2949319100901

Return of Organization Exempt From Income Tax

(Rev. January 2020) Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Ā	For the	2019 calend	dar year, or tax year beginning	January 1 ,	2019, and endi	ng Decemb	er 31	, 20 19	
R		applicable	C Name of organization Clean Oc					ver identification number	
	Address		Doing business as	ean Access		•	D Linploy	46-4894628	
		-	Number and street (or P.O box if	mail to not delivered to street or	Idroes)	Room/suite	E Tolopho	ine number	
\vdash	Name ch	-	,		·	Roomvalle			
님	Initial ret		Clean Ocean Access, 21 John				401-236-2561		
님		ırn/terminated	City or town, state or province, co	buntry, and ZIP or loreign postal	code		C Cross r	000mto \$ 6704 440	
님	Amende	'	Middletown, RI 02842	Davis Mal aviablis			G Gross re		
Ш	Applicati	ion pending	F Name and address of principal off	_	\sim	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		subordinates? Yes No	
_	Tau aua		21 John Clarke Road, Middeto		(a)(1) or 527			s included? Yes No	
<u> </u>		mpt status	✓ 501(c)(3) 501(c) () ◀ (insert no)	a)(1) or 52/			(see instructions)	
<u></u>			eanoceanaccess.org		1	H(c) Group ex			
			Corporation Trust Associa	tion	L Year of form	nation 2014	M State of	f legal domicile RI	
٢	art I	Summa							
_	1		cribe the organization's miss						
Governance		Mission: Ac	ction today so future generatio	ns can enjoy ocean activit	ies				
<u>n</u>	_								
Š	2		box ▶ ☐ if the organization		•	d of more than a	1 - 1	ts net assets.	
Ğ	3		f voting members of the gove				3	5	
•ජ ග	4	Number of	f independent voting member	rs of the governing body	Part VI, line 11	b) .	4	5	
ij	5	Total numb	rindependent voting member ber of individuals employed in ber of volunteers (estimate if i	n calendar year 2019 (Pai	t A'HATE SE)E!	VED	5	19	
Activities &	6		(¥ L. D	6	1,500	
ĕ	7a		lated business revenue from I				7a	\$0	
	b	Net unrela	ted business taxable income	from Form 990-T, line 39	MAY .2 0	2020 . [.8]	7b	\$0	
						Prior Year		Current Year	
<u>a</u>	8	Contribution	ons and grants (Part VIII, line	372,582	\$608,963				
E L	9	-	ervice revenue (Part VIII, line	-9/	OGDEN,	UI	\$6,542	\$34,948	
Revenue	10		t income (Part VIII, column (A		\$0	<u>\$0</u> .			
ш.	11		nue (Part VIII, column (A), line		11,811	\$62,819			
	12		nue-add lines 8 through 11 (n	\$3	390,935	\$706,729			
	13	Grants and	d similar amounts paid (Part I	X, column (A), lines 1–3)			\$0	\$86,976	
	14	Benefits pa	aid to or for members (Part IX	(, column (A), line 4) .			\$0		
S	15	Salaries, ot	ther compensation, employee	benefits (Part IX, column (/	A), lines 5–10)	\$2	\$222,005 \$290		
Expenses	16a	Profession	nal fundraising fees (Part IX, c	olumn (A), line 11e) .			\$0	\$0	
χ be	b	Total fundi	raising expenses (Part IX, col	umn (D), line 25) 🕨	\$87,208				
Ú	17	Other expe	enses (Part IX, column (A), lin	es 11a-11d, 11f-24e)		\$1	156,426	<u>\$171,774</u>	
	18	Total expe	enses. Add lines 13-17 (must	equal Part IX, column (A)	, line 25) .	\$3	378,431	\$549,556	
	19	Revenue le	ess expenses. Subtract line 1	8 from line 12			12,504	\$157,173	
Net Assets or						Beginning of Curre	ent Year	End of Year	
Sets	20	Total asset	ts (Part X, line 16)			\$1	65,945	\$323,1 <u>18</u>	
ASS	21	Total liabile	ities (Part X, line 26)				\$0	<u>\$0</u>	
2 2	22	Net assets	or fund balances. Subtract l	ine 21 from line 20 .	. <u> </u>	\$1	165,945	\$323,118	
	art II	Signatu	ıre Block						
Ur	nder pena	ilties of perjury	, I declare hat I have examined this i	return, including accompanying	schedules and sta	tements, and to the	best of my	knowledge and belief, it is	
tru	e, correc	t, and complet	te. Declaration of preparer (other than	officer) is based on all informati	on of which prepa	rer has any knowled	ge		
									
Si	gn	Signat	ture of office	na Alda blue	Examp	Date Date	1 -	5/13/2020	
He	ere	N	<i>yo</i>	He McLayhlm	, execu	Me Ulko	70/		
	_	Туре о	or print name and title						
D-	id.	Print/Type	e preparer's name	Preparer's signature		Date	Check _] _{if} PTIN	
	aid Sanara	_					self-emplo	oyed	
	epare		me ►			Firm's	EIN ►		
U:	se On	Firm's add				Phone	no		
Ma	y the If	RS discuss	this return with the preparer	shown above? (see instru	ctions) .			. Yes No	
_		_							

orm 99	90 (2019) Pa	ge 2									
Part		_									
	Check if Schedule O contains a response or note to any line in this Part III										
1	Briefly describe the organization's mission:										
	Mission: Action today so future generations can enjoy ocean activities. Programs: CLEAN - Eliminate marine debris, OCEAN - Improve coastal water quality, ACCESS - Protect and preserve shoreline acc										
2	Did the organization undertake any significant program services during the year which were not listed on the										
	prior Form 990 or 990-EZ?	lo									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services?	lo									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	b									
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.										
4a	(Code) (Expenses \$\$196,907 including grants of \$\$86,976) (Revenue \$)										
	Clean - Removed over 25,000 pounds of marine debris via over 200 different types of beach cleanups and 6 trash										
	skimmers to improve ocean health from the shoreline and surrounding areas of Aquidneck Island, Rhode Island.										
	70,000 people live on Aquidneck Island and benefit from our work, as well as millions of visitors each year. Led a										
	organization has one publication per year for this program that summarizes the total result and individual activities	community-based data-driven campaign to eliminate single use plastic bags from retail establishments. The									
	and is available on the website. Also initiated a composting program focused on reducing litter and marine debris.										
41-	(Code) (Code) (Code)										
4b	(Code) (Expenses \$ \$70,769 including grants of \$) (Revenue \$)										
	Ocean - Collected over 1,000 water samples to measure bacteria and nutrient levels to coastal and fresh water										
	quality of Aquidneck Island, Rhode Island. 70,000 people live on Aquidneck Island and benefit from our work, as										
	well as millions of visitors each year. The organization has one publication per year for this program that										
	summarizes the total result and individual activities and is available on the website.										
4c	(Code) (Expenses \$ \$55,373 including grants of \$) (Revenue \$)										
70	Access – Monitored 50 public shoreline rights of ways to protect and preserve shoreline access for the residents										
	and visitors of Aquidneck Island, Rhode Island. 70,000 people live on Aquidneck Island and benefit from our work,										
	as well as millions of visitors each year. The organization has five publications per year for this program that	· 									
	summarizes the quarterly updates of the access program and a photo journal of a 3.5-mile section called the "Cliff										
	walk". The current version of both reports is available on the website										
4.4	Other and grant and (Decombs on Cahadula O.)										
4d	Other program services (Describe on Schedule O.) (Expenses \$ \$71,195 including grants of \$.) (Revenue \$ \$34,948)										
4e	Total program service expenses ► \$394.243	—									

Part	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	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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 donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10	_	1
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		1
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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		1
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		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		/
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	1	

Part	V 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		✓
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	✓	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Generalie of Contains a response of note to any line in this rait v	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19			-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b]		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		

Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
	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 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		✓
	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
	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?	5c		✓
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		/
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			İ
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
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	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	·		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	<u></u>		
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 on 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			
	excess parachute payment(s) during the year?	15_		1
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	If "Yes," complete Form 4720, Schedule O.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.					
Section	on A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	· ·							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar								
	committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 5								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
_	any other officer, director, trustee, or key employee?	2		1					
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3_		✓					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓					
6 '	Did the organization have members or stockholders?	6		✓					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		,					
	one or more members of the governing body?	7a		-					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			•					
·	the year by the following:								
а	The governing body?	8a	/						
b	Each committee with authority to act on behalf of the governing body?	8b	✓						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at								
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓					
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C							
40-	Did the average ten have local charters branches or offlicted?	10a	Yes	No /					
10a	Did the organization have local chapters, branches, or affiliates?	IUa		-					
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	>						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe in Schedule O how this was done	12c	√						
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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	√						
b	Other officers or key employees of the organization	15b	✓	ļ.,					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			'					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	—	-					
•-	with a taxable entity during the year?	iua		,					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b							
Secti	on C. Disclosure			•					
17	List the states with which a copy of this Form 990 is required to be filed ▶ Rhode Island								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (Sec	tion	501(c)					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inte	rest p	olicy,					
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•						
	Dave McLaughlin, 21 John Clarke Hill, Middletown, RI, 02842, 401-236-2561								

Caree	$\alpha \alpha \alpha$	(2019)	

_		-
Pa,	nΔ	•

Part VII	Compensation of Officers,	Directors, Truste	es, Key Employees	, Highest Com	pensated Employee	s, and
	Independent Contractors					

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

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

☐ Check this box if neither the organization noi	r any relate	d org	anız	atio	n c	ompe	nsa	ited any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Monica DeAngelis President	4	/		/						
(2) Ian Estaphan Owen Treasurer	2	√		√				-		
(3) Annie Becker Secretary	2	✓		1						
(4) Jon Burr Director	2	1								
(5) Barbara Frost Director	2	1								
(6) Kara DıCamillo Director	2	√								
(7) Dave McLaughlin Executive Director	40	1								
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VI Section A. Officers, Directors,	<u>i rustees,</u>	Key	Em	plo:	yee	s, an	id F	lighest Compe	nsated	Emplo	yees (<u>contil</u>	<u>nued)</u>
	(A) Name and title	(B) Average hours per week	box, office	unles er an	Pos neck ss pe	rson Irect	e than o is both or/trus	n an tee)	(D) Reportable compensation from the	(E) Report compen from re	able sation	(F) Estimated amount of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099	ations	fr	om the	and
(15)														
(16)														
(17)														
(18)														
													 .	
		<u> </u>												
			-											
(24)														
(25)														
1b	Subtotal		`	•	•	<u>. </u>		>	\$0		\$0			\$0
C	Total from continuation sheets to Part				•			>	\$0		\$0			\$0
d 2	Total (add lines 1b and 1c)	t not limited	to th	· nose	· e list	ed	above	e) w			\$0 00,000	of	-	\$0
	reportable compensation from the organi	ization >							0				Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							mpl	loyee, or highes	st compe	nsated	3		1
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	npei	nsatio							
5	individual									 tion or inc	 dividual			✓
Secti	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	compi	ete	Scr	nedu	ıle J 1	or s	such person	<u> </u>	• •	5		✓
1	Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add		ioutio.		-	<i>,</i> 0u	ionaa	, <u>yo</u>	(B) Description of serv			(C) Compens	-	your
									<u>.</u>	-				
								<u> </u>			_			
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	e) who				

Part	VIII	Statement of Rec Check if Schedule			enon	ise or note to an	v line in this Pa	art VIII		П
		Onesk ii Gonedale		intuino a re	зорол	ise of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
स्य भ	1a	Federated campaig	nş		1ก	\$0	<u> </u>			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	\$0				
S, E	С	Fundraising events			10	\$44,161				
ar /	d	Related organizatio			1d	\$0				
S, G	е	Government grants			1e	\$52,456		}		
ion	f	All other contribution and similar amounts no								
but	_				1f	\$512,346				
i j	9	Noncash contribution			1g	\$ \$17,626				
SE	h	Total. Add lines 1a-					\$608,963			
		Total / Toda III Co Ta		<u> </u>	· ·	Business Code	\$000,503			
မွ	2a	Educational Support	Servi	ices		611710	\$34,948	\$34,948		
Program Service Revenue	b					0,,,,,	00 1/0 10			
gram Sen Revenue	С									
eve	d									
ogr R	е									
g	f	All other program se								
	g	Total. Add lines 2a					\$34,948			
	3	Investment income							_	
	other similar amounts)					\$0			· · · · · · · · · · · · · · · · · · ·	
	5	Royalties				· · ·	\$0 \$0			
	, ,	noyalles		(i) Rea		(ii) Porsonal	3 0	3 0	\$ 0	\$ 0
	6ล	Gross renta	6a		\$0	· · · · · · · · · · · · · · · · · · ·				
	b	Less: rental expenses	6b		\$0					,
	С	Rental income or (loss)	6c		\$0					
	d	Net rental income of	r (los	s)			\$0	\$0	\$0	\$)
	7a	Gross amount from		(i) Securi	ties	(ii) Other				[,
		sales of assets								
		other than inventory	7a		\$0	\$0				
Ž.	b	Less cost or other basis	l <u>.</u>							
Revenue	_	and sales expenses .	7b		\$0					
Re	ر د	Gain or (loss) Net gain or (loss)	7c	<u> </u>	\$0					
ᡖ	d	Gross income fro	· ·	· · ·	<u> </u>	<u>.</u> . >				
ag	8a	events (not including		\$44,161						
		of contributions re			ľ					
		1c). See Part IV, line			8a	\$80,508			•	
	b	Less: direct expens	es .		8b	\$17,690				
	С	Net income or (loss) from	n fundraisir	ig eve	nts ▶	\$62,819			
	9a	Gross income								
		activities. See Part			9a	\$0				
	1	Less direct expens			9b	\$0		<u> </u>	•	,
	l	Net income or (loss	-	-	CTIVITIE	es >				
	10a	Gross sales of in returns and allowant			10a	\$0				
	b	Less: cost of goods			10b					-
		Net income or (loss							<u></u>	
<u>v</u>	<u>_</u>		, 5.1			Business Code				
o a	11a									
ane	b									
scellaneo Revenue	С									
Miscellaneous Revenue	d	All other revenue								
	е	Total. Add lines 11:			· ·	<u> ▶</u>	\$0		ļ	
	40	Total revenue Con				-	#TAC 724	e24 040	1	1

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp			must complete colur	nn (A).
	Check if Schedule O contains a response		in this Part IX .	<u> </u>	<u> </u>
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .	\$86,976	\$86,976		
2	Grants and other assistance to domestic	1			l
	ındıvıduals. See Part IV, line 22	\$0	\$0		
3	Grants and other assistance to foreign				İ
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	\$0	\$0		
4	Benefits paid to or for members	\$0	\$0		
5	Compensation of current officers, directors,				
	trustees, and key employees	\$0	\$0	\$0	\$0
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .	\$0	\$0	\$0	\$0
7	Other salaries and wages	\$258,057	\$154,834	\$51,611	\$51,611
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	\$0	\$0	\$0	\$0
9	Other employee benefits	\$5,564		\$1,113	\$1,113
10	Payroll taxes	\$27,186	\$16,312	\$5,437	\$5,437
11	Fees for services (nonemployees)				
а	Management	\$0	\$0	\$0	\$0
b	Legal	\$0		\$0	\$0
C	Accounting	\$0		\$0	\$0
d	Lobbying	\$0		\$0	\$0
e	Professional fundraising services. See Part IV, line 17	\$0 \$0		\$0	\$0
f	Investment management fees	30	\$0	<u> </u>	\$0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .	****	¢10.125	÷0	\$0
40	Advertising and promotion	\$10,125		\$0 \$0	\$18,836
12 13	Office expenses	\$23,545 \$8,170		\$1,276	\$3,066
14	Information technology	\$9,952	\$5,971	\$1,990	\$1,990
15	Royalties	\$0		\$0	\$0
16	Occupancy	\$19,624		\$3,925	\$3,925
17	Travel	\$3,048		\$1,524	\$0
18	Payments of travel or entertainment expenses	\$0,040	<u> </u>		
	for any federal, state, or local public officials	\$0	\$0	\$0	\$0
19	Conferences, conventions, and meetings .	\$2,008		\$0	\$0
20	Interest	\$0		\$0	\$0
21	Payments to affiliates	\$0	\$0	\$0	\$0
22	Depreciation, depletion, and amortization .	\$0		\$0	\$0
23	Insurance	\$6,146	\$3,687	\$1,229	\$1,229
24	Other expenses. Itemize expenses not covered		·		
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Clean - program expenses for marine debris	\$55,403	\$55,403		
b	Ocean - program expenses for water quality	\$16,241	\$16,241		
C	Access - program expenses for shoreline access	\$846	\$846		
d	Community - expenses for education outreach	\$16,667	\$16,667		
е	All other expenses	\$0			
25	Total functional expenses. Add lines 1 through 24e	\$549,556	\$394,243	\$68,105	\$87,208
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)				

Page **11**

Form **990** (2019)

Р	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	+ Y		
		Check if Schedule O contains a response of note to any line in this Par	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	\$0	1	\$0
	2	Savings and temporary cash investments	\$159,945	2	\$317,118
	3	Pledges and grants receivable, net	\$0	3	\$0
	4	Accounts receivable, net	\$0	4	\$0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	\$0	5	\$0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	\$0		\$0
s	7	Notes and loans receivable, net	\$0		\$0
Assets	8	Inventories for sale or use	\$6,000		\$6,000
As	9	Prepaid expenses and deferred charges	\$0,080		\$0,000
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a \$0			•••
	b	Less accumulated depreciation 10b \$0		10c	\$0
	11	Investments—publicly traded securities	\$0	11	\$0
	12	Investments—other securities. See Part IV, line 11	\$0	12	\$0
	13	Investments—program-related. See Part IV, line 11		13	\$0
	14	Intangible assets	\$0	14	\$0
	15	Other assets. See Part IV, line 11	\$0	15	\$0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	\$165,945	16	\$323,118
	17	Accounts payable and accrued expenses		17	\$0
	18	Grants payable	\$0	18	\$0
	19	Deferred revenue	\$0	19	\$0
	20	Tax-exempt bond liabilities	\$0	20	\$0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	\$0	21	\$0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	\$0		\$0
٦,	23	Secured mortgages and notes payable to unrelated third parties	\$0	-	\$0
	24	Unsecured notes and loans payable to unrelated third parties	\$0	24	\$0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	**	25	*0
	26	Total liabilities. Add lines 17 through 25			\$0 \$0
	20	Organizations that follow FASB ASC 958, check here ▶ □	\$0	20	ΦU
ĕ		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	\$165,945	27	\$323,118
Bal	28	Net assets with donor restrictions	\$103,343 \$0	1	\$323,110
Net Assets or Fund Balances	20	Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.	40		4 0
6	29	Capital stock or trust principal, or current funds	\$0	29	\$0
şţ	30	Paid-in or capital surplus, or land, building, or equipment fund	\$0		\$0
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	, \$0
Ţ	32	Total net assets or fund balances	\$165,945		\$323,118
Š	33	Total liabilities and net assets/fund halances	\$165,945		\$323 118

orm 9	90 (2019)			Pa	ige 12
Pari	XI Reconciliation of Net Assets	_			
	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		\$70	6,729
2	Total expenses (must equal Part IX, column (A), line 25)	2		\$54	19,556
3	Revenue less expenses. Subtract line 2 from line 1	3		\$15	7,173
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		\$16	55,945
5	Net unrealized gains (losses) on investments	5			\$0
6	Donated services and use of facilities	6			\$0
7	Investment expenses	7			\$0
8	Prior period adjustments	8			\$0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			\$0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		\$32	23,118
Part					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	• • •		
				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," e	xplain ii	ף ר		
	Schedule O.				
2a			2a	✓	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	r		
	reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				اا
D	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a	a		:
	separate basis, consolidated basis, or both:		- }		
	Separate basis Consolidated basis Both consolidated and separate basis		, ├──	<u> </u>	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounts		1 2c	/	
	·			_	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpiain oi	ן י		'
2-		eth in th	ຸ ├──		
sa	As a result of a federal award, was the organization required to undergo an audit or audits as set fo Single Audit Act and OMB Circular A-133?	rui III (M	e 3a		1
b		· · · · · · · · · · · · · · · · · · ·			_
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	~	5 3b		
	- redenies assert of mental and an assert of a second of a second o				

Form **990** (2019)

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

2019 Open to Public

Inspection Name of the organization Employer identification number Clean Ocean Access 46-4894628 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The	The organization is not a private foundation because it is (For	lines 1 through	12, chec	k only or	ne box.)	1 X			
1	1 A church, convention of churches, or association of	churches descri	bed in se	ction 17	0(b)(1)(A)(i).	()1			
2	2 A school described in section 170(b)(1)(A)(ii). (Attack	2. □ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	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:								
5	5 An organization operated for the benefit of a colleg section 170(b)(1)(A)(iv). (Complete Part II.)	e or university	owned o	r operate	d by a government	al unit described in			
6	6 A federal, state, or local government or governmenta	I unit described	ın sectio	n 170(b)	(1)(A)(v).				
7	7 An organization that normally receives a substantial described in section 170(b)(1)(A)(vi). (Complete Part		oort from	a goveri	nmental unit or from	the general public			
8	8 A community trust described in section 170(b)(1)(A)	(vi). (Complete F	Part II.)						
9	9 An agricultural research organization described in se or university or a non-land-grant college of agricultur university.								
10	10 ☐ An organization that normally receives (1) more than receipts from activities related to its exempt function support from gross investment income and unrelated acquired by the organization after June 30, 1975. See	s—subject to ce I business taxab	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 331/3% of its			
11	11 An organization organized and operated exclusively to	to test for public	safety. S	See sect i	on 509(a)(4).				
12									
	of one or more publicly supported organizations des Check the box in lines 12a through 12d that describes								
a	a Type I. A supporting organization operated, supp	rvised, or contro	ollod by r	ts suppoi	ted organization(s),	typically by giving			
	the supported organization(s) the power to regula supporting organization. You must complete Pa				he directors or trust	ees of the			
b	b Type II. A supporting organization supervised or	controlled in coi	nnection	with its s	upported organizati	on(s), by having			
	control or management of the supporting organiz organization(s). You must complete Part IV, Sec			persons	that control or mana	age the supported			
c	c Type III functionally integrated. A supporting or its supported organization(s) (see instructions). You					ally integrated with,			
c	d Type III non-functionally integrated. A supporting that is not functionally integrated. The organization requirement (see instructions). You must complete	n generally mus	st satisfy	a distribu	ition requirement an				
e	e					e II, Type III			
f	f Enter the number of supported organizations								
	g Provide the following information about the supported	organization(s).							
	(descr	rpe of organization ribed on lines 1–10 (see instructions))	(iv) Is the o listed in you docur		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
		}	Yes	No					
(A)	(A)		:						
(B)	(B)								
(C)	(C)								
(D)	(D)			-					
(E)	(E)								

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) **Section A. Public Support** Calendar year (or fiscal year beginning in) ▶ (a) 2015 (c) 2017 (d) 2018 (b) 2016 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . \$103,898 \$148,346 \$315,075 \$372,582 \$662.937 \$1,602,838 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . \$0 \$0 \$0 \$0 \$0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . \$0 \$0 \$0 \$0 \$0 \$0 Total. Add lines 1 through 3. . . . \$103,898 \$148,346 \$315,075 \$372,582 \$662,937 \$1,602,838 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) \$714,265 Public support. Subtract line 5 from line 4 \$888,573 Section B. Total Support (d) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (e) 2019 (f) Total 7 Amounts from line 4 \$103,898 \$148,346 \$315,075 \$372,582 \$662,937 \$1,602,838 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources \$0 \$0 \$0 \$0 \$0 Net income from unrelated business activities, whether or not the business is regularly carried on \$0 \$0 \$0 \$0 \$0 \$0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) \$0 Total support. Add lines 7 through 10 11 \$1,602,838 Gross receipts from related activities, etc. (see instructions) 12 12 \$86,435 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 55 % Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part							
	(Complete only if you checked the						ider Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support			,	· · · · · · · · · · · · · · · · · · ·	,	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018_	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees					/	
_	received. (Do not include any "unusual grants.")		`				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					/	
	furnished in any activity that is related to the					/	
_	organization's fax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				/	ľ l	
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	a					
	furnished by a governmental unit to the organization without charge			/	; ⁷		
•	5			/			
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3			/_/			
/ d	received from disqualified persons .						
L	Amounts included on lines 2 and 3			 / 			
b	received from other than disqualified			/			
	persons that exceed the greater of \$5,000		/				
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					-	
8	Public support. (Subtract line 7c from		 / / - 				
•	line 6.)		/				
Secti	on B. Total Support	l	/	L			
	dar year (or fiscal year beginning in)	(a) 2015/	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		1				
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b/.						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		!	1			•
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
44	First five years. If the Form 990 is for the	L organization	a's first secon	d third fourth	or fifth tay v	l l	n 501(c)(3)
14	organization, check this box and stop he	-					
Socti	on C. Computation of Public Suppor			· · · · ·			· · · <u> </u>
15	Public support percentage for 2019 (line			13 column (f)		15	%
16	Public support percentage from 2018 Sci					16	//
	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2019 (by line 13, colu	ımn (fl)	17	%
18	Investment income percentage from 2018					18	%
19a	331/3% support tests—2019. If the organ	ization did not	check the box	x on line 14, a	nd line 15 is n		
	17 is not more than 331/3%, check this box						
<i>b</i>	331/3% support tests-2018. If the organiz	-	-				_
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ctions 🕨 🗌

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		1	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		-	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	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 Part VI 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 Part VI what controls the organization put in place to ensure such use	3c	_	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	_	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	- - 5a		
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	_	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	5c		
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 Part VI .	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 Part VI.	9b	_	
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
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

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		'
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of 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			i .
	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	-		
2	organization operate for the benefit of any supported organization other than the supported organization of the supported organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Section	on C. Type II Supporting Organizations	<u> </u>		l
			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		
Section	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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	—	
_		2		ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	_	
Section	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 i	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 ın	struct	ions).
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			
	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.	<u> </u>		
_	•	2b		<u> </u>
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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? <i>Provide details in Part VI.</i>			
	•••	Jä		-
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 Part VI the role played by the organization in this regard	3b		

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

Part	y Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continuea)	
Secti	Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			· -
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	· ·		
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
<u>b</u>	From 2015			
c	From 2016			
<u>d</u>	From 2017			
<u> </u>	From 2018			
<u>f</u>	Total of lines 3a through e			,
<u>g</u>	Applied to underdistributions of prior years			,
<u>h</u>	Applied to 2019 distributable amount			
<u>_</u>	Carryover from 2014 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			•
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7			
a	Excess from 2015			
b	Excess from 2016 .			
с	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

TOA) (see separate manuchons, t				
	ection 501(c)(4), (5), or (6) orga	anizations. Complete Part III.		<u></u>	
Name	of organization			Employer ider	ntification number
	Ocean Access				46-4894628
Part	• • • • • • • • • • • • • • • • • • • •	e organization is exempt und			
1		f the organization's direct and i	ndirect political ca	ampaign activities in Part	t IV. (see instructions for
	definition of "political car				
2	Political campaign activit	ty expenditures (see instructions)		• •)
3		cal campaign activities (see instru			
Part		e organization is exempt und			
1		excise tax incurred by the organiz			
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file Fo			= =
4a					Yes No
ь	If "Yes," describe in Part			-\	/-\/O\
Part		e organization is exempt une			(C)(3).
1		ly expended by the filing organ			
					·
2	Enter the amount of the	filing organization's funds contri	ibuted to other org	janizations for section	
		ivities			
3		expenditures. Add lines 1 and 2			
4	• •	n file Form 1120-POL for this yea			
5	Enter the names, addres	ses and employer identification nu	umber (EIN) of all s	ection 527 political organi	izations to which the filing
	organization made paym	ents. For each organization listed ontributions received that were pro	, enter the amount	paid from the filling organ	ization's funds. Also enter
		I fund or a political action committ			
		· · · · · · · · · · · · · · · · · · ·		T	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization.
					If none, enter -0-
					
(1)					
			+		
(2)					
(3)					
_			-		
(4)					
			<u> </u>		
(5)			-1		
			-		
(6)			-1		1

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Scheu	UIO C (FORM 990 OF 990-EZ) 2019					Page Z
Par	II-A Complete if the organization section 501(h)).	n is exempt u	nder section 50	01(c)(3) and filed	l Form 5768 (ele	ction under
A C	heck If the filing organization belong	gs to an affiliate	d group (and list i	n Part IV each affil	iated group memb	er's name,
	address, EIN, expenses, and	share of excess	lobbying expendi	tures).		
ВС	heck if the filing organization check	ed box A and "I	imited control" pr	ovisions apply.		
	Limits on Lobb	ying Expenditu	ires		(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts	paid or incurred.	}	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion (grassroots lobbyi	ng)	\$3,360	
b	Total lobbying expenditures to influence	a legislative boo	dy (direct lobbying	9)	\$700	
С	Total lobbying expenditures (add lines 1a	a and 1b)			\$4,060	
d	Other exempt purpose expenditures .				\$545,496	
е	Total exempt purpose expenditures (add	lines 1c and 1c	(t		\$549,556	•
f	Lobbying nontaxable amount. Enter to columns.	the amount fro	om the following	table in both	\$ 174,334	
	If the amount on line 1e, column (a) or (b) is:	The lobbying r	nontaxable amount	is:	,	
	Not over \$500,000		ount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		l
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000		5% of the excess or			
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25	% of line 1f) .			\$43,584	
h	Subtract line 1g from line 1a. If zero or le	ss, enter -0			\$0	
i	Subtract line 1f from line 1c. If zero or les	ss, enter -0			\$0	
j	If there is an amount other than zero	on either line	1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year?					Yes No
	(Some organizations that made a sec	tion 501(h) ele	Period Under Sec ction do not have uctions for lines	e to complete all	of the five columi	ns below.
	Lobbying	Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount	\$29,882	\$44,405	\$75,686	\$ 174,334	\$324,307
b	Lobbying ceiling amount (150% of line 2a, column (e))					\$486,481
С	Total lobbying expenditures	\$2,004	\$7,000	\$5,040	\$4,060	\$18,104
d	Grassroots nontaxable amount	\$7,470	\$11,101	\$18,922	\$43,584	\$81,076

\$1,057

\$5,600

\$4,200

Schedule C (Form 990 or 990-EZ) 2019

\$3,360

\$121,614

\$14,217

1 During legislat	res resonnse on lines la torollon il below brovide in Part IV a defailed l	(a	3)		(b)	
legislat	es" response on lines 1a through 1i below, provide in Part IV a detailed for the lobbying activity.	Yes		A	mount	;
roforon	the year, did the filing organization attempt to influence foreign, national, state, or local ion, including any attempt to influence public opinion on a legislative matter or dum, through the use of:					
	aff or management (include compensation in expenses reported on lines 1c through 1i)?					
	advertisements?					
	s to members, legislators, or the public?					
_	ations, or published or broadcast statements?					
	to other organizations for lobbying purposes?					
	contact with legislators, their staffs, government officials, or a legislative body?					_
-	demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	activities?					
	Add lines 1c through 1i					
	activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes,	" enter the amount of any tax incurred under section 4912					
	" enter the amount of any tax incurred by organization managers under section 4912 .					
d If the fil	ling organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	or se	ction		
					Yes	N
1 Were s	ubstantially all (90% or more) dues received nondeductible by members?			1		
2 Did the	organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	
3 Did the	organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3		
art III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."				line 3	3, i:
1 Dues, a	assessments and similar amounts from members		1			
	n 162(e) nondeductible lobbying and political expenditures (do not include amounts al expenses for which the section 527(f) tax was paid).	of				
a Current	tyear		2a			
b Carryo	ver from last year		2b			
c Total			2c			
	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
	es were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing				
	litical expenditure next year?	•	4			
		•	5			
5 Taxable	e amount of lobbying and political expenditures (see instructions) Supplemental Information escriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated groups)		5	rt II-A,	lines	_ _ 1

·Schedule C (Fon	m 990 or 990-EZ) 2019	Page 4
	Supplemental Information (continued)	
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number Clean Ocean Access 46-4894628 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e

Solicitation of non-government grants а ☐ Solicitation of government grants Internet and email solicitations b g

Special fundraising events Phone solicitations **d** In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts from activity custody or control of contributions? (or retained by) organization (ii) Activity col (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Cat No 50083H

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

		J				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Swim Event	Gala	2	(add col (a) through col. (c))
Φ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	\$56,511	\$40,932	\$27,226	\$124,669
Œ	2	Less Contributions	\$0	\$31,460	\$12,701	\$44,161
	3	Gross income (line 1 minus line 2)	\$56,511	\$9,473	\$14,525	\$80,508
	4	Cash prizes	\$0	\$0	\$0	\$0
	5	Noncash prizes	\$115	\$0	\$1,974	\$2,089
uses	6	Rent/facility costs	\$ 5	\$1,832	\$1,7	\$3,560
Direct Expenses	7	Food and beverages	\$72	\$1,995	\$672	\$2,739
Direct	8	Entertainment	\$0	\$694	\$200	\$894
	9	Other direct expenses .	\$2,345	\$1,774	\$4,289	\$8,408
	10	Direct expense summary. Ad				\$17,690
	11	Net income summary. Subtra				\$62,819
	rt III	Gaming. Complete if th \$15,000 on Form 990-E2			· · · · · ·	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Be	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Orect	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes %☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ine 1, column (d)		
	a Is b If	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states	s?	Yes No
10		"Yes," explain				

chedu	ule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	□ No
12 .	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%_
b	An outside facility		%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name ▶		
	Address ►		
		☐ Yes	□ No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	i) and (al inforr	v); and mation.
			- -
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

OMB No. 1545-0047	2019	
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► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

Clean Ocean Access							46-4894628
Part I General Information on Grants and Assistar	on Grants and	Assistance					
	in records to subsaward the grants	stantiate the amou or assistance?	int of the grants or	assistance, the gr	antees' eligibility fo	ne amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ice?	e, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments.	zation's procedurisistance to Do	es tor monitoring the stic Organization	the use of grant full ations and Dom	estic Government	states.	the organization answ	ribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990.
	y recipient that r	eceived more th	an \$5,000. Part I	I can be duplica	ted if additional s	pace is needed.	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Aguidneck Community Table PO BOX 1481, RI 02840	45-4446964	501 C(3)	\$39,397	0\$			personnel and services
(2) Rhodeside Revival 159 South Weeden Road, RI 02879	82-5057739		\$32,287	0\$			personnel and services
(3) The Compost Plant 21 Mount Hope Avenue, RI 02906	46-3869784		\$81,759	0\$			personnel and services
(4)							
(5)		,					
(9)							
<u>۵</u>							
(8)							
(6)							
(10)							
(11)							
(12)							
	501(c)(3) and gov	ernment organiza	tions listed in the l	ne 1 table			
3 Enter total number of other organizations listed in the line 1 table	rganizations listed	in the line 1 table					. • 2
For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruction	s for Form 990.		రొ	Cat. No 50055P		Schedule I (Form 990) (2019)

Schedule I (Fo	Schedule I (Form 990) (2019)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	nestic Individual space is needed.	is. Complete if the	organization answ	ered "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
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Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information rec	quired in Part I, lin	e 2; Part III, columi	ι (b); and any other additi	onal information.
We ask eac	We ask each recipient of grants funds to provide regular updates of key metrics for the project.	pdates of key metric	cs for the project.			
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						Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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.

Solution by Attach to Form 990.

Solution by Attach to Form 990.

Solution by Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 46-4894628 Clean Ocean Access Part I **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990. Part VII. Section A. line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 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 2 Indicate which, if any, of the following the 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 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. 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? . . . 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5a 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

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.

Note: The suff of Columns (D)(I) (iii) for each instead that the form that it is a control of the suff	o eac	(B) Breakdown c	of W-2 and/or 1099-MIS	and/or 1099-MISC compensation	וני אווי ספטנוטוו אי ווויפי	a, applicable coloni	איוט (ב) מווסחוונ	מומר ווימר וויסועוסממי.
					(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	,	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(y)(a)	in column (B) reported as deferred on pnor Form 990
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public

Inspection

Employer identification number Name of the organization Clean Ocean Access 46-4894628 Part III. 4D. Other Program Services ------Community - Performed over 90 minds-in hands-on experiential environmental education activities with students in age range from 4 to 20 on Aquidneck Island with over 5,000 contact hours. The inaugural report is now on the website and the 2019 update completed by 4/1/2020. Part VI. 11B, Advance Notice The organizational bylaws position the Finance committee to commence the completion of the Form 990. The organization policy for notice provides the board of Directors with 30 days of the upcoming filing. The finance committee reviews the Form 990 prior to the upcoming board meeting. The board of Directors approves the Form 990 at the board meeting. After this meeting, the Form 990 is submitted. The organizational bylaws requires the board of Directors to review and sign the conflict of interest policy on an annual basis. The board agreement for board of Directors role & responsibility indicates all officers and directors must abide by the conflict of interest policy. Board members communicate before and during board meetings to share potential conflict of interests and if a potential conflict is identified for review, the conflict of interest policy is executed. The organizational bylaws requires the board of Directors to adhere to the Compensation policy that includes a review and approval by independent persons, comparability data, and informed action. The Executive Director has the responsible to present an annual operating plan that includes staff salary, and these are reviewed and approved by the board of Directors. The board of Directors also approves the salary of the Executive Director. Financial statements are provided as a link on our website. All governing documents and conflict of interest policy are available to the public via request to our Secretary via email.

Schedule O (Form 990 or 990-EZ) (2019)	P	age 2
Name of the organization	Employer identification number	
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