.				
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	1,481,027.	700,042.	399,610.	381,375.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,384.	31,895.	20,658.	18,831.				
9	Other employee benefits	136,199.	60,249.	42,361.	33,589.				
10	Payroll taxes	133,281.	68,619.	32,657.	32,005.				
11	Fees for services (non-employees):	233,233							
a	Management	32,201.	14,864.	14,024.	3,313.				
b	Legal	27,137.	15,048.	9,779.	2,310.				
ч С	Accounting	21,131.	13,046.	9,719.	2,310.				
d e	Lobbying								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column								
9	(A) amount, list line 11g expenses on Schedule O.) .	2,517,696.	2,433,478.	36,302.	47,916.				
12	Advertising and promotion	69,516.	67,856.	0.	1,660.				
13	Office expenses	209,406.	169,563.	22,956.	16,887.				
14	Information technology	39,153.	33,031.	10.	6,112.				
15	Royalties	<b>4</b> 2,222							
16	Occupancy	191,562.	74,335.	60,998.	56,229.				
17	Travel	874,461.	845,459.	17,112.	11,890.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	·		·					
19	Conferences, conventions, and meetings .	250,936.	240,818.	2,957.	7,161.				
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	4,338.	1,841.	2,020.	477.				
23	Insurance	58,355.	25,013.	26,971.	6,371.				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
_		410 001	416 470	1 102					
a	Project & field expenses	418,201.	416,472.	1,103.	626.				
b	Dues, books & subscriptions	25,528.	15,604.	741.	9,183.				
c d	Promotional merchandise Licenses, taxes & fees	14,937. 11,597.	11,229. 5,051.	0. 5,295.	3,708. 1,251.				
e	All other expenses	11, 397.	3,031.		1,231.				
25	Total functional expenses. Add lines 1 through 24e	8,202,116.	6,819,420.	710,970.	671,726.				
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)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	<del> </del>	REV 05/20/19 PRO			Form <b>990</b> (2018)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 14,518. 158,471. 1 1 918,752. 2 289,676. 2 4,036,662. 5,204,735. 3 3 141,341. 134,329. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L..... 6 Assets 7 8 8 29,159. 55,696. 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 133,220. 130,028. 7,529. 3,192. 10b 10c **b** Less: accumulated depreciation . . . . 8,810. 12,794. Investments—publicly traded securities . . . . . 11 11 170,160. 190,627. 12 12 Investments – other securities. See Part IV, line 11. Investments—program-related. See Part IV, line 11 . . . . . . 13 13 14 23,292. 14 12,042. 12,042. 15 15 5,482,926. 5,940,901. 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 16 450,695. 17 338,435. 17 Accounts payable and accrued expenses . . 18 18 19 19 Deferred revenue . . . . 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. . . . . . . 22 141,081. 366,641. 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 135,135. 25 128,542. 726,911. **26** 833,618. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛛 and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 2,698,652. 2,821,723. 27 27 1,934,292. 2,408,631. 28 28 Temporarily restricted net assets Permanently restricted net assets . . . . . . . . . . . . 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 4,756,015. 5,107,283. 33 33 5,940,901. 5,482,926. 34 34 Total liabilities and net assets/fund balances Form **990** (2018)

Page	1	2
raye	•	-

David	VI Deconsiliation of Not Accets						
Part							
- `	Check if Schedule O contains a response or note to any line in this Part XI		· · ·		<u>.                                    </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		532,1 202,1			
2	· · · · · · · · · · · · · · · · · · ·						
3	Revenue less expenses. Subtract line 2 from line 1	3		330,0			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,	756 <b>,</b> (	)15 <u>.</u>		
5	Net unrealized gains (losses) on investments	5		21,	186.		
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	5,	107,2	283.		
Part							
	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						
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in				
	Schedule O.	•					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		×		
	If "Yes," check a box below to indicate whether the financial statements for the year were com		or 🔳				
	reviewed on a separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ĺ				
h	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 audit	ed on	a		اخت		
	separate basis, consolidated basis, or both	JG 011	_				
	⊠ Separate basis		I				
۰ ۵	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	Werein	ht -				
° C	of the audit, review, or compilation of its financial statements and selection of an independent acco			×			
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.	Apiairi	""		,		
2-		forth	ın l				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorin	. 3a		×		
	• • • • • • • • • • • • • • • • • • •				+^-		
. þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not und						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	auuits.		rm 990	1 (224.0)		

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

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization 71-0863908 The Ocean Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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.) 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, 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) 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, 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 (ii) EIN (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? instructions) above (see instructions)) instructions) Yes (A) (B) (C) (D) (E)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
_		6,654,638.	5,526,291.	6,646,293.	7,983,847.	7,733,201.	34,544,270.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				_		
4	Total. Add lines 1 through 3	6,654,638.	5,526,291.	6,646,293.	7,983,847.	7,733,201.	34,544,270.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,992,204.
6	Public support. Subtract line 5 from line 4			·	<u> </u>		32,552,066.
	on B. Total Support			<u> </u>	<del> </del>	·	1
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Fotal
7	Amounts from line 4	6,654,638.	5,526,291.	6,646,293.	7,983,847.	7,733,201.	34,544,270.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	43,850.	40,910.	30,753.	37,536.	39,050.	192,099.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			,			34,736,369.
12	Gross receipts from related activities, etc	•	•				2,546,616.
13	First five years. If the Form 990 is for the organization, check this box and stop he	-			-		
Saati	on C. Computation of Public Suppo			· · · · ·	· · · · ·		🕨 🗌
14	<del> </del>			11 column (f)		14	93.71%
15	Public support percentage for 2017 (infe					15	90.77 %
16a	331/3% support test—2018. If the organ						
	box and <b>stop here</b> . The organization qua						
b	b 33 <sup>1</sup> / <sub>3</sub> % support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	7a 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 organization						
b 18	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets the meets the "factors the "factors the state of the state	ne "facts-and- ts-and-circum  box on line 13	circumstances stances" test.  , 16a, 16b, 17a	" test, check The organizat a, or 17b, chec	this box and lon qualifies as	stop here. s a publicly ▶ □
	instructions	<u>.</u>			· · · · ·		<b>▶</b> □

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total,
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")			<u>'</u>			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						/
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the				/		
_	organization without charge						
6 70	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3				/		
7a	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	1,					
8	Public support. (Subtract line 7c from						
_	line 6.)	-					
Secti	on B. Total Support		J				
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	•		/				
	payments received on securities loans, rents,						
	royalties, and income from similar sources.		/			—	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		/				
С	Add lines 10a and 10b		/				
11	Net income from unrelated business		/				
	activities not included in line 10b, whether	/					
40	or not the business is regularly carried on	/					
12	Other income. Do not include gain or loss from the sale of capital assets	/					
	(Explain in Part VI.)	/					
13	Total support. (Add lines 9, 10c, 11,	/					
	and 12.)	/					
14	First five years. If the Form 990 is for the	é organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop hé				<u> </u>		<b>&gt;</b> 🗀
<u>Secti</u>	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2018 (line 8		•				%_
16	Public support percentage from 2017 Sch			<u> </u>		16	<u>%</u>
	on D. Computation of Investment In				(6)	1 4-1	
17	Investment income percentage for 2018 (						<u>%</u>
18	Investment income percentage from 2017	r Schedule A,	raπ III, line 17			18	% and line
19a	331/3% support tests—2018. If the organ 17 is not more than 331/3%, check this box						
	33 <sup>1</sup> / <sub>3</sub> % support tests—2017. If the organiz						
b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	•	_	-	-		
	Tivate Ivaniaation, ji the organization ul	a not oncor a	SON OIL HITE 14	, , ou, or 130, t	STAGER HING DOX	wite 300 Histiu	

#### 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.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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 <b>Part VI.</b>	9b		لـــــا
С	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 <b>Part VI.</b>	9c		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		<del>                                     </del>
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.)	10b	ļ	

Part	V Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		٠	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
secti	on B. Type I Supporting Organizations		V	No
_	Did the discrete water as a secret curbin of one or more exposured expenses into bour the power to	$\overline{}$	Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		-
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		_1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
_	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ctions	s).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	struct	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
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		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	·	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7	. <u> </u>	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)			
Sècti	on D—Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish e	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted				
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						
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	-		
	(provide details in Part VI). See instructions.					
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 <b>Part VI</b> ). See instructions.					
3	Excess distributions carryover, if any, to 2018			i		
а	From 2013					
b	From 2014					
С	From 2015			,		
d	From 2016					
е	From 2017					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2018 distributable amount					
i	Carryover from 2013 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2018 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2018 distributable amount					
	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 greater than zero, explain in <b>Part VI</b> . See instructions.		-			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
7	Excess distributions carryover to 2019. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2014 .					
b	Excess from 2015					
С	Excess from 2016					
d	Excess from 2017					
	Excess from 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.)
•••••	
********	,
	-
••••••	
.52	
••••	

#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

2018

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

				• • • •	•
	organization answered "Yes see separate instructions), tl	," on Form 990, Part IV, line 5 (Proxy	Tax) (see separate	instructions) or Form 990-	-EZ, Part V, line 35c (Proxy
	ection 501(c)(4), (5), or (6) orga				
	of organization			Employer iden	tification number
	Ocean Foundation			71-08639	
Part		e organization is exempt und	er section 501(c	or is a section 527 c	organization.
1		the organization's direct and in-			
2	•	y expenditures (see instructions) .		▶ \$	
3		cal campaign activities (see instruc			
		e organization is exempt und			
1		excise tax incurred by the organiza			·
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file For			Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und	er section 501(d	), except section 501	(c)(3).
1		ly expended by the filing organiz		<u> </u>	<u> </u>
•	activities			<b>&gt;</b> \$	
2	Enter the amount of the	filing organization's funds contrib	outed to other org	anizations for section	
		vities			
3	Total exempt function e	expenditures. Add lines 1 and 2.	. Enter here and	on Form 1120-POL,	
				▶ \$	
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	Enter the names, address	ses and employer identification nur	mber (EIN) of all se	ection 527 political organi	zations to which the filing
	organization made paymi	ents. For each organization listed,	enter the amount p	paid from the filing organi	zation's funds Also enter
	the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nal space is needed, provi	de information in Part IV.
	(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)	<del>"</del>				
(2)					
(3)					
(4)	_				
(5)					
(6)					

Pa	rt II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (elec	ction under
A	Check ▶	_ , ,	s to an affiliated group (and list in Part IV each affil hare of excess lobbying expenditures).	liated group membe	er's name,
<b>D</b>	Chack >	· · · · · · · · · · · · · · · · · · ·	ed box A and "limited control" provisions apply.		
<u> </u>	CHECK		ying Expenditures	(a) Filing	(b) Affiliated
		(The term "expenditures" me	organization's totals	group totals	
1	a Total l	obbying expenditures to influence	public opinion (grass roots lobbying)	0.	-
		obbying expenditures to influence	1,990.		
	c Total I	obbying expenditures (add lines 1a	1,990.		
	<b>d</b> Other	exempt purpose expenditures	8,200,126.		
	e Total e	exempt purpose expenditures (add	8,202,116.		
	f Lobby	ing nontaxable amount. Enter tl	he amount from the following table in both		
	colum	ns.		560,106.	
	If the a	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not ove	er \$500,000	20% of the amount on line 1e.	ļ	
	Over \$5	500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	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.		
	Over \$1	7,000,000	\$1,000,000.		
	<b>g</b> Grassi	roots nontaxable amount (enter 259	% of line 1f)	140,027.	
	h Subtra	act line 1g from line 1a. If zero or les	ss, enter -0	0.	
	-	act line 1f from line 1c. If zero or les	•	0.	
	-	e is an amount other than zero on the section 4911 tax for this year?	on either line 1h or line 1i, did the organization		Yes No
		4-Yea	ar Averaging Period Under Section 501(h)		_

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbyi	ng Expenditures I	During 4-Year Av	eraging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	( <b>d</b> ) 2018	(e) Total
Lobbying nontaxable amount	498,328.	¬ 462,620.	530,201.	560,106.	2,051,255.
Lobbying ceiling amount (150% of line 2a, column (e))					3,076,883.
Total lobbying expenditures	0.	0.	8,855.	1,990.	10,845.
Grassroots nontaxable amount	124,582.	115,655.	132,550.	140,027.	512,814.
Grassroots ceiling amount (150% of line 2d, column (e))					769,221.
Grassroots lobbying expenditures	0.	0.	0.	0.	0.
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  O.  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  O. 0. 8,855.  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures  (a) 2015  (b) 2016  (c) 2017  (d) 2018  560, 106.  500, 106.  100, 100  100, 100  100  100  100  100

REV 11/14/18 PRO

Part	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed (election under section 501(h)).	Forr	n 5768		
or c	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	ption of the lobbying activity.	No	А	moun	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:		-	<del></del>	
а	Volunteers?		]		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		]		
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?		<u> </u>		
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	L.,	ļ		
b	If "Yes," enter the amount of any tax incurred under section 4912		<u> </u>		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	or se	ection	,	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		ļ
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 prior			<u> </u>	
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (based on the section of the section 501(c)(4), section 501(c)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (based on the section of the section 501(c)(4), section 501(c)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (based on the section of the section 501(c)(4), section 501(c)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (based on the section of			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 of political expenses for which the section 527(f) tax was paid).		_		
а	Current year	2a			
þ	Carryover from last year	2b	ļ		
С	Total	2c	ļ		
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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
	and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
Par					
	le the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group li instructions); and Part II-B, line 1. Also, complete this part for any additional information.	st); Pa	art II-A,	lines 1	1 and
					<del></del> -
					<del>-</del>
					<i></i> -

Scheaule C (For	m 990 or 990-E2) 2018	Page 🗣
Part IV	Supplemental Information (continued)	<del></del>
<del></del>		
	······································	
<del>-</del>		

REV 11/14/18 PRO

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Schedule C (Form 990 or 990-EZ) 2018

#### 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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name o	the organization		Employer identification number
The	Ocean Foundation		71-0863908
Par	Organizations Maintaining Donor Adv	rised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	8.	5.
2	Aggregate value of contributions to (during year)	36,864.	122,298.
3	Aggregate value of grants from (during year) .	124,778.	119,821.
4	Aggregate value at end of year	302,205.	122,500.
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to th	e organization's exclusive legal contro	ol? ★ Yes 🗆 No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benefit conferring impermissible private benefit?	fit of the donor or donor advisor, or fo	or any other purpose
Part	Conservation Easements.		
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreated		
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		. 2b
С	Number of conservation easements on a certified h	nistoric structure included in (a)	2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	<u> </u>		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea	sements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcin	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
•	<b>▶</b> \$	.g,	3 .,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f	footnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relat	r assets held for public exhibition, eding to these items	ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art,	, historical treasures, or other similai	r assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		<b>▶</b> \$
b	Assets included in Form 990, Part X		▶ \$

Part	III Organizations Maintaining Co	llections of A	Art, Hist	orical T	reasures, o	r Oth	ner Similar As	sets (continued)
3	Using the organization's acquisition, according to the collection items (check all that apply):	ession, and oth	ner recor	ds, chec	k any of the f	ollow	ing that are a s	ignificant use of its
а	☐ Public exhibition		d [	Loan	or exchange	progra	ams	
b	☐ Scholarly research		<b>e</b> [	Other	•	-		
С	☐ Preservation for future generations							
4	Provide a description of the organization XIII.	's collections a	nd expla	in how th	ney further the	e orga	anızatıon's exen	npt purpose in Part
5	During the year, did the organization soli assets to be sold to raise funds rather tha							ar □ Yes □ No
Part					· g - · · · · · · · ·			
	Complete if the organization and 990, Part X, line 21.		on For	m 990, F	Part IV, line 9	, or r	eported an an	nount on Form
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?							t Yes No
þ	If "Yes," explain the arrangement in Part >	XIII and comple	te the fo	llowing ta	able:			
							A	mount
С	Beginning balance					1c		**
d	Additions during the year					1d		
e	Distributions during the year					1e		
f O-	Ending balance					1f	account liability	2 D Vas D Na
2a h	If "Yes," explain the arrangement in Part >							
Par		AIII. OHECK HEIE	i the ex	фіанаціо	irrias been pr	Ovide	d official Affic.	· · · · ·
ı aı	Complete if the organization an	swered "Yes"	on For	m 990. F	Part IV. line 1	0.		
		a) Current year	(b) Prid		(c) Two years b		(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the o	current year en	d balanc	e (line 1g	i, column (a)) h	neld a	ıs.	
a	Board designated or quasi-endowment	<b>&gt;</b>	%					
b	Permanent endowment ▶							
С	Temporarily restricted endowment	%	200/					
За	The percentages on lines 2a, 2b, and 2c s Are there endowment funds not in the po organization by			zation tha	at are held an	d adr	ministered for th	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations					•		3a(ii)
ь	If "Yes" on line 3a(II), are the related organ							3b
4	Describe in Part XIII the intended uses of							
Part	VI Land, Buildings, and Equipme	ent.						
	Complete if the organization an	swered "Yes"	on For	m 990, F	Part IV, line 1	11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or oth (investme			or other basis other)		occumulated preciation	(d) Book value
1a	Land		0.					0.
þ	Buildings							
С	Leasehold improvements				12.001		110 000	0.100
d	Equipment		<u>.</u>		13,284.		110,092.	3,192.
E Total	Other	t equal Form Of	O Port		19,936.	1	19,936.	<u> </u>
ı vlal.	Aug mies la miough le, (Column (a) masi	ı oyual Fülli 95	io, rail i	i, colulli	, , , , , , , , , , , , , , , , , , ,	, .		J, 172.

Part VII	Investments – Other Securities.  Complete if the organization answ	orad "Vas" on Ear	m 000 Part IV I	ing 11h Sog Form	200 Part V line 12
	(a) Description of security or category (including name of security)	ered res on For	(b) Book value	(c) Me	thod of valuation d-of-year market value
(1) Financia	derivatives				
(2) Closely-I	neld equity interests				
(3) Other					
(A)					
(B)					
(C)			<del> </del>		
(D)			<del> </del>		
(E)					_
(F)					
(G)					
(H)	(A) and and Form 000 Part V and (P) in a 121 N		•		·
Part VIII	(b) must equal Form 990, Part X, col (B) line 12.) ► Investments — Program Related.				
Part VIII	Complete if the organization answ		m 990 Part IV I	ine 11c See Forn	990 Part Y line 13
	(a) Description of investment	ered res official	(b) Book value		ethod of valuation
	(a) Besselption of investment		(2) 2001. (2.20	, ,	d-of-year market value
(1)					
(2)					
(3)					
(4)					<del></del>
(5)			· · · · · · · · · · · · · · · · · · ·		
(6)					
_(7)					
(8)					
(9)	(1) (5) (000 P. (V. ) (0) (1) (1) (1)			<del></del>	
	(b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets. Complete if the organization answ	arad "Vaa" on Ear	~ 000 Port IV I	ing 11d Con Form	000 Part V line 15
	<del>-</del>	Description	111 990, Fart IV, I	ine 110. See Foil	(b) Book value
/4\	(0)	Description			(5) 5551 74.55
<u>(1)</u> <u>(2)</u>				* "	
(3)					
(4)				<del></del>	
(5)				<del></del>	
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col	(B) line 15.) .		<u>.</u> ▶	
Part X	Other Liabilities. Complete if the organization answ line 25.	ered "Yes" on For	m 990, Part IV, I	ine 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			p. 11 = 1 1
	ncome taxes				
	security deposit	3,1	00.		
	red rent liability	121,0			
	table gift annuity	4,3			
(5)	2	<u>,                                      </u>			
(6)					
(7)					
(8)					
(9)					
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25 ) ▶	128,5	42.		
	r uncertain tax positions. In Part XIII, provid	e the text of the footn	ote to the organizat		
organization	's liability for uncertain tax positions under f	FIN 48 (ASC 740). Che	ck here if the text o	f the footnote has be	en provided in Part XIII 🗵

Part	XI Reconciliation of Revenue per Audited Financial Stateme		I to tair	ı <b>.</b>	
٠	Complete if the organization answered "Yes" on Form 990, I				
1	Total revenue, gains, and other support per audited financial statements		1	8,553,384.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	<b>2a</b> 21,186.	<u> </u>		
b	Donated services and use of facilities	2b	1 1		
С	Recoveries of prior year grants	2c	4		
d	Other (Describe in Part XIII.)	2d	┦——		
е	Add lines 2a through 2d		2e	21,186.	
3	Subtract line <b>2e</b> from line <b>1</b>		3	8,532,198.	
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	4		
b	Other (Describe in Part XIII.)	4b	<del>  </del>		
С	Add lines <b>4a</b> and <b>4b</b>		4c	<del></del>	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	8,532,198.	
Part			er Ketu	ırn.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements		1	8,202,116.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1			
а	Donated services and use of facilities	2a	-		
b	Prior year adjustments	2b	4 1		
С	Other losses	2c	4		
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3	8,202,116.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-		
þ	Other (Describe in Part XIII.)		<del>  _  </del>		
			4c	0 202 116	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5	8,202,116.	
	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4: Part IV lines 1h and 2	2 Part V	/ line / Part Y line	
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part				
د, ۱ aı	. Al, illes 20 and 40, and 1 art All, illes 20 and 40, 7100 complete and part	to provide any additional in		<b></b>	
Pt X	, Line 2: The organization is exempt from income t	axes under Interna	al Rev	renue	
	,				
Code 501(c)(3) and applicable DC statutes. No provision for income taxes is					
Code 501(c)(3) and applicable DC statutes. No provision for income taxes is					
requ	ired at June 30, 2019, as the Organization had no	net unrelated bus:	iness		
		************************************		<del></del>	
inco	me. The organization follows FASB ASC 740-10, Ir	ncome Taxes the au	thorit	ative	
	ance relating to accounting for uncertainity in in			visions	
				visions	
guid	ance relating to accounting for uncertainity in in	ncome taxes. These	e prov		
guid		ncome taxes. These	e prov		
guid prov	ance relating to accounting for uncertainity in in its description ide consistent guidance for the accounting for uncertainity in its description.	certainity in inco	e prov	«es	
guid prov	ance relating to accounting for uncertainity in in	certainity in inco	e prov	«es	
guid prov	ance relating to accounting for uncertainity in in independent of the accounting for uncertainity independent of	certainity in inco	me tax	des 'more	
guid prov	ance relating to accounting for uncertainity in in its description ide consistent guidance for the accounting for uncertainity in its description.	certainity in inco	me tax	des 'more	
guid prov reco	ance relating to accounting for uncertainity in in its ide consistent guidance for the accounting for uncertainity in its gnized in an entity's financial statements and present that not for recognition and derecognition of	certainity in incorporate a threshold tax positions take	me tax d of '	more	
guid prov reco	ance relating to accounting for uncertainity in in independent of the accounting for uncertainity independent of	certainity in incorporate a threshold tax positions take	me tax d of '	more	
guid prov reco like	ance relating to accounting for uncertainity in in ide consistent guidance for the accounting for uncertainity in in ide consistent guidance for the accounting for uncertainity in incertainity i	certainity in incorporate a threshold tax positions take	me tax d of '	'more	
guid prov reco like	ance relating to accounting for uncertainity in in its ide consistent guidance for the accounting for uncertainity in its gnized in an entity's financial statements and present that not for recognition and derecognition of	certainity in incorporate a threshold tax positions take	me tax d of '	'more	
prov reco like expe	ance relating to accounting for uncertainity in in ide consistent guidance for the accounting for uncertainity in in ide consistent guidance for the accounting for uncertainity in incertainity i	certainity in income scribe a threshold tax positions taken on performed an even	me tax d of ' en or aluati	'more on	

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Part XIII Supplemental Information (continued)
or which may have any effect on its tax-exempt status. As of June 30, 2019,
the statute of limitations for tax years 2015 through 2017 remains open with
federal and DC authorities.
Pt XI, Line 2d: Foreign currency exchange gain
······································
<u> </u>

#### **SCHEDULE F** (Form 990)

**Statement of Activities Outside the United States** 

OMB No 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name of the organization

**Employer identification number** 

The Ocean Foundation				71-0863	3908
Part I General Information Form 990, Part IV, line 1		ies Outside	the United States. Com	plete if the organization ar	nswered "Yes" on
For grantmakers. Does the other assistance, the grante award the grants or assistance.	es' eligibility	for the grant	s or assistance, and the s	selection criteria used to	⊠ Yes □ No
<ul><li>2 For grantmakers. Describe outside the United States.</li><li>3 Activities per Region. (The fo</li></ul>		-			d other assistance
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) North America	0	0	program service	research	475,147.
(2) North America	0	0	grantmaking	grants to recipients	176,252.
(3) Central America	0	0	program service	research & conferences	309,687.
(4) Central America	0	0	grantmaking	grants to recipients	3,500.
(5) South America	0	0	program service	research	151,138.
(6) South America	0	0	grantmakıng	grants to recipients	19,760.
(7) Sub-Saharan Africa	0	0	program service	research	116,869.
(8) Sub-Saharan Africa	0	0	grantmakıng	grants to recipients	32,271.
(9) East Asia and Pacific	0	0	program service	research & conferences	127,217.
(10) East Asia and Pacific	0	0	grantmakıng	grants to recipients	164,198.
(11) Europe	0	0	program service	research & conferences	338,811.
<b>(12)</b> Europe	0	0	grantmakıng	grants to recipients	122,979.
(13) Middle East	0	0	program service	research & conferences	13,787.
(14) South Asia	0	0	program service	general & administrative	5,605.
(15) South Asia	0	0	grantmakıng	grants to recipients	10,000.
(16)					
(17)					
3a Subtotal	0	0			2,067,221.
c Totals (add lines 3a and 3b)	0	0			2,067,221.

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

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-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
£			North America	General Support	20,298.	Wire	0.	N/A	Actual
(2)			North America	General Support	31,304.	Wire	0.	N/A	Actual
(3)	:		North America	General Support	9,168.	Wire	0.	N/A	Actual
4)			North America	Enviro Ed	13,191.	Wire	0.	N/A	Actual
(2)			North America	General Support	54,432.	Wire	0.	N/A	Actual
9			North America	General Support	47,000.	Wire	0.	N/A	Actual
<u>(E)</u>			South America	General Support	14,000.	Wire	0.	N/A	Actual
<u>®</u>			Sub-Saharan Afr <u>ica</u>	General Support	8,750.	Wire	0.	N/A	Actual
6			East Asia and Pacific	Blue Carbon Restor	97,500.	Wire	0.	N/A	Actual
(10	:		East Asia and Pacific	Leatherback conserv	15,000.	Wire	0.	N/A	Actual
(11)			East Asia and Pacific	General support	10,000.	Wire	0.	N/A	Actual
(12)			East Asia and Pacıfıc	General support	10,000.	Wire	0.	N/A	Actual
(13)			East Asia and Pacific	General support	10,000.	Wire	0.	N/A	Actual
(14)			East Asia and Pacific	General support	10,000.	Wire	0.	N/A	Actual
(15)			Europe	World Heritage Conv	100,000.	Wire	0.	N/A	Actual
(16)			See Statement		17,500.		0.		
8	Enter total nu	mber of recipie	Enter total number of recipient organizations listed above that		gnized as charitie	are recognized as charities by the foreign country, recognized as tax-exempt	try, recognized as ta	ax-exempt	t ·

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

Schedule F (Form 990) 2018

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Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2018

Part III Grants at

	ando in lough		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7	30 4000	20,000	(b) Mothard of
(a) Type of grant or assistance	uolbay (a)	recipients	cash grant	(e) Manner of cash disbursement	noncash assistance	(g) Description of noncash assistance	(in) mention of valuation (book, FMV, appraisal, other)
(1)				,			
(2)							,
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
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Schedule F (Form 990) 2018

BAA

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

REV 11/05/18 PRO

#### Part V

#### **Supplemental Information**

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

Pt I Line 2: The Ocean Foundation's fund and project managers work very closely
with foreign grantees on public education, ocean preservation, and achieving
the organization's programmatic goals. In addition to regular reporting, the
relationship between the Foundation's various funds & projects and foreign grantees
is closer to that of a partnership than a passive grantor relationship. Frequent
visits and direct involvement in all cases contribute to direct oversight over
foreign grant recipients. Other Required Narrative Information - The instructions
ask that we report the accounting method used to determine the amounts in Part
I, Column F. We have no employees stationed in foreign countries, so there is
no payroll included. We analyzed line item detail for Consultants and Service
Providers of all types, Meeting and Conferences, and Travel, as well as Grants
Awarded, to identify monies spent in foreign regions and that is the method used
for reporting on Column F. For Parts II and III the accounting method used was
to include and report all foreign grantees (subject to the Part II threshold).
Part II and Part III amounts are included in Part I column F (which is therefore
the total spent in each region on all types of activity).
the total spent in each region on all types of activity.
the total spent in each region on all types of activity.
The total spent in each region on all types of activity).
The total spent in each region on all types of activity.
The court spent in each region on arr types or detivity.

Continuation Statement .

The Ocean Foundation Schedule F: Statement of Activities Outside U.S. Part II: Grants and Other Assistance to Organizations or Entities Outside the U.S.

Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of noncash assistance	Description of noncash assistance	Method of valuation
Europe	General support	10,000. Wire	Wire	0.	0. N/A	Actual
South Asia	Leatherback turtle	7,500. Wire	Wire	0.	0. N/A	Actual
		17,500.		0.		

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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■ Go to www.irs.g.

2018

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Support turtle camp Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Shark Conservation °N □ General op sup General op sup General op sup dns do dns do dns do dns do Educ documntry dns do (h) Purpose of grant or assistance X Yes General General General General General 71-0863908 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and **A** (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed N/A (f) Method of valuation (book, FMV, appraisal, other) Actual Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-0 0 0 0 0 0 . . 0 0 cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 22,000. 11,216 207,823 28,000 9,000 28,850 57,327 10,000 12,500 10,149 24,000 291,217 grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)(3)501(c)(3) 501(c)(3) 501(c)(3)501(c)(3)501(c)(3)n/a n/a n/a n/a n/a 20 Melrose Court San Mateo CA 94402 | 20-8019563 4010 Stone Way N #210 Seattle WA 98103 91-1725640 209 Mississippi St San Francisco CA 94107 | 46-4381820 40 W 20th St Fl 11 New York NY 10011 | 13-2654926 PO Box 1321 Fort Bragg CA 95437 |46-5359631 PO Box 11505 Portland OR 97211 46-4901375 21 Rowe Rd Charlemont MA 01339 02-7540925 26-2087540 66-0861228 2400 NW 80th St PMB 127 Seattle WA 98117 27-0290082 386 Main Street Rockland ME 04841 22-2786731 (p) EIN 601 W 26th St #1776 New York NY 10001 (2) Conservacion Conciencia (3) Deep Green Wilderness (9) Noyo Ctr for Marine Science (8) Natl Res. Def. Council 806 Calle Lafayette RQ San Juan (7) Marine Conservation Inst. (12)See Statement 1 (a) Name and address of organization The Ocean Foundation (1) Brick City TV, LLC (6)MarAllıance (4) Island Institute (5) DBA Island Reach (10) Ocean Outcomes (11) Playa Viva LLC or government Partl Part II

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

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Schedule I (Form 990) (2018)

Schedule I (Fo	Schedule I (Form 990) (2018)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	nestic Individua space is needed	ils. Complete if the	organization answ	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	•
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Fell	1 Fellowship	1	8,000.	0.	FMV	N/A
7						
ဗ						-
4						
2						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information re	equired in Part I, lin	e 2; Part III, columr	(b); and any other addit	onal information.
Pt I L1	Line 2: The Ocean Foundation wo	works closely	y with most all	of its grantees	to solve Ocean	preservation
issues.	It requires reports when a	grant is to	to an entity other	than one to	a public charity f	for general operating
support.	Foundation staff travel	widely and att	attend many of the	same policy	conferences with g	grantees and are
closely	closely involved and aware of grantees'	work	ın thıs manner.			
	۲					
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The Ocean Foundation

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Continuation Statement** Purpose of grant Sup electonic tagging Cuba or assistance dns OA Initiative Research in General sup do Geneal ij assistance Description noncash N/A N/A N/A N/A N/A (book, FMV, appraisal, Method of valuation Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments other) Actual 0. Actual Actual Actual Actual 0 · 0 · . 0 assistance Amount of non-cash 20,000. 207,823. cash grant 30,500. 87,831. 12,579. 56,913. Amount of IRC Section applicable) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 941156365 The Harte Research Inst 741760663 510144434 996000354 273229137 EIN 6300 Ocean Dr. #5869, Corpus Christi, TX 78412 Sargasso Sea Project Inc. 2440 Campus Rd PO Box 368, Honolulu, HI 96822 2000 Bunker Road, Sausalito, CA 94965 The Marine Mammal Ctr Name and address of 3160 Porter Dr. #100, Palo Alto, CA 94304 1630 Connecticut Ave NA 4300, Mashington, DC 20009 organization or Stanford University government Univ. of Hawali

## **SCHEDULE J** (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The	Ocean Foundation //1-0863908			
Part	Questions Regarding Compensation		<del></del>	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		Yes	No
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			İ
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)	3		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee ☐ Written employment contract		_	
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			,
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		×
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		×
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of.			
а	The organization?	5a		×
b	Any related organization?	5b		×
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		×
b	Any related organization?	6b		×
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	ļ		ļ
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		×
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		×
_			<u> </u>	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Page 2

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and		(B) Breakdown of	ō	1099-MISC compensation				(F) Componention
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nonaxable benefits	(E) 10tal of columns (B)(i)+(D)	in column (B) reported as deferred on prior Form 990
Mark J Spalding	(9)	263,842.	0.	0.	18,557.	16,631.	299,030.	
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14	(ii)							
	€			99 99 99 99 99 99 99 99 99 99 99 99 99				
15	(ii)							
	8		1					
16	(ii)							
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Schedule J (Form 990) 2018	Page 3
Provide the information, explanation, or descriptions require for any additional information.	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
,	
BAA REV 11.	REV 11/05/18 PRO Schedule J (Form 990) 2018

## 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.

2018

**Employer identification number** 

OMB No. 1545-0047

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.

Open to Public Inspection

The Ocean Foundation	71-0863908
Pt VI, Line 2: RELATIONSHIPS AMONG DIRECTORS, OFFICERS & KEY EMPL	OYEES - Angel
Braestrup, Director & Mark Spalding, President/Officer, own real	estate together,
unrelated to the business of the Foundation.	
Pt VI, Line 11b: PROCESS FOR REVIEW OF FORM 990 - Prior to filing	a complete
copy of the Form 990 it is emailed to all Foundation directors ca	lling their
attention to sections most likely to be of interest to contributo	ers, the public
and seeking comments on any part of the Form 990.	
Pt VI, Line 12c: CONFLICT OF INTEREST MONITORING & ENFORCEMENT -	The Foundation's
conflict of interest policy covers all directors, officers & staf	f. Any conflict
of interest is to be reported to either the Chair or President.	The "cure" is
full disclosure, and recusal by the conflicted person form partic	ipating in a
decision that could lead to a personal gain.	
Pt VI, Line 15a: REVIEW OF COMPENSATION OF CEO - An independent of	lirector annually
surveys the field of intl NGOs marine philanthropic orgs & commun	nity foundations.
This director also is on the compensation committee of the Board	of a comparable
size international NGO which receives a report by an independent	compensation
consultant based on a compensation survey. Based on this research	ch and experience,
the director reports the findings to the Foundation Board. The E	Board approves
Mr. Spalding's (CEO/President) compensation, with Ms. Braestrup (	Director) abstaining.
Pt VI, Line 15b: COMPENSATION OF OFFICERS AND KEY EMPLOYEES - The	e President
of the organization sets salaries levels for officers & key emplo	oyees which is
then approved by the board of directors in the salary line of the	budget.
Pt VI, Line 19: DISCLOSURE - The Foundation considers all request	s for disclosures
of documents on a case by case basis. It annually posts a copy of	of its audit
to Guidestar in the section which allows additional information,	and as a California

Total: \$201,099

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization	Employer identification number
The Ocean Foundation	71-0863908
Duamana a considerate (200 772	
Program services: \$200,773	
Management and general: \$0	
Fundraising: \$326	
Description: Program mgt & support fees	
Total: \$2,280,347	
Program services: \$2,211,954	
Management and general: \$27,866	
Fundraising: \$40,527	······
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<u>′</u>	•
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

The Ocean Foundation

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

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Open to Public Inspection 2018

OMB No 1545-0047

Employer identification number

71-0863908

Schedule R (Form 990) 2018 (g) Section 512(b)(13) controlled entity? ž (f) Direct controlling X Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling entity The Ocean Foundation (e) End-of-year assets Public charity status (if section 501(c)(3)) 509(a)(1) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)(3) Legal domicile (state or foreign country) (b) Primary activity REV 05/17/19 PRO MD ocean conservation (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA Washington DC 20036 (a)
Name, address, and EIN (if applicable) of disregarded entity (a)Name, address, and EIN of related organization 1320 19th St, NW 5th Fl (1) SeaWeb 52-2156577 Part I Part II Ξ € 3 9 2 ල € Ð 9 3 <u>©</u>

	(k) Percentage ownership									, ≤	(i) Section 512(b)(13) controlled entity?	ę					_			Schedule R (Form 990) 2018
ine 34	<del>-</del>	No								Part	Section	Yes	:							Form 9
rt IV, li	(l) General or managing partner?	Yes								n 990,	(h) Percentage ownership									lule R (
<b>as a Partnership.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, reated as a partnership during the tax year.	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, rations treated as a corporation or trust during the tax year.	(g) Share of Percend-of-year assets own									Schec
"Yes" o	(h) Disproportionate allocations?	Yes No					-			answere r.								_		
wered						_				ation ax	(f) Share of total Income						1			
tion ans	(g) Share of end-of- year assets									e organizing the ta	(e) Type of entity (C corp, S corp, or trust)									
organiza ax year.	(f) Share of total income									ete if the rust duri	fype o Type o (C corp, S c									
if the g										Compl on or t				:					:	
omplete ip durin	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)									· Trust. orporati	(d) Direct controlling entity									PRO
ship. Cartnersh	Pred incom unr exclu tax						_			ation or	micite gn country)									REV 05/17/19 PRO
<b>Partner</b> d as a p	(d) Direct controlling entity					ı.				Corpora s treated	(c) Legal domicile (state or foreign country)									
	Direct									e as a	`			_						
. <b>Taxable</b> nizations	(c) Legal domicile (state or foreign									Taxable ed organ	(b) Primary activity									
<b>ations</b> I orgar										ations e relate	Ę									
Identification of Related Organizations Taxable as a Partnership. Complete if the organize because it had one or more related organizations treated as a partnership during the tax year.	<b>(b)</b> Primary activity									<b>Identification of Related Organizations Taxable as a Corporation or Trust.</b> Complete if the organization are line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization									
ad one	<b>*</b>									ause it	) of relatec		,							
tificatio	(a) Name, address, and EIN of related organization									tificatic 34, beca	(a) s, and EIN									
Iden beca	(a) me, address, and Elk related organization									Iden line	e, addres									
Part III	Name, rel		<b>E</b>	(2)	(9)	(4)	(2)	(9)	6	Part IV	Name		(1)	(2)	(3)	(4)	(2)	(9)	(2)	BAA

	" on Form 990, Part IV, line 34, 35b, or 36.
	Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
orm 990) 2018	Transactions With Related Organizations
Schedule R (F	Part V

Schedule R (Form 990) 2018	Schedule R (F			REV 05/17/19 PRO
nount involved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a – s)	(a) Name of related organization
thresholds.	including covered relationships and transaction thresholds.	uding covered relation		If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,
1s   x				Other transfer of cash or property from related organization(s)
1r ×	: : : :			Other transfer of cash or property to related organization(s)
\	· · · ·			Reimbursement paid by related organization(s) for expenses
٠ ×				Reimbursement paid to related organization(s) for expenses
10 ×			•	
				Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
< ×	-   <del>-</del>			Performance of services or membership or fundraising solicitations for related organization(s). Performance of services or membership or fundraising solicitations by related organization(s).
	· · · · · · · · · · · · · · · · · · ·			Lease of facilities, equipment, or other assets from related organization(s)
		•	•	
		·	• • •	Loses of facilities commoment or other sceeps to related organization(s)
				Exchange of assets with related organization(s)
٠ ×	· · · · · · · · · · · · · · · · · · ·			Purchase of assets from related organization(s)
1g ×				Sale of assets to related organization(s)
+ ×				Dividends from related organization(s)
	· · · · · · · · · · · · · · · · · · ·	· · · · · ·		Loans or loan guarantees by related organization(s)
× ;	· · · · · · · · · · · · · · · · · · ·			Loans or loan guarantees to or for related organization(s)
	· · · · · · · · · · · · · · · · · · ·			Gift, grant, or capital contribution from related organization(s)
				Gift, grant, or capital contribution to related organization(s)
	· ·			Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
	s II–IV?	nzations listed in Part	r more related organ	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes No				Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

	941111111111111111111111111111111111111	1000000000	Chick Simple	3 3			3	9	-	8	100	1
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(a) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	(1) Share of total income	(g) Share of end-of-year assets	Onsproportionate allocations?	onate Code V—UBI so amount in box 20 of Schedule K-1		U) General or managing partner?	(K) Percentage Ownership	0 -
			sections 512-514)	Yes No			Yes	2		Yes		
(1)			!									1
(2)												ı
(3)												ı
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(16)												1
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Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.
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Page 5

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

BAA