DLN: 93493045011380 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable Ocean Conservancy □ Address change 23-7245152 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1300 19th Street NW No 8th Fl ☐ Amended return ☐ Application pending (202) 429-5609 City or town, state or province, country, and ZIP or foreign postal code Washington, DC  $\,$  200361609  $\,$ G Gross receipts \$ 53,638,038 Name and address of principal officer H(a) Is this a group return for Kenneth Donaldson ☐Yes **☑**No subordinates? 1300 19th Street NW No 8th Fl H(b) Are all subordinates Washington, DC 200361609 ☐ Yes ☐No ıncluded? 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www oceanconservancy org L Year of formation 1972 M State of legal domicile DC Summary 1 Briefly describe the organization's mission or most significant activities Ocean Conservancy is working to protect the ocean from today's greatest global challenges Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 17 4 16 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 123 **6** Total number of volunteers (estimate if necessary) . . . . 6 1,080,358 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year 36,557,965 8 Contributions and grants (Part VIII, line 1h) . 28,163,632 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 553,815 2,564,841 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 304,441 140,029 37,416,221 30,868,502 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,219,054 2,197,363 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 12,203,504 13,127,817 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 467,502 443,183 b Total fundraising expenses (Part IX, column (D), line 25) ▶4,376,381 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 11,134,335 14,330,680 26,024,395 30,099,043 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 11,391,826 769.459 Net Assets or Fund Balances Beginning of Current Year End of Year 48,359,161 49,190,567 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 2,260,644 3,201,951 22 Net assets or fund balances Subtract line 21 from line 20 . 46,098,517 45,988,616 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here Kenneth Donaldson Chief Financial Officer Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-02-12 P00639819 Paid self-employed Firm's name Rogers & Company PLLC Firm's EIN ► 58-2676261 Preparer Use Only Firm's address ▶ 8300 Boone Boulevard Suite 600 Phone no (703) 893-0300 Vienna, VA 22182 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page <b>2</b>
Pa	rt III Statement	of Program Ser	vice Accomplis	hments		
	Check If Sche	dule O contains a re	sponse or note to a	any line in this Part III .		🗹
1	Check if Schedule O contains a response or note to any line in this Part III					
					s Together with our partners, we	create science-based
Solut	ions for a fleating ocea	an and the wilding at	iu communicies tria	at depend on it		
2	Did the organization	undertake any signi	ficant program ser	vices during the year wh	uch were not listed on	
-	_	, -		<b>-</b> ,		□ves VNo
						La les La No
3	•			changes in how it conduc	cts, any program	
	_	<u>-</u> ,	_			🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Sche	dule O			
4	Section 501(c)(3) ar	nd 501(c)(4) organiza	ations are required	to report the amount of		
	(Code	) (Expenses \$	5,954,754	ıncludıng grants of \$	1,751,446 ) (Revenue \$	)
	See Additional Data					
4b	(Code	) (Expenses \$	5,460,682	including grants of \$	133,198 ) (Revenue \$	)
	See Additional Data					
4c	(Code	) (Expenses \$	5,351,623	ıncludıng grants of \$	259,219 ) (Revenue \$	)
	See Additional Data					
	See Additional Data	Table				
4d	Other program servi	ces (Describe in Sch	edule O )			
	(Expenses \$	6,500,108 ı	ncluding grants of	\$ 53,50	00 ) (Revenue \$	)
	Total program ser		23,267,1	c7	<del></del>	

**Checklist of Required Schedules** Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Yes 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? 5 Nο 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 😼 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧 . . . . . . . . 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 . . . . . . . . . . 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 Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . 14a Nο 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 14b Yes valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Yes 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 🖠 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Yes 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Nο column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

Form	990 (2018)			Page <b>4</b>
Pai	Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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			

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

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

Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

37

38

Part V

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

37

38

99

0

1a

Yes

Yes

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Nο

Nο

No

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

No

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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

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

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

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

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? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(12) organizations. EnterGross income from members or shareholders

Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	' respo	nse to l	lines
Sa	ction	A. Governing Body and Management	•		
36	CLIOII	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		103	
	Lincon	17			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O			
Ь	Enter	the number of voting members included in line 1a, above, who are independent  1b 16			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2	Yes	
3		ne organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5		ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	ne organization have members or stockholders?	6		No
7a		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by Illowing			
а	The g	overning body?	8a	Yes	
Ь	Each	committee with authority to act on behalf of the governing body?	8b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	·.)	
				Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?	10a		No
b	If "Ye	s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
c		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?	13	Yes	
14	Did th	ne organization have a written document retention and destruction policy?	14	Yes	
15		ne process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other	officers or key employees of the organization	15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt swith respect to such arrangements?	16b		
Se	ction	C. Disclosure			
17		ne States with which a copy of this Form 990 is required to be filed  AL , AK , AZ , AR , CA , CT , DC , FL , GA , ME , MD , MA , MI , MS , NH , NJ , NM , NY OR , PA , RI , SC , TN , UT , VA , WA , WV ,	, NC ,		
18		on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply			
19		Own website $\square$ Another's website $ olimits  oli$			

policy, and financial statements available to the public during the tax year

20

State the name, address, and telephone number of the person who possesses the organization's books and records •Kenneth Donaldson 1300 19th St NW 8th Fl Washington, DC 20036 (202) 429-5609

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

175 Carroll Ave Newport, RI 02840

Page 8

Pa	Section A. Officers, Direct	tors, Trustees	, Key l	Empl	loye	es,	and I	High	nest Comp	ensat	ed Employees	(con	tınued)	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee) rgani							able sation the on (W-		w-	(F) Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-1	visc)	2/1099-MISC	)	relati organiza	ed
See	Additional Data Table													
														_
1b 9	Sub-Total			٠.			<b>&gt;</b>							
_	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	art VII <b>, Section</b>					<b>▶</b>		2,517	248		0		532,337
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove		rece				-1		
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey eı •	mplo •	oyee, o	or hi	ghest comp	ensated	d employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										m the	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									n or inc	lividual for	5		No
	ection B. Independent Contract												<b>'</b>	
1	Complete this table for your five high from the organization Report comper											nper	sation	
	Name a	(A) and business addre	ess	-						Des	(B) cription of services		(C Compen	
Futer									Ma	rketing			1	437,260
	iroadway 11th Fl York, NY     10012													
Chap	man Cubine & Hussey								Dır	ect Maıl	Consultant			270,916
	15th St N 550 Iton, VA 22201													
	onfire Red								Ma	rketing				254,131
Arlıng	Clarendon Blvd 925 Iton, VA 22201													
	rak Inc								Ad	vocacy				227,333
Nome	ox 948 s, AK 99762													
Ocea	n Wonks								Pol	icy Cour	nsel			224,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 10

Part	VIII Statement of Revenue						
	Check if Schedule O contains	a respo	onse or note to any	y line in this Part VIII  (A)  Total revenue	( <b>B</b> ) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a	180,685		revenue		512 - 514
ints ints	<b>b</b> Membership dues	<b>1</b> b					
Gra not	c Fundraising events	1c					
[Ş, [	d Related organizations	1d					
<u>∓</u> 5∺	e Government grants (contributions)	1e	549,001				
ns,	<b>f</b> All other contributions, gifts, grants,		<u> </u>				
ë ë	and similar amounts not included above	<b>1</b> f	27,433,946				
ig e	g Noncash contributions included						
Contributions, Gifts, Grants and Other Similar Amounts	in lines 1a - 1f \$		<u>8,501</u>				
ح ح	h Total. Add lines 1a-1f	•		28,163,632			
T. F	2a		Busines	s Code			
Service Revenue		_					+
<u>د</u>	b —	_					
er v	d —						
S	e ————————————————————————————————————						
Program	<b>f</b> All other program service revenu	e					
Æ	<b>9Total.</b> Add lines 2a-2f		<b>&gt;</b>				
	3 Investment income (including divi-			627,949	9		627,949
	4 Income from investment of tax-ex						<u> </u>
	<b>5</b> Royalties			140,029	9		140,029
	(ı) Rea	al	(II) Personal				
	6a Gross rents						
	<b>b</b> Less rental expenses						
	c Rental income or			-			
	(loss)						
	<b>d</b> Net rental income or (loss) .		· · · •				
	(1) Secur	ities	(II) Other	$\dashv$			
		706,428					
	than inventory						
		769,536					
	sales expenses  C Gain or (loss)	936,892		$\dashv$			
	d Net gain or (loss)		<u> </u>	1,936,892	2		1,936,892
	8a Gross income from fundraising ev						
Other Revenue	(not including \$ contributions reported on line 1c)	of					
<b>₹</b>	See Part IV, line 18			_			
Ţ.	<b>b</b> Less direct expenses <b>c</b> Net income or (loss) from fundra	b Jenna ev	ents .				
the	9a Gross income from gaming activi		ents •	7			
0	See Part IV, line 19						
	<b>b</b> Less direct expenses	a b		$\dashv$			
	c Net income or (loss) from gaming		les 🕨				
	10aGross sales of inventory, less returns and allowances						
	returns and anowances	a	}				
	<b>b</b> Less cost of goods sold	b					
	c Net income or (loss) from sales of Miscellaneous Revenue	f invent	_				
	11a		Business Code	-			
	b						
	С						
	d All other revenue						
	e Total. Add lines 11a-11d		•				
	12 Total revenue. See Instructions		· · · •	30,868,502	2	0	2,704,870
							Form <b>990</b> (2018)

7 Other salaries and wages

**9** Other employee benefits .

**d** Lobbying . . . .

f Investment management fees .

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

16 Occupancy

23 Insurance .

a Subscriptions

**b** List rental

c UBI taxes

d Prof fund alloc

e All other expenses

**17** Travel .

14 Information technology

**20** Interest . . . .

21 Payments to affiliates . . .

expenses on Schedule O )

10 Payroll taxes . .

**b** Legal .

c Accounting

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

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here 

// If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

g Other (If line 11g amount exceeds 10% of line 25, column

1,173,733

56,657

205,632

102,904

443,183

357,175

133,502

1,368

153,399

110,886

45,142

21,059

61,673

70,770

-371,520

4,376,381

2,041,687

Form 990 (2018)

7,314

1,476,352

1 01111	330 (2010)				rage 10
	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other org	anizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	y line in this Part IX .			🗹
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraisingexpenses
	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	431,150	431,150		
	Grants and other assistance to domestic individuals See Part IV, line 22				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	1,766,213	1,766,213		
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	2,301,509	1,727,253	247,104	327,152
	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				

8,257,187

1,446,618

723,925

91.194

92,888

365.867

443,183

74,827

4,806,820

710,842

10,278

4,101,113

1,265,894

1,451,495

590,912

156,535

85,978

293,410

196,911

5,177

30,312

30,099,043

4,815,300

0

227

398,578

6,196,913

1,085,668

543,296

365.867

4,343,712

574,465

7,224

936,538

527,641

111,181

194,483

124,639

355,134

22,662

23,267,167

2,730,275

552

1,296,076

2,357,372

299,128

886,541

42,793

155,318

77,725

91,194

92,888

74,827

105,933

2,875

1,686

267,389

175,957

44,533

18,129

24,295

85,426

37,254

1,502

5,177

16,386

2,455,495

43,338

336

227

Page **11** 

18,300

1.203.857

3.201.951

25.418.354

17,730,627

2.839.635

45,988,616

49,190,567

Form **990** (2018)

Form 990 (2018)

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

**Fund Balances** 

Assets or 30

Net

Grants payable .

Deferred revenue .

Tax-exempt bond liabilities . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

	Beginning of year		End of year
1 Cash-non-interest-bearing	4,513,828	1	6,274,899
2 Savings and temporary cash investments	200,155	2	200,181
3 Pledges and grants receivable, net	15,976,538	3	9,132,525
4 Accounts receivable, net	32,979	4	48,763
5 Loans and other receivables from current and former officers, directors			

	3	Pledges and grants receivable, net	15,976,538	3	9,132,525
	4	Accounts receivable, net	32,979	4	48,763
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
S	_				

ets	7	Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	fied pe n 4958 ations o (see in	rsons (as defined under (c)(3)(B), and of section 501(c)(9) structions) Complete		6	
SS	8	Inventories for sale or use		8			
A	9	Prepaid expenses and deferred charges	544,635	9	1,152,390		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,638,751			
	ь	Less accumulated depreciation	<b>10</b> b	1,471,919	313,967	10c	166,832
	11	Investments—publicly traded securities .			25,339,469	11	30,620,899

ets	7	voluntary employees' beneficiary organizations Part II of Schedule L		7			
Ass	8	Inventories for sale or use		8			
A	9	Prepaid expenses and deferred charges			544,635	9	1,152,390
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,638,751			
	ь	Less accumulated depreciation	10b	1,471,919	313,967	<b>10</b> c	166,832
	11	Investments—publicly traded securities .			25,339,469	11	30,620,899
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .	•		13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	1,437,590	15	1,594,078		
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	48,359,161	16	49,190,567
	17	Accounts payable and accrued expenses			1,558,712	17	1,979,794

30.013

671.919

2.260.644

21.229.751

22,030,231

2,838,535

46,098,517

48,359,161

18

19 20

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22 23

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31 32

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34

Audit Act and OMB Circular A-133? 3a Nο b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

3b

Form 990 (2018)

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

## Additional Data

Software ID:

Software Version:

Name: Ocean Conservancy

**EIN:** 23-7245152

Form 990 (2018)

Form 990, Part III, Line 4a:

Marine Wildlife & Ecosystem Protection Arctic Conservation Ocean Conservancy work across jurisdictions and venues to advance science-based policy solutions that together form a mosaic of protections for ecologically and culturally important Arctic Ocean ecosystems. Indigenous communities who live in and depend on these marine ecosystems are key partners and quide much of our work to develop durable conservation measures in one of the most iconic and threatened biomes on earth Ocean Acidification Ocean Conservancy's approach is to work with ocean-dependent businesses affected by ocean acidification and scientists studying ocean acidification in order to build awareness of and support for action at the state and local levels

### Form 990, Part III, Line 4b:

Trash Free Seas Ocean Conservancy empowers citizens and NGOs, globally, to achieve unprecedented impact by keeping a cumulative (and growing) 150,000 tons of marine debris out of the ocean. We compel and enable the private sector to play a greater role in implementing international policy and financing solutions to reduce ocean

plastics inputs and impacts. By supporting and advancing public sector policy, we advocate for eliminating the most problematic forms of single-use plastic packaging and

the start. An integrated communications strategy underpins all of these initiatives, enabling us to drive the global narrative surrounding ocean plastic pollution.

products And through cross-sector engagement, we foster best practices among key stakeholders to create new, innovative approaches to prevent ghost fishing gear from

# Form 990, Part III, Line 4c: Ocean Policy Science and Governance Ocean Conservancy translates threats into sound practical policies that protect our ocean and improve our lives. We recognize that real leadership means real cooperation between governments, businesses, scientists, policymakers, conservation organizations and citizen advocates. We seek to achieve

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

producing sustainable yields that fuel a strong economy, support well-paying jobs, provide for ample recreational

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

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

ecosystem information in the fishery management of stocks

others, the total expenses, and revenue, if any, for each program service reported. (Code ) (Expenses \$ 4,850,029 including grants of \$ 53,500 ) (Revenue \$

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Communications & Outreach Ocean Conservancy educates the public through various communication channels including websites, e-mail, direct mail, and social media, paid advertising, public service announcements, reporter outreach, written reports, blogging and more. Ocean Conservancy has more than 130,000 members, 1 million International Coastal Cleanup volunteers and a social media audience of more than 1 7 million. We also

(Code ) (Expenses \$ 1,650,079 including grants of \$ ) (Revenue \$

lengage in various efforts to provide strategic advice, messaging and digital assets to the broader ocean community Gulf Restoration Sustainable Fisheries. Our overarching goal is to secure healthy U.S. fisheries and the well-being of fishing communities. To achieve this goal, we focus on ensuring science-based sustainable fisheries management under the Magnuson Stevens Fishery Conservation and

Management Act (which requires we end overfishing, set catch limits with accountability measures, and rebuild depleted stocks), improving the

management of important commercial and recreational fish populations in the Gulf of Mexico, and increasing the inclusion of climate and

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

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

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

Co-Chair						
Daniel Oros Co-Chair	2 00		x		0	
Edward Miller Treasurer	2 00		x		0	
Mıchael Orbach	2 00		v		0	

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and Independent Contractors

Secretary

Director

Director

Director

Director

Director

Director

Jeremy Milo

Jean Nelson

William Martin

Steve Henn

W Bowman Cutter

Kathleen Justice-Moore

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

any hours

and a director/trustee)

organization

0

375,118

139,393

235,574

209,984

0

0

0

0

58,515

8,364

27,395

40,574

organizations

from the

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

								1 11 2/1000	(14, 24,000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	related organizations	
John Sargent Director	2 00	×						0	0	0	
Oswald Schmitz Director	2 00	×						0	0	0	
Steve Strongin Director	2 00	×						0	0	0	
Lawrence Wagenberg Director	2 00	×						0	0	0	
Tom Weaver	2 00										

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2 00

50 00

24 00

45 00

45 00

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Tom Weaver

Director

Director

CFO

**EVP** 

Janus Jones

President & CEO

Lawrence Amon

Emily Woglom

Sarah Humphries

VP Resource Development

Suzanne Woolsev

and Independent Contractors

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

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

and Independent Contractors

Kenneth Donaldson

VP Finance & Admin

Malissa Lash

Kelly Luck

George Leonard

Chief Scientist

Teresa Parsons

Michelle Frey

......

......

Managing Director, Resource Development

Director Foundation & Gov't Support

Director Program Development

**Director Digital Communications** 

	any hours for related							organization	organizations	from the
	organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Chris Dorsett  VP Conservation Policy & Programs	45 00				×			199,192	0	52,032
Susan Ruffo Director Int'l Initiatives	45 00				×			165,716	0	9,062
Julia Roberson  VP Communications	45 00				х			170,949	0	23,497
Scott Highleyman	45 00									

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0

0

0

0

0

169,853

133,384

133,270

148,876

145,625

130,116

48,652

23,497

47,969

47,869

48,697

48,569

47,645

Director Int'l Initiatives						
Julia Roberson	45 00		x		170,949	
VP Communications					27 3,5 15	
Scott Highleyman	45 00		x		160,198	
VP Arctic Programs			^		100,198	
Konnoth Donaldson	45 00					

40 00

40 00

40 00

40 00

40 00

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efil	e GR/	APHIC pri	1t - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493045011380
(For	m 99	OULE A	Con		Charity Statu				OMB No 1545-0047 2018
990E	EZ)			-	4947(a)(1) nonexe	empt charitable	trust.		4010
Depart	ment of	the Treasury		► Go to	www.irs.gov/Form				Open to Public
Interna	l Reven	ne Service ne organiza	tion					Employer identific	Inspection
	Conse		cion						ation number
Do.	rt I	Poscon	for Bublic	Charity Stat	us (All organization	s must comple	to this part \ 9	23-7245152	
					<b>us</b> (All organization e it is  (For lines 1 thro			see mstructions.	
1			•		ssociation of churches	•		(A)(i).	
2		•		·	1)(A)(ii). (Attach Sch			(/(-/-	
3								:::>	
_		•	·	·	vice organization desc			•	
4		A medical r name, city,		nızatıon operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). Е	nter the hospital's
5		_	ation operated ( <b>iv).</b> (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	bed in <b>section 170</b>
6		A federal, s	tate, or local	government or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7	<b>✓</b>			mally receives ( <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust descr	ribed in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or a
10		from activit	ies related to income and	its exempt fur unrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
11	П				d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>609(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509</b> (	
a		<b>Type I.</b> A so	supporting or n(s) the power	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting o nt of the sup	rganization sup porting organiz	ervised or controlled i ation vested in the sar				
с		Type III f	unctionally i		supporting organizatio				ated with, its
d		Type III n	on-function integrated	<b>ally integrate</b> The organizatio	ions) You must com d. A supporting organ n generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orga	
e		Check this	, box if the org	Janization recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			on-functionally Lorganizations	integrated supporting	organization			
g			• • •	-	upported organization(	(s)		_	
		Name of supports	orted	(ii) EIN				(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota		work Reduc						Schedule A (Form 9	

15

Schedule A (Form 990 or 990-EZ) 2018

68 170 %

▶☑

▶□

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part										
III. If the organization fails to qualify under the tests listed below, please complete Part III.)										
Section A. Public Support										
Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				

	Section A. Public Support						
_	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	30,924,938	18,615,990	24,058,239	36,557,965	28,163,632	138,320,764
2	include any "unusual grant ")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	30,924,938	18,615,990	24,058,239	36,557,965	28,163,632	138,320,764
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						36,695,606
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						101,625,158
9	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e)2018	<b>(f)</b> ⊤otal
7	Amounts from line 4	30,924,938	18,615,990	24,058,239	36,557,965	28,163,632	138,320,764
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	647,823	559,032	588,022	824,503	767,978	3,387,358
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	<b>Total support.</b> Add lines 7 through 10						141,708,122
12		etc (see instructio	ns)	<u>"</u>	<u>'</u>	12	
13	First five years. If the Form 990 is fo	or the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	<del>-</del>			•		
- 5	Section C. Computation of Publi						
	Public support percentage for 2018 (li			olumn (f))		14	71 710 %

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Public support percentage for 2017 Schedule A, Part II, line 14

organization

instructions

supported organization

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

20

P	(Complete only if you cl					l to qualify un	der Part II. If
	the organization fails to						
Se	ection A. Public Support	•		, .			
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(-,	(-,	(-,	(-/	(-,	(1)
1	membership fees received (Do not						
	include any "unusual grants")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
7	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6)						
Se	ection B. Total Support		I				
	Calendar year	(-) 2014	(I-) 2015	(-) 2016	(4) 2017	(-) 2010	(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c, 11, and 12)						
۱4	First five years. If the Form 990 is for	the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3)	organization,
	check this box and <b>stop here</b>						▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
۱6	Public support percentage from 2017 S	chedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investr	nent Income	Percentage				
١7	Investment income percentage for 201			line 13, column (f	))	17	
	Investment income percentage from 20	<b>D17</b> Schedule A,	Part III, line 17	•		18	
18		·					no 17 io not
	331/3% support tests—2018. If the	organization did r	not check the box	on line 14, and lir	ie 15 is more than	i 33 1/3%, and I	ne 17 is not
19a	331/3% support tests—2018. If the	=					• □
	· · ·	stop here. The o	rganızatıon qualıfı	es as a publicly su	ipported organizat	tion	▶ □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

provide detail in Part VI.

answer line 10b below

10a

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

the organization had excess business holdings)

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

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 )

S	ection A. All Supporting Organizations		
		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		

If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
describe the designation If historic and continuing relationship, explain	1
Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described	
in section 509(a)(1) or (2)	

	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	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	

	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	ın section 509(a)(1) or (2)	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 <b>Part VI</b> when and how the organization made the		
	determination	3b	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) numbers?		

	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination	3b	
С			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	

	determination	3b	'	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections	·		
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	_	$\overline{}$	

U	Did the organization have ditimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	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	
		_	

С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in		

6	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		

	ection 4958(c)(3)(C)), a ramily 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,"

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

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

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

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,"

Pa	rt IV 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			
h	b A family member of a person described in (a) above?				
	c 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				
	ection B. Type I Supporting Organizations	11c			
_	cetton b. Type I Supporting Organizations		Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Pa VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year				
		1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2			
_	action C. Tuna II Summarting Organizations				
3	ection C. Type II Supporting Organizations		Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of	103	110	
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
S	ection D. All Type III Supporting Organizations				
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
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 tayyear? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard				
_					
1	ection E. Type III Functionally-Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	otions)			
	The organization satisfied the Activities Test. Complete line 2 below	Ctions)			
	b				
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instru	ctions)		
2	Activities Test Answer (a) and (b) below.		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b			
3	Parent of Supported Organizations Answer (a) and (b) below.				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	of 3a			
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3b			
		, 55	1	i	

instructions)

	Type 111 Non-1 directionally integrated 309(a)(3) Supporting of	,ı gaiii	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	ed Type III supporting or	ganization (see

Page 6

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

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

## **Additional Data**

## Software ID: Software Version:

**EIN:** 23-7245152

Name: Ocean Conservancy

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Instructions)

Facts And Circumstances Test

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

DLN: 93493045011380

☐ Yes

(e) Amount of political

□ No

Open to Public Inspection

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

Section 527 organizations Complete Part I-A only

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

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

 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

(Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization **Employer identification number** Ocean Conservancy

23-7245152

Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of

"political campaign activities") 2 Political campaign activity expenditures (see instructions)

3 Volunteer hours for political campaign activities (see instructions)

Complete if the organization is exempt under section 501(c)(3).

Enter the amount of any excise tax incurred by the organization under section 4955 1

(a) Name

Enter the amount of any excise tax incurred by organization managers under section 4955

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Was a correction made?

If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

(b) Address

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization file Form 1120-POL for this year?

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(c) EIN

filing organization's contributions received funds If none, enter and promptly and -ndirectly delivered to a separate political organization If none, enter -0-2 5

(d) Amount paid from

1,000,000

464,498

250,000

4,584

1,000,000

740.339

250,000

125,294

Lobbying nontaxable amount

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

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

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

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

1,000,000

812.585

250,000

85,714

1,000,000

806,995

250,000

113,567

Schedule C (Form 990 or 990-EZ) 2018

4,000,000

6,000,000

2,824,417

1,000,000

1,500,000

329,159

activity

Volunteers?

1

b

(b)

Amount

(a)

No

Schedule C (Form 990 or 990EZ) 2018

Yes

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

Explanation

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

**SCHEDULE D** 

(Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

DLN: 93493045011380

Open to Public

		Tor the latest information.	T		spection .
	me of the organization ean Conservancy			yer identification	number
Ð.	art I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds o	23-724		
LEC	Complete if the organization answered "Yes		n Accou		
		(a) Donor advised funds	(b	)Funds and other a	accounts
	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
ŀ	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex-		lvised fund		Yes 🗌 No
j	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?			ı impermissible	Yes □ No
Pa	rt III Conservation Easements. Complete if th	e organization answered "Yes" on Forn	n 990, P	art IV, line 7.	
	Purpose(s) of conservation easements held by the organ	nzation (check all that apply)			
	$\square$ Preservation of land for public use (e g , recreation	or education) $\square$ Preservation of an	historical	lly important land a	area
	Protection of natural habitat	Preservation of a c	ertified h	istoric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a deasement on the last day of the tax year	qualified conservation contribution in the for		onservation Held at the End o	of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic	structure included in (a)	2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a historic	2d		
3	Number of conservation easements modified, transferred tax year ▶	d, released, extinguished, or terminated by	the organ	iization during the	
Ļ	Number of states where property subject to conservation	n easement is located <b>&gt;</b>			
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds		of violatio	ons,	□ No
;	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservatio	on easements durir	ng the year
,	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violations, and enforcing conserv	vation eas	sements during the	e year
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)( $\mu$ )?	above satisfy the requirements of section 1	70(h)(4)(l	B)(ı)	□ No
)	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state			
ar	t III Organizations Maintaining Collections		er Simil	lar Assets.	
	Complete if the organization answered "Yes				
.a	If the organization elected, as permitted under SFAS 11: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in f			
b	If the organization elected, as permitted under SFAS 11: historical treasures, or other similar assets held for publ following amounts relating to these items				
(	(i) Revenue included on Form 990, Part VIII, line 1		•	<b>&gt;</b> \$	
(i	ii)Assets included in Form 990, Part X		•	<b>&gt;</b> \$	
!	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·			
а	Revenue included on Form 990, Part VIII, line 1		1	<b>▶</b> \$	

**b** Assets included in Form 990, Part X

Par	t III	Organizations Maintaining Col	lections of Art, H	istori	ical Tı	eas	ures, or	Other	Similar A	ssets (	contin	ued)	
3		the organization's acquisition, accession (check all that apply)	n, and other records,	check	any of	the fo	ollowing tl	nat are a	significant	use of its	colle	ction	
а		Public exhibition		d		Loar	n or excha	nge prog	rams				
b		Scholarly research		е		Othe	er						
С		Preservation for future generations											
4	Provid Part X	de a description of the organization's col (III	lections and explain h	ow the	ey furth	ner th	ne organiz	ation's ex	empt purp	ose in			
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							ılar	☐ Ye	·s	□ N	0
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.	<b>ments.</b> vered "Yes" on Forr	n 990	, Part	IV, I	ine 9, or	reporte	d an amo	unt on F	orm	990,	Part
1a		organization an agent, trustee, custodi led on Form 990, Part X?	an or other intermedia	ary for	contril	oution	ns or othe	r assets i	not	☐ Ye	:S	□ N	0
b	If "Ye	s," explain the arrangement in Part XIII	and complete the following	lowing	table		[		,	Amount			_
c	Begin	nıng balance						1c					_
d	Addıtı	ons during the year						<b>1</b> d					
е	Distri	butions during the year						1e					_
f	Endın	g balance					L	1f					_
2a	Did th	ne organization include an amount on Fo	orm 990, Part X, line 2	1, for	escrow	or c	ustodial a	count lia	ıbılıty?	☐ Ye	:S	□ N	0
Ь	If "Ye	s," explain the arrangement in Part XIII	Check here if the ex	planat	on has	beer	n provided	l in Part )	KIII	. 🗆			
Pa	rt V	Endowment Funds. Complete if											
		· · · · · · · · · · · · · · · · · · ·	(a)Current year		rior yea		(c)Two ye		(d)Three ye		<b>(e)</b> Fo	ur year	s back
<b>1</b> a	Beginn	ing of year balance	3,655,468		2,334	,417		2,219,747	Ź	,277,442		2,:	325,768
b	Contrib	outions	1,100		1,246	,365							
С	Net inv	estment earnings, gains, and losses	184,197		192	,134		230,687		55,704			65,471
d	Grants	or scholarships											
e		expenditures for facilities ograms	115,693		111	,314		110,294		107,866		:	106,215
f	Admini	strative expenses	6,822		6	,134		5,723		5,533			7,582
g	End of	year balance	3,718,250		3,655	,468		2,334,417	2	,219,747		2,:	277,442
2	Provid	de the estimated percentage of the curre	ent vear end balance (	line 1	a. colui	mn (a	a)) held as	;					
а		designated or quasi-endowment <b>&gt;</b>	0 %		<b>5</b> ,		,,						
Ь	Perma	anent endowment ► 76 370 %											
c			530 %										
·		ercentages on lines 2a, 2b, and 2c shou											
3a		nere endowment funds not in the posses	•	on tha	t are h	eld ar	nd admini	stered for	r the				
	organ	ization by										Yes	No
	(i) ur	related organizations			•					_	a(i)		No
		elated organizations									ı(ii)		No_
ь 4		s" on 3a(II), are the related organizatior lbe in Part XIII the intended uses of the	•			· ·				• 🗀	3b		
			-	пепс	iuiius								
Pa	rt VI	Land, Buildings, and Equipment Complete if the organization answ		n 990	. Part	TV. I	ine 11a.	See For	m 990. Pa	art X. lır	ne 10	_	
	Descri	ption of property (a) Cost or oth (investme	ner basis (b) Cost o						epreciation			ok valu	•
1a	Land												
b	Building	gs											
		old improvements			28	35,800			243,361				42,439
		nent			94	14,435	5		937,597				6,838
	Other				40	8,516	5		290,961				117,555
		lines 1a through 1e (Column (d) must e	qual Form 990, Part X	, colui	mn (B),	. line	10(c)).		<b>&gt;</b>				166,832

	Investments—Other Securities. Complete if the org			
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	(b) Book value	(c) Cost or	Method of valuation end-of-year market value
-	I derivatives			
<b>3)</b> Other		_		
۹)				
В)				
C)				
D)				
E)				
F)				
G)				
H)				
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form	990. Part IV. lır	ne 11c. See Form	990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c)	Method of valuation
1)			Cost or	end-of-year market value
2)				
3)				
4)				
5)				
6)				
7)				
- ,				
(8)				
9)				
8) 9) Otal. (Column	n (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered 'Yes'	on Form 990, Pai	t IV, line 11d See	Form 990, Part X, line 15
8) 9) otal. (Column		on Form 990, Par	t IV, line 11d See	Form 990, Part X, line 15  (b) Book value
8) 9) Fotal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes'	on Form 990, Pai	t IV, line 11d See	
9) Fotal. (Column Part IX  1)	Other Assets. Complete if the organization answered 'Yes'	on Form 990, Pai	t IV, line 11d See l	
8)  9)  Fotal. (Column  Part IX  1)  2)  3)	Other Assets. Complete if the organization answered 'Yes'	on Form 990, Pai	t IV, line 11d See l	
8)  9)  Fotal. (Column Part IX  1)  2)  3)	Other Assets. Complete if the organization answered 'Yes'	on Form 990, Pai	t IV, line 11d See l	
8)  9)  otal. (Column  Part IX  1)  2)  3)  4)	Other Assets. Complete if the organization answered 'Yes'	on Form 990, Par	t IV, line 11d See	
8) 9) otal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes'	on Form 990, Pai	t IV, line 11d See	
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered 'Yes'	on Form 990, Pai	t IV, line 11d See	
8)  9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)	Other Assets. Complete if the organization answered 'Yes'	on Form 990, Pai	t IV, line 11d See	
8)  9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)	Other Assets. Complete if the organization answered 'Yes'	on Form 990, Par	t IV, line 11d See	
8)  9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)	Other Assets. Complete if the organization answered 'Yes'  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)			(b) Book value
8)  9)  Fotal. (Column  1)  2)  3)  4)  5)  6)  7)  8)  Fotal. (Column  Part X	Other Assets. Complete if the organization answered 'Yes'  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.	red 'Yes' on Fo		(b) Book value
8) 9) otal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) 8) Part X  Part X	Other Assets. Complete if the organization answered 'Yes'  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization answered 'Yes'	red 'Yes' on Fo		(b) Book value
9)  otal. (Column  Part IX  1)  2)  3)  4)  5)  6)  7)  Sotal. (Column  Part X  .  1) Federal III	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answers  See Form 990, Part X, line 25.  (a) Description	red 'Yes' on Fo		(b) Book value
potal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Fotal. (Column Part X  .  1) Federal III	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  se obligations  payment liability	red 'Yes' on Fo		(b) Book value
potal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Part X  1) Federal III  Deferred leading the single annuity  referred continuity  referred continuity	The complete of the organization answered 'Yes'  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete of the organization answered See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  se obligations	red 'Yes' on Fo		(b) Book value
9)  Fotal. (Column  Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Fotal. (Column  Part X  Deferred leading  Soft annuity  Deferred cond  4)	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  se obligations  payment liability	red 'Yes' on Fo		(b) Book value
9) Fotal. (Column 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X  Deferred lease of the annuity obefored cond) 4) 5)	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  se obligations  payment liability	red 'Yes' on Fo		(b) Book value
Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column of the column of the colum	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  se obligations  payment liability	red 'Yes' on Fo		(b) Book value
8)  9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal III  Deferred lease Sift annuity Deferred cond 4)  5)  6)  7)	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  se obligations  payment liability	red 'Yes' on Fo		(b) Book value
8)  9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal III Deferred lea: Gift annuity Deferred con 4)  5)  6)  7)  8)	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  se obligations  payment liability	red 'Yes' on Fo		(b) Book value
8)  9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal III  Deferred lease Sift annuity Deferred cond 4)  5)  6)  7)	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  se obligations  payment liability	red 'Yes' on Fo		(b) Book value

Part XI

2

1

2

а

c

d

e 3

> b c

5

4

а

Schedule D (Form 990) 2018

1

2e

3

40

2e

3

4c

5

-879,360

401,223

74,827

401,223

74.827

Page 4

-478,137

74,827

30,868,502

30,425,439

401,223

74.827

30.099.043

Schedule D (Form 990) 2018

30,024,216

30,793,675

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

4h

2a

2b

2c

2d

4a

Explanation

b Donated services and use of facilities . . . . . . 

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

d Other (Describe in Part XIII ) . . . . . .

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

c 5

Part XII

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Donated services and use of facilities . . .

Prior year adjustments . . . . . .

Subtract line **2e** from line **1** . . . . .

Other (Describe in Part XIII ) . .

Add lines 2a through 2d . .

Return Reference

See Additional Data Table

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

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

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

Schedule D (Forn	n 990) 2018	Page <b>5</b>
Part XIII	Supplemental Info	ormation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2018

## **Additional Data**

Software ID: Software Version:

**EIN:** 23-7245152

The donor-restricted endowment fund has no purpose restrictions and was established to pro

Name: Ocean Conservancy

## **Supplemental Information**

Return Reference

Explanation

vide continuing support for general operations of the organization

Part V, Line 4

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

efile GRAPHIC print - DO NOT PROCESS					93493045011380				
SCHEDULE F (Form 990)	State	ement of	Activities (	Outside the Uni	ited St	tates	OMB No 1545-0047		
( 555)	► Compl	lete if the organ		'es" to Form 990, Part IV, I o Form 990.	ıne 14b, 15	5, or 16.	2018		
Department of the Treasury Internal Revenue Service	•	Go to www.irs	gov/Form990 for II.	O for instructions and the latest information.  Open to Public Inspection					
Name of the organization Ocean Conservancy						<b>Employer iden</b> 23-7245152	tification number		
	nformation Part IV, line		s Outside the U	Inited States. Comple	ete if the	organization a	nswered "Yes" to		
=	the grantees'	eligibility for t		substantiate the amount stance, and the selection	_		☑ Yes ☐ No		
2 For grantmakers outside the United		Part V the org	janization's proce	dures for monitoring the	use of its	s grants and oth	ner assistance		
3 Activites per Region	n (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	needed )				
(a) Region		<b>(b)</b> Number of offices in the region	employees, agents, and independent	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spec	ity listed in (d) is a service, describe cific type of e(s) in region	(f) Total expenditures for and investments in region		
See Add'l Data				•					
3a Sub-total b Total from continuat	ion sheets to		0 0				1,766,213 0		
Part I c Totals (add lines 3a	and 3b)		0 0				1,766,213		
For Paperwork Reduction	Act Notice see	a the Instructio	ns for Form 990	Cat	No 50082	>W Schedul	e F (Form 990) 2018		

(b) IRS code section and EIN (If applicable) See Add'l Data

(c) Region

(d) Purpose of

grant

(e) Amount of

cash grant

(f) Manner of

cash

disbursement

(g) Amount

of non-cash

assistance

(h) Description

of non-cash

assistance

·	

Page 2

(i) Method of

valuation

(book, FMV,

appraisal, other)

Form 990) 2018	
8	

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
Enter total number of other organizations or entities									
							Schedule	F (Form 990) 2	

chedule F (Form 990) 2018							Page <b>3</b>
				ed States. Complete if	f the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
Part III can be  a) Type of grant or assistance	duplicated if addit (b) Region	(c) Number of recipients	eeded. (d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sched	dule F (Form 990) 2018		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	□Yes	<b>▽</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	□Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	<b>☑</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	<b>☑</b> No

Schedule F (F	orm 990) 2018 Page <b>5</b>					
Part V  Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting me amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to pro any additional information (see instructions).  990 Schedule F, Supplemental Information						
Return Reference	Explanation					

# Part I, Line 2 Part I, Line 2 For research grants, Ocean Conservancy requires semiannual financial reports along with project, progression discussions and reports For cleanup grants (typically \$5,000 or less) Ocean Conservancy requires a basic financial report certifying the funds were used for the purpose of the grant

990 Schedule F, Supplemental Information

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

#### **Additional Data**

East Asia and the Pacific

# Software ID: Software Version:

**EIN:** 23-7245152

Name: Ocean Conservancy

30,000

(a) Region	offices in the region	employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0		Grants to recipients located in region		7,500

0 Grants to recipients

located in region

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland & 0 Grants to recipients 102,613 Greenland) located in region North America 0 Grants to recipients 1,600,000 llocated in region

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) South America 0 Grants to recipients 11,000 located in region Sub-Saharan Africa 0 Grants to recipients 15.100 llocated in region

(I) Method of (b) IRS code (h) Description (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV. cash non-cash cash grant and EIN(If organization arant non-cash disbursement assistance appraisal, applicable) assistance Marine wildlife 1 600 000 14450 Alai/A 101/0 North America

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Iceland & Greenland)

		and ecosystem protection	1,600,000	Wire	O	N/A	N/A
	1	Fisheries modelina	95,613	Wire	0	N/A	N/A

other)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Trash free 12,000 Wire oln/A IN/A lthe Pacific seas

East Asia and Trash free 10.000 Wire oln/a IN/A

lthe Pacific

seas

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region non-cash (book, FMV, cash and EIN(ıf organization cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) 7,500 Wire |Central America |Trash free ON/A N/A land the lseas Carıbbean 7.500 Wire ON/A South America Trash free IN/A lseas

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Trash free 7,000 Wire OIN/A IN/A Europe (Includina seas Iceland & Greenland)

6.600 Wire

oln/A

IN/A

Sub-Saharan

Africa

Trash free

seas

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493045011380

OMB No 1545-0047

2018

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

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

Open to Public Inspection

	ne of the organization an Conservancy						Employer ider	ntification number		
Oce	an Conservancy						23-7245152			
Pa	Fundraising Activi Form 990-EZ filers a	•	_		answered "Yes" on For	rm 990, I	Part IV, line 1	7.		
1	Indicate whether the organiza	ition raised funds thr	ough any	of the fo	llowing activities Check	all that ap	ply			
а	✓ Mail solicitations			e	Solicitation of non-	n-government grants				
b	✓ Internet and email solicita	tions		f	Solicitation of gove	vernment grants				
c	✓ Phone solicitations			g	Special fundraising	events				
d	☑ In-person solicitations									
2a	Did the organization have a w or key employees listed in For							s □ No		
b	If "Yes," list the ten highest p to be compensated at least \$5			draisers)	pursuant to agreements	under whi				
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did sei have ody oi iol of outions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to tained by) ser listed in ol (i)	(vi) Amount paid to (or retained by) organization		
		Direct mail	Yes	No						
		consulting		No	5,213,682		263,002	4,950,680		
	Arlington, VA 22201									
	Beaconfire Red Engine 2300 Clarendon Blve 925	Digital consulting		No	200,000		124,052	75,948		
	Arlıngton, VA 22201									
	Silverback Strategies 625 N Washington St 250	Digital consulting		No	200,000		46,403	153,597		
	Alexandria, VA 22314	Telemarketing								
	Public Interest Communications 7700 Leesburg Pike 301N	Telemal kethig		No	6,380		9,726	-3,346		
	Falls Church, VA 22043									
Tot	al			<b>•</b>	5,620,062		443,183	5,176,879		

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

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

Sche	dule G (Form 990 or 990-EZ) 2018					F	Page <b>3</b>
11	Does the organization conduct gaming	activities with nonmeml	bers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gamin		or a member of a partnership or other entity		Yes		
13	Indicate the percentage of gaming acti	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the per	son who prepares the o	rganızatıon's gamıng/specıal events books and re	ecords			
	Name						
	Address P						
15a	Does the organization have a contract revenue?	with a third party from v	whom the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming r amount of gaming revenue retained by		organization 🕨 \$ and th	ıe			
c	If "Yes," enter name and address of th	e 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 retain the state gaming license?	e law to make charitable	e distributions from the gaming proceeds to		☐Yes	Пис	
b	Enter the amount of distributions requ	ired under state law dist	ributed to other exempt organizations or spent		□ 163	□ N0	
	ın the organization's own exempt activ		•				
Pai			nations required by Part I, line 2b, columns ipplicable. Also provide any additional infor				s.
	Return Reference		Explanation				
Sche	dule G, Part I, Line 2b, Column (v)	Amounts listed in Part I	, Column V include a portion of non-fundraising	professi	ional fees		

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493045011380 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Ocean Conservancy 23-7245152 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe 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, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

#### **Additional Data**

(a) Name and address of

Native American Rights Fund

1506 Broadway

Boulder, CO 80302 Ocean Foundation

1320 19th St NW 500 Washington, DC 20036 (h) EIN

84-0611876

71-0863908

### Software ID: **Software Version:**

/al IDC anation

**EIN:** 23-7245152 Name: Ocean Conservancy

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

(a) Name and address of	(D) LIN	(C) INC Section	(u) Amount of cash	(e) Amount of non-	(1) Method of Valuation [	
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	

organization	ıf applıcable	grant	cash	(book, FMV, appraisal,
or government			assistance	other)

(d) Amount of cash (a) Amount of non- (f) Mothod of valuation

(g) Description of (h) Purpose of grant or assistance

non-cash assistance

Marine wildlife and ecosystem protection

Sea grass restoration

501(c)(3) 115,446 0 N/A IN/A 501(c)(3) 80,000 0 N/A N/A

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Environmental Leadership 04-3521791 501(c)(3) 50,000 0 N/A N/A RAY Fellowship Grant

and governance

The Nature Conservancy	53-0242652	501(c)(3)	48,300	0	N/A	N/A	Ocean policy science
135 Hedgewood Drive Greenbelt, MD 20770							
Program Inc							

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

4245 N Fairfax Dr Ste 100

Arlınaton, VA 22203

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Aleut International Association 92-0169320 501(c)(3) 20.000 0 N/A IN/A Marine wildlife and ecosystem protection Ocean policy science

333 W 4th Ave 301 Anchorage, AK 99501 Dream in Green 20-5196010 501(c)(3) 16.000 O N/A IN/A 2103 Coral Way Center for and governance Social

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

Change 2nd Floor Miami, FL 33145

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance American Littoral Society Inc 22-1731073 501(c)(3) 11.000 0 N/A IN/A Trash free seas 18 Hartshorne Dr Suite 1

18 Hartshorne Dr Suite 1
Highlands, NJ 07732

Inuit Circumpolar Council 92-0091959 501(c)(3) 10,000 0 N/A N/A Marine wildlife and ecosystem protection 3900 Arctic Blyd 203

Anchorage, AK 99503

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 95-4703838 501(c)(3) 10.000 0 N/A IN/A Resource Legacy Fund Ocean policy science 555 Capitol Mall Suite 1095 and governance Sacremento, CA 95814 University of Florida 59-0974739 501(c)(3) 8.000 O N/A N/A Ocean policy science

land governance

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

Foundation

PO Box 14425 Gainesville, FL 32604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Connecticut River Watershed 04-2148397 501(c)(3) 7.500 0 N/A IN/A Ocean policy science Council Inc and governance

15 Bank Row Greenfield, MA 01301

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

Ventura, CA 930021244

Paso Pacifico 20-3396421 501(c)(3) 6.960 O N/A IN/A Trash free seas PO Box 1244

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Living Classrooms Foundation 52-1369524 501(c)(3) 6.000 IN/A OIN/A Trash free seas 802 South Caroline Street

Baltimore, MD 21231

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Fil	ed Dat	a -	DLN: 93	49304	15011	.380
	edule J	Compe	ensat	ion Information	OI	4B No	1545-0	3047
•	n 990)	Complete if the organizati	ompenson on answ Attack	Trustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV, n to Form 990. instructions and the latest inforr	, line 23.	<b>2</b> (		
•	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form	<i>1990</i> 101	mstructions and the latest miori	nation.		ectio	
	me of the organiza	ation			Employer identifica	tion nu	ımber	
Oce	an Conservancy				23-7245152			
Pa	rt I Questi	ons Regarding Compensation						
1a		opiate box(es) if the organization provid ection A, line 1a Complete Part III to pi					Yes	No
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use			
	Travel for companions Payments for business use of personal residence							
	Tax idemnification and gross-up payments Health or social club dues or initiation fees							
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)			İ
b		xes in line 1a are checked, did the organ all of the expenses described above? If "			nent or reimbursement	1b		
2		ation require substantiation prior to reim				2		
	directors, truste	es, officers, including the CEO/Executive	e Directo	r, regarding the items checked in line	e la?			
3	organization's C	of any, of the following the filing organiz EO/Executive Director Check all that aged and organization to establish compensation	ply Do	not check any boxes for methods				
	✓ Compensa	ation committee	<b>✓</b>	Written employment contract				
		ent compensation consultant	<b>✓</b>	Compensation survey or study				
	<b>✓</b> Form 990	of other organizations	<b>✓</b>	Approval by the board or compensa	tion committee			İ
4	During the year related organiza	, did any person listed on Form 990, Pai ation	t VII, S∈	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-control pay	ment?			4a		No
b	Participate in, o	r receive payment from, a supplemental	l nonqual	lified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equity-base	d compe	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provid	e the app	plicable amounts for each item in Part	: III			i
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) organi	izations	must complete lines 5-9.				i
5	For persons liste	ed on Form 990, Part VII, Section A, line ontingent on the revenues of		•				
а	The organization	n?				5a		No
b	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, line ontingent on the net earnings of	e 1a, did	the organization pay or accrue any				
а	The organization	n?				6a		No
b	Any related orga					6b		No
_	•	6a or 6b, describe in Part III						
7	payments not d	ed on Form 990, Part VII, Section A, line escribed in lines 5 and 6? If "Yes," desci	ribe in Pa	ort III	d	7		No
8		nts reported on Form 990, Part VII, paid nitial contract exception described in Reg			escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow the re	buttable	presumption procedure described in	Regulations section	9		
For I	Danerwork Redu	ection Act Notice, see the Instruction	ns for Fe	orm 990 Cat No 5	0053T Schedule 1	(Form	990)	2018

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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total				1			
(A) Name and Title		compensation			( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B)
	(i) Base compensation	(ii) n Bonus & Incentive compensation	(iii) Other reportable compensation	deferred compensation		(D)(I)-(D)	reported as deferred on prior Form 990
See Additional Data Table		<u> </u>					
					'		
					,	,	
		+					
					<u> </u>		
		+		+	<u> </u>	<u> </u>	
				+	-	<u> </u>	
				+	<u>'</u>	<u> </u>	
					<u> </u>	<u> </u>	
					<u> </u>	<u> </u>	
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					,	'	
					,	,	
					7	,	
						<u>'</u>	
		+			<u> </u>		
<u> </u>	+	+				<u> </u>	

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

Kenneth Donaldson

VP Finance & Admin

Managing Director, Resource Developm

Director Foundation & Gov't

Malissa Lash

Kelly Luck

Chief Scientist

Teresa Parsons

Michelle Frey

Director Digital Communications

Director Program Development

Support George Leonard (1)

(11)

(1)

(11)

(i)

(1)

(11)

(i)

(II)

169,480

131,913

132,839

146,642

144,636

129,155

Software ID:

**Software Version:** 

**EIN:** 23-7245152

Name: Ocean Conservancy

Form 990, Schedule J,	Part II - Officers, Di	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees
(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	(C) Retirement and	( <b>D</b> ) Nontaxable	
	(i) Base Compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits

			compensation	compensation	•			prior Form 990
Janıs Jones President & CEO	(1)	307,628	65,000	2,490	18,900	39,615	433,633	0
	(11)	0	0	0	0	0	0	0
Emily Woglom EVP	(1)	234,194	0	1,380	14,190	13,205	262,969	0
	(11)	0	0	0	0	0	0	0
Sarah Humphries VP Resource Development	(1)	208,454	0	1,530	12,843	27,731	250,558	0
	(11)	0	0	0	0	0	0	0
Chris Dorsett VP Conservation Policy &	(1)	197,222	0	1,970	12,417	39,615	251,224	0
Programs	ادينا	l n						

10,292

8,354

8,254

9,082

8,954

8,030

13,205

39,615

39,615

39,615

39,615

39,615

(E) Total of columns

(B)(ı)-(D)

193,350

181,353

181,139

197,573

194,194

177,761

0

(F) Compensation in

column (B)

reported as deferred on

	(11)	O	0	0	0	0	0	0
Chris Dorsett VP Conservation Policy &	(1)	197,222	0	1,970	12,417	39,615	251,224	0
Programs	(11)	0	0	0	0	0	0	0
Susan Ruffo Director Int'l Initiatives	(ı)	163,944	0	1,772	9,062	0	174,778	0
	(11)	0	0	0	0	0	0	0
Julia Roberson VP Communications	(1)	169,380	0	1,569	10,292	13,205	194,446	0

	(")	0	0	U	0	l u	0	0
Susan Ruffo Director Int'l Initiatives	(=)	163,944	0	1,772	9,062	0	174,778	0
	(11)	0	0	0	0	0	0	0
Julia Roberson VP Communications	(1)	169,380	0	1,569	10,292	13,205	194,446	0
	(11)	0	0	0	0	0	0	0
Scott Highleyman VP Arctic Programs	(1)	157,871	0	2,327	9,037	39,615	208,850	0
	las	l o						

373

1,471

431

2,234

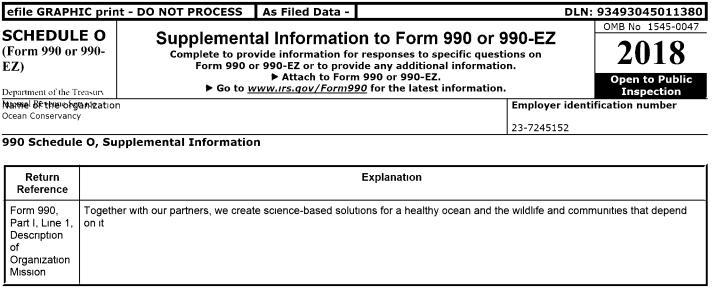
989

961

	1' '				•			
Susan Ruffo Director Int'l Initiatives	(1)	163,944	0	1,772	9,062	0	174,778	
	(11)	0	0	0	0	0	0	
Julia Roberson VP Communications	(1)	169,380	0	1,569	10,292	13,205	194,446	
	(11)	0	0	0	0	0	0	
Scott Highleyman VP Arctic Programs	(1)	157,871		2,327	9,037	39,615	208,850	
	17							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493045011380 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Ocean Conservancy 23-7245152 **Types of Property** (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . . Χ 141,341 Fair market value Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential . 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . 21 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . 37,160 Purchase value 25 Other ▶ ( Χ Supplies ) 26 Other ▶ ( \_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page <b>2</b>
	tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
	All non-standard contributions are reviewed by the VP, Resource Development. In consultation with the CFO, the VP, Resource Development will determine if it is in the best interest of the organization to accept the gift
	Schedule M (Form 990) (2018)



990 Schedule O, Supplemental Information

Return Explanation

Reference

11010101100	
Form 990, Part III, Line	(continued) Our work is underpinned by engagement at the local, state, national, and international level to shape and communicate cutting-edge science to build support for more research and action on ocean acidification, and to offer input on actions to take.
4a, Marine	which all feeds back into management policies
Wildlife &	· .
Ecosystem	
Protection	

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4c, Ocean Policy, Science & Governance	(continued) opportunities and supply people with healthy seafood. Ocean Planning. Ocean Co nservancy works to advance ecosystem-based management by leveraging existing policy tools, engaging stakeholders from key constituencies, and developing strong support for this app roach nationally and regionally. We work to achieve better ocean management by providing a practical way to organize marine spaces and interactions among various human uses while e nsuring that the goal of healthy ecosystems is at the core our management decisions. We strive to ensure that the state and federal agencies responsible for ocean management have the support and policy mechanisms needed to advance, implement and adapt ocean management p lans with the goal to drive science-driven decisions for our ocean POSEIDON Ocean Conser vancy's POSEIDON program aims to improve the sustainability of fisheries through the devel opment of modeling software that 1) simulates the feedback loops between and among policy, markets, fishing fleets and the health of the ecosystem and fish populations, 2) is applicable to a broad range of situations, 3) provides practical, locally relevant recommendations on the most effective approaches to fisheries management, and 4) is open source, easy to use and available at no cost to managers and resource scientists around the world. We seek to ensure that both the model and identified best practices will be transferrable to a broad range of management jurisdictions. Our Ocean Network Our Ocean Network thoughtful ly cultivates an influential and diverse network by finding common cause and offering value and service through our expertise. We strategically deploy this network in events and actions geared towards ensuring that our collective voice is heard by decision-makers who matter. Drawing on our own advocacy experiences as well as our ever-growing stable of partner organizations, influencers and individuals, we deploy our Network members and partners to educate decision-makers and, at key points, to advocate. We a

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4c, Ocean Policy, Science & Governance	political momentum to better integrate ocean issues into climate strategies and vice vers a. We work with key stakeholders and decision-makers within the U.S. and globally to creat e policy drivers for action from the top down and models for community action from the bot tom up. Leveraging these approaches across multiple scales of governance integrates our oc ean into climate action worldwide.

990 Schedule O, Supplemental Information Return Explanation Reference Form 990. Directors Jean Nelson and Will Martin are married

Form 990,
Part VI,
Section A,
Iline 2

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI,	The 990 is prepared by an outside firm. The VP for Finance performs a detailed review of the 990 and reconciles any questions and modifies the return if necessary. The 990 is then forwarded to the Chief Financial Officer and the Finance Committee for
	further questions. After their review and any adjustments if necessary, the 990 is forwarded to the entire Board and then filed with
line 11b	IRS

990 Schedule O, Supplemental Information

Return

Reference	·
Form 990, Part VI, Section B, Iine 12c	Conflict of interest policy disclosure statements are to be prepared at least annually. In the case where a possible conflict by an employee other than the CEO of the organization is identified, the CEO shall determine whether an actual or potential conflict of interest exists or can be reasonably construed to exist and how the conflict of interest should be resolved. When a conflict of interest is disclosed by a covered person other than a covered employee or by the CEO, the Chair shall disclose the conflict of interest to the Board of Directors or a designated committee. Then by majority vote of the disinterested Directors (even if the disinterested Directors constitute less than a quorum) it will be decided whether an actual or potential conflict of interest exists or can be reasonably construed to exist. Proposals to the full Board of Directors as to how the conflict of interest should be resolved will then be provided.

Explanation

990 Schedule O, Supplemental Information

Return

Reference	
Form 990, Part VI,	The Board sets the President & CEO's salary based on its evaluation of their performance. The Board takes into account market surveys and the organization's performance and financial position. The Executive Committee of the Board of Directors reviews and
Section B, line 15	approves the compensation of other officers and key employees using externally prepared comparability data

Explanation

Return Explanation

990 Schedule O, Supplemental Information

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

Return Explanation
Reference

990 Schedule O, Supplemental Information

Reference	
Form 990,	Consultants, contractors, temporary help, and other professional fees Program service expenses 4,343,712 Management and
Part IX line	general expenses 105 933. Fundraising expenses 357 175. Total expenses 4 806 820.