Net Assets

19

20

21

Click on the question-mark cons to display help windows.	
The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.	

T	e inforr	nation provide	ed will enable you to	file a more complet	e return and reduce	the chances t	he IRS will nee	ed to con	tact yo	ou.	
	-		<u> </u>	<del>"</del>	Short For	n			1	OMB No 1545-0	0047
	QC	<b>30-EZ</b>	Peturn	of Organiza			Income	Tav			
For	m Ji	)U-FL	4	_		_				2019	•
		¥.,	Unitier section 501(	(c), 527, or 4947(a)(1	) of the internal R	evenue Code (	except private	tounga	- 1		
	-		▶ Do not e	enter social securit	y numbers on this	form, as it ma	y be made p	ublic.		Open to Pu	
Dep	artment o	of the Treasury		www.irs.gov/Form	-	-	•			Inspection	on
		nue Service	<u></u>							24 20	40
	Check if a		ar year, or tax year l		January 1	, 2019,	and ending		embe	r 31 , 20 entification numbe	19 h
	Address		Ocean Conservarti	<del></del>					-	95469185%	"
Ħ	Name cha	~ <b>4</b>		P.O. box if mail is not	delivered to street ad	dress)	Room/suite	E Teles	phone n		
	Initial retu	ım	P.O. Box 12860			· <b>-</b>		· `	31	0-822-5205	
H	Final retur	m/terminated	City or town, state or p	province, country, and	ZIP or foreign postal	code	03	F Gro	up Exe	mption	
H		on pending	Marina del Rey, CA	90295			09		nber 🕨	· <u> </u>	
G	Accoun	ting Method	✓ Cash	crual Other (spec	ify) 🕨		Н	Check	<b>▶</b> □ ·	f the organization	ıs not
F V	<b>Nebsite</b>	ə: ▶ 								ach Schedule B	h
			eck only one) – 📝 50	)1(c)(3)	) ◀ (insert no.)	4947(a)(1) c	r 🗌 527	(Form 9	90, 990	0-EZ, or 990-PF)	
				☐ Trust	Association	Other					
			7b to line 9 to determ			e \$200,000 or	more, or if tota	ıl assets			
			500,000 or more, file			und Bolone	· · · · ·	· Inotmi	\$	for Dord I) (F	66544
Ĺ	art I		e, Expenses, and the organization (								
	1		ons, gifts, grants, a				in this Part	<u> </u>	1	· · · · ·	66544
			ervice revenue incl						2	<del></del>	00544
		<del>-</del>	ip dues and asses	<del>-</del> -					3		
<u></u>		Investment	•						4	<del></del>	
_	5a		ount from sale of as	ssets other than in	ventory	. 5a	1	0		······································	
	b		or other basis and		•			0			
	С						5c		0		
	6 a	_	id fundraising even ome from gaming		ule G if greate	r than					
Revenue		\$15,000) .				6a		0			
Ver	b		me from fundraisir				f contribution	าธ			
æ	1		aising events repo				1				
			ch gross income an		•	- <del></del>		0	li		
	1 -		t expenses from g			<u>[6c</u>	<u> </u>	0			
	d	line 6c)	e or (loss) from ga	_	ising events (ad	ilnes ba an	d bb and su	otract			,
	72	•				7a			6d	<del></del>	
	7a b		s of inventory, less of goods sold .	· · · · · · · ·		7b	<del> </del>				
	C		it or (loss) from sale				<u> </u>		7c		0
	8		nue (describe in Sc	• •					8		<del></del>
	9		nue. Add lines 1, 2		and 8	. RE	CENT	-	9	<del> </del>	66544
	10		l sımilar amounts p			1	PLIVE	) ]	10		0
	11		aid to or for membe			[ <del>8</del> ]		ال	11		0
es	12		ther compensation			8 MAY	1. 3. 202n	-181	12		7660
Expenses	13		al fees and other p	•	endent contracto	rs 🔟	- 0 5050	100	13		740
×	14		y, rent, utilities, and		/	· 0Gn	EN I	75/	14	<del></del>	19642
Ш	15		ublications, postag	· · · · · · · · · · · · · · · · · · ·	· · · · ·		-14, UT	· [	15		437
	16	•	enses (describe in S	,				<u>ب</u> ا	16	<del></del>	7088
	17		enses. Add lines 10			<u></u>	<u></u>	. 🖻	17		35567
S	18	Excess or (	(deficit) for the year	(Subtract line 1/	HOM IINB 9) .				18		30977

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

end-of-year figure reported on prior year's return) . . . . . . . .

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

Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form 990-EZ (2019)



19

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80498

111475

orm 990-EZ (2019)					Page 2
Part II Balance Sheets (see the instructions	for Part II)			-	rage #
Check if the organization used Schedul	•	inv question in this	Part II		. 🗆
3	<u> </u>	1	(A) Beginning of year	(B)	End of year
22 Cash, savings, and investments		Ī	5727	722	88254
23 Land and buildings		ŀ		0 23	
24 Other assets (describe in Schedule O)		T T	2322	+	23221
25 Total assets		F	8049	11	111475
26 Total liabilities (describe in Schedule O)		r		0 26	
27 Net assets or fund balances (line 27 of colum	in (B) <b>must</b> agree wit	h line 21)	8049	7	111475
art III Statement of Program Service Accom				727	111410
Check if the organization used Schedul	• \		,	ı∖ E	xpenses
/hat is the organization's primary exempt purpose?	See Schedule O	ary quodiners are unio	. <u>(2.</u>	☐ (Require	d for section
escribe the organization's program service accomp		of the three largest o	**************************************		and 501(c)(4) tions, optional for
s measured by expenses in a clear and concise t	manner describe th	o conuces provided	the number of	others)	nons, optional to
ersons benefited, and other relevant information for e		o services provided	i, the harmoer of	,	
28 Los Angeles Dolphin Project - Conducted on-the-wa	· <del></del>	esearch in California	to determine the		<del></del> -
abundance & distribution of resident indicator spec					
Marine Protected Areas Maintained longest running		/b			
	it includes foreign gr	·	▶ □	28a	34170
29	it molddos foroight gir	arno, encorrero		200	
7- 7					
(Grants \$ ) If this amoun	it includes foreign gr	onto shock here		29a	
i i i i i i i i i i i i i i i i i i i	it includes foreign gra	ants, check here		298	
»·					
(O					
	t includes foreign gra	ants, check nere	<u> </u>	30a	
Other program services (describe in Schedule O)					
	it includes foreign gra	ants, check here	<u> </u>	31a	
32 Total program service expenses (add lines 28a				32	34170
art IV List of Officers, Directors, Trustees, and Ke				instruction	ns for Part IV)
Check if the organization used Schedule	e O to respond to a	(c) Reportable In		<del>, · · · · · · · · · · · · · · · · · ·</del>	
Table	(b) Average	compensation	(d) Health benefits, contributions to emplo	yee (e) Esti	mated amount of
ht (a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	other	compensation
		(if not paid, enter -0-)	deferred compensation	on	
aniel T Blumstein	1			ļ	
ember Board of Directors		<u> </u>	<u> </u>	0	
aul Berger	1			}	
ember Board of Directors			·	<u> </u>	
harles A Saylan	5				
ember Board of Directors			1	o	(
r Maddalena Bearzı	15				
ember Board of Directors/Principal Investigator		<u> </u>	76	60	
				1	
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	]				
					<del>-</del>
	-1			-	
		†·			
<u> </u>	<del></del>				
·					
		Í	1	.	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this				
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this	s Part	Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	<b>√</b>	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34			h
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<del>                                     </del>		-
Ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		<b>-</b>	•
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1	•
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>√</b>	h
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 5				
	Did the organization file Form 1120-POL for this year?	37b			-
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		ļ		_
_		38a		✓	h
39	If "Yes," complete Schedule L, Part II, and enter the total amount involved  Section 501(c)(7) organizations Enter	1			
a	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities  39b	1			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	}	<b>√</b>	h
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		}		_
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1	_
41	List the states with which a copy of this return is filed ▶ California				-
42a		310-82		<u> </u>	
b	Located at ► 7330 Ogelsby Ave , Los Angeles, CA  ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	90045	-1357 Yes	No	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓	
	If "Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶	42c	ļ		•
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		·	► ∐ 	-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓	•
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1	
С	Did the organization receive any payments for indoor tanning services during the year?	44c		7	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		•	•
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a			
b	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," Form 990 and Schedule R may need to be completed instead of				•
	Form 990-EZ See instructions	45b		1	•

orm 99	U-EZ (2		<del></del>						age 4
46	Did t	he organization engage, directly or i	ndirectly in political o	eamnainn activities c	n hehalf	of or in apposit	ion [	Yes	No
70		indidates for public office? If "Yes,"							<b>-</b>
art \		Section 501(c)(3) Organization						<del></del>	
-		All section 501(c)(3) organization	ns must answer que	estions 47-49b and	d 52, and	d complete the	e tables f	or lin	es
		50 and 51.							_
		Check if the organization used Sc	hedule O to respond	to any question in	this Parl	<u> VI </u>	<del></del>	1	
47	Did +	the organization engage in lobbying	activities or have a	section 501/b) clost	ion in off	oot during the	tov	Yes	No
•,		? If "Yes," complete Schedule C, Pai				ect during the	. 47		<b>✓</b>
48	•	e organization a school as described i				e E			<b>▼</b>
49a		he organization make any transfers t							7
		es," was the related organization a se		_			. 49b		
50		plete this table for the organization's							
	empl	oyees) who each received more than	1 \$100,000 of compe	nsation from the org		<del> </del>	e, enter "N	lone."	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		lealth benefits, tlons to employee	(e) Estimate	d amo	unt of
	(ω)	Than and the of each employee	devoted to position	(Forms W-2/1099-MISC		lans, and deferred mpensation	other con	npensat	ion
					<del>                                     </del>		<del></del>		
ONE			1			1			
							<del> </del>		
				<del> </del>					
					-				
f	Total	number of other employees paid ov	er \$100.000	. •					
51		plete this table for the organization			t contrac	 ctors who each	received	more	than
		,000 of compensation from the orga							
	(a)	Name and business address of each independ	dent contractor	(b) Type of se	rvice	(c)	Compensati	on	
IONE		· · · · · · · · · · · · · · · · · · ·					·		
IONE				4					
					<del></del>	····			
				1					
			- <del> </del>						
				1					
	Total	number of other independent contra	actors cook recenies	Over \$100,000		NO.	NE		
		the organization complete Schedu	•	•	onization				
		oleted Schedule	110 At 14010. All 50				.► ✓ Yes	П	No
inder pe	enalties	of perjury, I declare that have examined this	return, including accompan	ying schedules and stater	nents, and t	o the best of my kn			
ue, con	rect, an	nd complete Decimation of preparer (other than	n officer) is based on all info	rmation of which prepare	r has any kn	lowledge /			
		199				514/2	020		
Sign		Signature of officer				Date *			
lere	<u> </u>	Charles A. Saylan, Executive Direc				····			
		Type or print name and title	Preparer's signature	Tr	ate		PTIN		
Paid		Print/Type preparer's name	i toharer a signature		ara	Check self-employ	nt		
repa	_	Firm's name	<u> </u>			<del>,</del>			
use (	Only	Firm's name ▶				Firm's EIN ▶			

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☐ No

Phone no.

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

**Public Charity Status and Public Support** 

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service

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

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

Open to Public\_ Inspection Employer Identification number

OCea	n Con	servation Society, Inc.					95-46	91853
Pai	_	Reason for Public Cha	rity Status (All	organizations must	comple	te this p		
The o	organi	zation is not a private founda	tion because it i	s: (For lines 1 through	12, che	ck only or	ne box.)	<del></del>
1		church, convention of churc						A7
2		school described in section					• •	V (
3		hospital or a cooperative ho						
4		medical research organization	•	onjunction with a hosp	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_		espital's name, city, and state		anlines or university			d by a gayaraman	tal wat decarional in
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	OWING C	or operate	ed by a government	ai unit described in
6		federal, state, or local gover	•	mental unit described	t in secti	on 170(h)	/4\/ <b>A</b> \6\	
7		organization that normally	_					n the general public
	_	escribed in section 170(b)(1)		,		3		<b>3 p</b>
8	ПΑ	community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	,	n agricultural research organi				erated in	conjunction with a l	and-grant college
	or	university or a non-land-gra						
		niversity:						
10	∐ Ar re	n organization that normally i ceipts from activities related	receives: (1) mor to its exempt fu	e tnan 331/3% of its si nctions—subject to c	uppoπ ττο ertain exc	om contri ceptions.	butions, membershi and (2) no more tha	p tees, and gross n 331/3% of its
	SU	pport from gross investment	t income and un	related business taxal	ble incon	ne (less s	ection 511 tax) from	businesses
44		equired by the organization a			-	•	-	
11	_	n organization organized and n organization organized and	•	•	-			m, out the numbers
12		one or more publicly suppo	•	•				• • •
		neck the box in lines 12a thro	•		•			
а		Type I. A supporting organ	ization operated	, supervised, or contr	olled by	its suppo	rted organization(s),	typically by giving
		the supported organization	(s) the power to	regularly appoint or e	lect a ma	jority of t	he directors or trust	ees of the
		supporting organization. You	ou must comple	ete Part IV, Sections	A and B			
b		Type II. A supporting organ	•				· · · · · · · · · · · · · · · · · · ·	
		control or management of		-		persons	that control or man	age the supported
_		organization(s). You must	•	•			n veilāba amai firmaālam.	ماخان و معموم می داد
С	نا	Type III functionally integ its supported organization(						ally integrated with,
d		Type III non-functionally i		-				orted organization(s)
_		that is not functionally integ						
		requirement (see instruction						
е		Check this box if the organ	zation received	a written determination	on from t	he IRS th	at it is a Type I, Type	e II, Type III
		functionally integrated, or 7		·	oporting (	organizat	ion.	
f		er the number of supported of	•					[
<u> </u>		vide the following information					[ <del>[]</del>	
	(I) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	listed in you	rganization ir governing	support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No	;	•
		<del> </del>						· · · · · · · · · · · · · · · · · ·
(A)								
(B)		<del></del>						
			<u></u> -		<u></u>			
(C)				,				
		—			<del> </del>			<del></del>
(D)				:	1			
<i>(</i> C)					<del> </del> -			
(E)								

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						amy andor
Secti	on A. Public Support	y quality and	7 1710 10010 110	Doi.o, p.	odoo oompio	to r art iiii)	· · · · ·
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not Include any "unusual grants.")	93361	7918				329237
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	93361	7918	29724	131690	66544	329237
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						54900
6	Public support. Subtract line 5 from line 4						274337
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	93361	7918	29724	131690	66544	329237
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0	o	a
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						329237
12	Gross receipts from related activities, etc.					12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he	re			-	ear as a section	
	on C. Computation of Public Suppor Public support percentage for 2019 (line 6			1 001		14	84 %
14 15 16a	Public support percentage from 2018 Sch 331/3% support test—2019. If the organi	nedule A, Part ization did not	II, line 14 . check the box	on line 13, ar	 nd line 14 is 33	15 1/a% or more,	60 % check this
b	box and <b>stop here</b> . The organization qua 33 <sup>1</sup> / <sub>8</sub> % support test—2018. If the organithis box and <b>stop here</b> . The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumsta umstances" te 	ances" test, ch st. The organia	eck this box a zation qualifies	and stop here. as as a publicly	Explain in supported ►
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets th neets the "fact	e "facts-and-c	ircumstances" stances" test.	test, check t	his box and s	top here.
18	Private foundation, If the organization di	d not check a	hox on line 13	16a 16b 17a	or 17h, check	k this box and	See

Schedu	le A (Form 990 or 990-EZ) 2019						Page 3
Part							
	(Complete only if you checked the						nger Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	11.)	<b>,</b>
	on A. Public Support		T		T		
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 201/9	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1	1		/	
2	Gross receipts from admissions, merchandise		-		-	<del>  /</del> -	
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				/		
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge				/		
6	Total. Add lines 1 through 5		<b> </b>	,	<i>f</i>		·
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			/	ļ	ļ	
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			/			
A	line 6.)		<i>,</i>	ł <sup>7</sup>			
	on B. Total Support		/	1 - 2	<del></del>		<del></del>
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016/	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	<del></del>	<b></b>				<del></del>
10a	payments received on securities loans, rents,						
	royalties, and income from similar sources .				Ī		
ь	Unrelated business taxable income (less		/				
_	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	· · · · · · · · · · · · · · · · · · ·	/				
11	Net income from unrelated 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	/					
42	(Explain in Part VI.)	/		<del>  </del>	ļ <del> </del>		
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	/	1				
14	First five years. If the Form 990 is for the	e organization	l n's first secon	d third fourth	or fifth tax ve	ear as a sectio	n 501(c)(3)
14	organization, check this box and stop her	/					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line/			13, column (f))		15	%
16	Public support percentage from 2018 Sch					16	%
Secti	on D. Computation of Investment∕Inc						
17	Investment income percentage for 2019 (I	ine 10c, colun	nn (f), divided l	y line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2018						%
19a	331/3% support tests—2019. If the organi						
	17 is not more than 331/3%, check this box	-	-	•		-	_
b	331/3% support tests—2018. If the organiz						
00	line 18 is not more than 331/3%, check this t		_				===
20	Private foundation. If the organization di	not check a	DOX OR line 14	, 19a, or 19b, (	CHECK THIS DOX	and see instru	ctions 🕨 📋

## Part IV Supporting Organizations

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

Section	Δ	ΔII	Sunna	rtina	Organizations
SECTION	Д,	~"	Suppu	i un im	OI garuzauvi 13

	on All Supporting Organisations	<del> </del>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (l) 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).			
Ь	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?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b		9b	_	
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c	_	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10h		لــــ

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Part	V Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L.,,
Section	on B. Type I Supporting Organizations			<b>,</b> .
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	i		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<del></del>		
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Conti	on C. Type II Supporting Organizations			l
Secur	on C. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of 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		
Section	on D. All Type III Supporting Organizations	<u> </u>		L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			111
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the pnor tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below.	·	-44	<b>\</b>
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in:		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<del></del> -		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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.			<u> </u>
	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>	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			-
_	of its supported organizations? If "Ves" describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		_
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)			
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III support	ing organization (see

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

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)						
>======							
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## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Ocean Conservation Society	, Inc	95-4691853
Form 990EZ - Part 1 Line 16:		
Advertising Expense	\$ 144	
Bank Service Fees	\$ 84	
Boat Fuel Expense	\$ 1121	·
Insurance Expense	\$ 2999	
Interest Expense	\$ 51	
Office Supplies Expense	<b>\$ 30</b>	
Pay Pal Commissions	\$ 55	
Research Expenses	\$ 1058	
Telephone Expense	\$ 552	
Web Hosting/Internet Exp	\$ 994	
TOTAL OTHER EXPENSES	\$ 7088	
Form 990EZ - Part II Line 24:	OTHER ASSETS	
Research Equipment	\$ 23221	· 
Form 990EZ - Part III: ORGA	NIZATION"S PRIMARY EXEMPT PURPOSE	
To conduct marine mammal	research leading to the conservation and protection of marine ecosyste	ms and to raise public awareness of
environmental issues facing	our oceans through community outreach and the production of educati	onal programs and materials
	<del></del>	