990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation) Do not enter social security numbers on this form as it may be made public.

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

2020

OMB No. 1545-

Open to Public Inspection

Form **990** (2020)

Cat. No. 11282Y

A F	or the	e 2020 ca	lendar year, or tax year begin	ning 07-01-2020 , and ending 06-30-2	021					
		pplicable: change	C Name of organization Ocean Conservancy			D Employe	r identi	fication number		
	ame ch	-				23-724	5152			
	itial ret	turn	Doing business as							
	nal rn/termi	inated				E Telephone	number			
		d return	1200 10th CT NW No 900	if mail is not delivered to street address) Room/	suite	·				
А	ppiicatio	on pending		TID or fourier model and		(202) 4	29-56	09		
			Washington, DC 20036	country, and ZIP or foreign postal code		G Gross reco	eipts \$ 6	3,914,932		
			F Name and address of prin	ncipal officer:	H(a)	Is this a group ret	urn for			
			Kenneth Donaldson			subordinates?		☐ Yes 🔽 No		
			1300 19th ST NW No 800 Washington, DC 20036		H(b)	Are all subordination included?	ies	☐Yes ☐ No		
I Ta	x-exer	mpt status:		(insert no.) 4947(a)(1) or 527		If "No," attach a	list. (se	ee instructions)		
			w.oceanconservancy.org		H(c)	Group exemption	numbe	r▶		
K For	m of or	rganization	: Corporation Trust Asso	ociation Other	L Year		M State	of legal domicile:		
В	art I	Sum	ımary							
				sion or most significant activities:						
				ect the ocean from today's greatest glo	oal challe	enges.				
e e	-									
E	_									
Activities & Governance		Check th	nis hox 📭 if the organization	n discontinued its operations or dispose	d of mor	e than 25% of its r	et asse	ots		
ŝ	_			erning body (Part VI, line 1a)			3	15		
8				ers of the governing body (Part VI, line 1b			4	14		
ie			·	in calendar year 2020 (Part V, line 2a)	-		5	130		
Ā				if necessary)			6	221,589		
Ac			,	n Part VIII, column (C), line 12			7a	0		
				e from Form 990-T, line 39			7b	0		
	1-		natea sasmess taxaste meem			Prior Year	 	Current Year		
_	8	Contribu	tions and grants (Part VIII, lin	e 1h)		32,994,12	21	53,132,508		
Revenue				ne 2g)		02/33 ./1.	0	0		
eve		_	ent income (Part VIII, column		596,84	-	1,602,958			
Œ			•	lines 5, 6d, 8c, 9c, 10c, and 11e)		176,33		552,364		
				(must equal Part VIII, column (A), line	12)	33,767,30	_	55,287,830		
	+			t IX, column (A), lines 1–3)		1,530,9	12	2,214,771		
			, ,	IX, column (A), line 4)		,,,,,,	0	0		
S			, other compensation, employ	-10)	15.304.25	15,304,252 16,173,474				
Expenses				, column (A), line 11e)	/	326,49		332,033		
per			raising expenses (Part IX, column (,		,,,,,		
Д				lines 11a-11d, 11f-24e)		14,932,33	30	12,830,536		
				ist equal Part IX, column (A), line 25)		32,093,98		31,550,814		
			•	18 from line 12		1,673,3		23,737,016		
ces			·			Beginning of Current Year		End of Year		
Net Assets or Fund Balances	20	Total ac	sets (Part X, line 16)		-	52,649,92	26	84,154,444		
AB B			bilities (Part X, line 26)			3,680,83		4,385,407		
E E	9			t line 21 from line 20		48,969,04		79,769,037		
	art II		nature Block	time 21 nom me 20		40,303,0	+ 7	79,709,037		
				examined this return, including accomp	anving s	chedules and states	ments.	and to the best of		
my k	nowle	edge and	belief, it is true, correct, and	complete. Declaration of preparer (other						
prep	arer h	ias any ki T	nowledge.			2022-02-11				
c:	_	Signat	ure of officer			Date				
Sig: Her		Kenne	th Donaldson Chief Financial Officer							
	_	Type o	or print name and title							
		F	Print/Type preparer's name	Preparer's signature	Date	P	ΓIN	_		
Pai	Н			, , , , , , , , , , , , , , , , , , , ,	2022-02-		00639819	€		
		or	Firm's name Rogers & Compan	y PLLC	<u> </u>	Firm's EIN > 58-2	676261			
	par		· · · · · · · · · · · · · · · · · · ·	Cuite COO						
US	e On	''y ^F	Firm's address 🕨 8300 Boone Boulev	ard Suite 600		Phone no. (703) 8	93-0300			
			Vienna, VA 22182							
Mav	the IF	RS discus	s this return with the prepare	er shown above? (see instructions) .				Yes No		

For Paperwork Reduction Act Notice, see the separate instructions.

Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III . Briefly describe the organization's mission: Ocean Conservancy is working to protect the ocean from today's greatest global challenges. Together with our partners, we create sciencebased solutions for a healthy ocean and the wildlife and communities that depend on it. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program Yes No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 9,306,798 including grants of \$ 187,000) (Revenue \$ Science, policy and outreach: Ocean Conservancy uses the best available knowledge, evidence and science, public opinion polling and political science to inform our conservation, advocacy and outreach to advance conservation solutions that benefit the ocean and the people and communities that depend on it. Truly durable conservation solutions are possible when we have a foundation of justice and equity across our conservation, advocacy and outreach priorities and that real leadership and durable conservation change requires meaningful partnerships with citizens, businesses, scientists, decision-makers and governments - at the local, state, national and international level. We reach our members, supporters, partners and the ocean and coastal-concerned through our website, email, direct mail, social media, reporter (Code:) (Expenses \$ 6.136.084 including grants of \$ 1,070,359) (Revenue \$ 4b

Form 990 (2020)

(Expenses \$

Trash Free Seas: Ocean Conservancy empowers citizens, businesses, governments and NGOs at the local, state, national and international level to reduce the global plastic footprint and to stop the flow of 11 million tons of trash and plastic flowing into the ocean annually. We implement and organize the International Coastal Cleanup, one of the largest single day volunteer events on behalf of the ocean, responsible for preventing and removing more than 300 million pounds of trash and plastic from our ocean, coasts and waterways, and engaging millions of volunteers on behalf of the ocean. We partner with cities and municipalities to implement innovative ocean plastic reduction efforts and are spearheading an ocean plastic river capture project in Vietnam. We work with and enable the private sector,

through our Trash Free Seas including grants of \$ (Code:) (Expenses \$ 5.163.901 748,549) (Revenue \$ 4c

Marine ecosystem protection: Ocean Conservancy works at the local, state, federal and international level to advance conservation solutions, using the best available evidence and community knowledge, to protect ecosystems and the communities that depend on them. We advance protections for culturally and ecologically important Arctic ecosystems, working in partnership with Indigenous communities. We work at the regional, national and international level to rebuild

ecologically important fisheries, partnering with fishermen and local communities to advance durable protections through meaningful, innovative approaches to management and policy outcomes in the face of the biodiversity and climate crisis.

3,432,597 including grants of \$ (Code:) (Expenses \$ 208,863) (Revenue \$ Climate: Ocean Conservancy is working to advance solutions to address one of the greatest challenges facing the ocean: climate change. We work with key partners and decision-makers at the local, state, national and international level to develop, inform and advocate for ocean-specific solutions to the climate crisis.

Our state-based work engages people at all levels: citizens, businesses, NGO partners, local governments and the state government to advance meaningful solutions that directly address the concerns of coastal citizens, show that ocean and climate-related actions are possible to protect our incredible ocean, coastal

environments and wildlife - and the people, businesses and communities that depend on them. Ocean Conservancy's shipping program targets the sixth-largest source of global greenhouse gas emissions, with the aim of making the global shipping industry a zero-emissions sector by 2050.

Other program services (Describe in Schedule O.) 4d

3,432,597 including grants of \$

Total program service expenses > 24,039,380 Form 990 (2020)

208,863) (Revenue \$

Form	990 (2020)			Page :
Pai	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐿	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 20	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Νo
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of	116		Νo

its 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

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥦 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីលើវិទាទ ទល្បានខែង និក្សានាមែន និក្សានាខែង និក្សានាខែង និក្សានាខេង និក្សានេះ និក្សានិក្សាននិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្ស

. If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, 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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic 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 any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or for

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* .

any foreign organization? If "Yes," complete Schedule F, Parts II and IV 🖠

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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b Was the organization included in consolidated, independent audited financial statements for the tax year?

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11d

11e

11f

12a

12b

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14a

14b

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16

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18

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20a

20b

Yes

Yes

Yes

Yes

Yes

Yes

Form **990** (2020)

Nο

Nο

Nο

Nο

Nο

Nο

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No

Yes

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24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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31

32

33

34

35a

35b

36

37

101

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1a

1b

Yes

Yes

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Yes

Form 990	(2020)		Page
Part IV	Checklist of Required Schedules (continued)		
		Yes	No

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

current and former officers, directors, trustees, key employees, and highest compensated employees? If "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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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

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

Did the organization report any amount on Part X; line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

អ៊ីត៉េហ៊ីតិទី សញ្ជានៅទីដាំទីក្រុមក្រុម និង្សារី to other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

 $\overline{ extsf{Did}}$ the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

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

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Wases " Complete Schedule R, Part II, III, or IV,

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 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

 ${f b}$ A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

instructions for applicable filing thresholds, conditions, and exceptions):

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νο			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a		Νο			
b	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; because the name of the foreign country:						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	_					
	WBAthe organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N o			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to						
	file Form 8282?	7c		No			
а	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a						
	Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
•	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
c	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No			
16	If "theso" gameianstorocations lacratifiles Forsbit Litton, Subjecto leoN the section 4968 excise tax on net investment income?	16		No			
	If "Yes," complete Form 4720, Schedule O.	F	orm 990	(2020)			

Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

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 Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax 15 Yearlere are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are

independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Did the organization delegate control over management duties customarily performed by or under the direct

b Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates? .

Nο Νo Νo Nο

supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was Blathe organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

5 6 7a

Νo Nο

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Yes Yes

organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13.

No Νo Yes

Yes

Yes

Yes

10a

10h

11a

12a

12b

12c

13

14

15a

15b

16a

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? . a The organization's CEO, Executive Director, or top management official . . . **b** Other officers or key employees of the organization

year by the following: The governing body?

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

Yes Yes Yes Yes

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed WA,WV,WI

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b 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, TN, UT, VA,

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T

State the name, address, and telephone number of the person who possesses the organization's books and records:

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

(501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

▶Kenneth Donaldson 1300 19th ST NW Ste 800 Washington, D C 20036 (202) 429-5609

Part VII

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

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

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

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

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

See instructions for the order in which to list $\overline{\ }$ Check this box if neither the organization n	-		ation	con	npe	nsate	d an	ny current officer,	director, or truste	e.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	unles	ore th	nan rsor cer a	not one is and rust			(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Suzanne H Woolsey	2.00					Ď				
Chair		Х		Х				0	0	0
(2) Jenny Flores Vce Chair	2.00	х		х				0	0	0
(3) W Bowman Cutter	2.00	х		х				0	0	0
(4) Edward M Miller Treasurer	2.00	х		х				0	0	0
(5) Bonnie M Crabtree	2.00	х						0	0	0
(6) Colin le Duc	2.00	х						0	0	0
(7) William E Martin	2.00	х						0	0	0
(8) Jeremy Milo	2.00	х						0	0	0
(9) Jeanie C Nelson	2.00	Х						0	0	0
Oirector (10) Michael Orbach	2.00	Х						0	0	0
Director (11) Daniel Oros	2.00									
Director		Х						0	0	0
(12) John Sargent Director	2.00	х						0	0	0
(13) Lawrence Wagenberg Director	2.00	х						0	0	0
(14) Tom Weaver	2.00	х						0	0	0
(15) Janis Searles Jones	50.00	х		х				478,693	0	52,862
(16) Emily Woglom EVP	45.00			х				246,908	0	32,560
(17) Kenneth Donaldson	45.00			х				215,314	0	23,781
										Form 990 (2020)

11.733

36,121

44,760

42,001

41,775

41,229

41,276

21,746

40,604

40,714

46,208

18,814

559,023

No

Νo

Νo

304,550

294,938

261,427

221.854

150,021

Yes

Yes

3

0

0

158,676

156,781

152,320

146,556

Advertising Services

Research

Policy Counsel

Policy Counsel

Form 990 (2020) Pag Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)								Page ontinued)
	•		- ,			<u>-</u> 		1
	(A)	(B)			(C)	(D)	(E)	(F)
	Name and title	Average			(do not check	Reportable	Reportable	Estimated
		hours per	mo	ore th	han one box,	compensation	compensation	amount of othe
		week (list	week (list unless person is both an fr			from the	from related	compensation
		any hours for		offi	cer and a	organization	organizations	from the
		related	d	irect	tor/trustee)	(W-2/1099-	(W-2/1099-	organization
		organizations				MISC)	MISC)	and related
		below dotted	or of	=	High emp Key	11130)	11130)	organizations
			0.0	50				organizations
		line)	B 8	nstituti	mer hest doy em			
			dual	#	77 (D			
		1	(1)	0	<u>~</u> ⊕ o			1

	line)	lividual trustee director	stitutional Trustee	icer	y employee)hest compensated ployee	rmer			
(18) Katherine Andrews	45.00				Х			230,799		
Chief of Strategy										
(19) Sarah Humphries	45.00				Х			229,880		
VP, Resource Development										
(20) Chris Dorsett	45.00				Х			212,995		
VP Conservation Policy & Programs					^			212,333		
(21) Julia Roberson	45.00				,,			205 244		
VP Communications			X		X	×		205,311	(
(22) Scott Highleyman	45.00				_			170.031		
VP Arctic Programs					Х			170,021		
(23) Anne Merwin	45.00				.,			161 101		
VP Conservation					Х			161,481		
(24) George Leonard	45.00				Х			158 676		

Director, Foundation & Gov't Support				^	140,550
(28) Malissa Lash Sr. Director, Resource Development	40.00	l		х	145,797
(29) Michelle Frey Sr. Director, Digital Outreach	40.00	l		Х	139,127
(30) Richard Sheard	40.00			Х	138.924

45.00

40.00

40.00

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 39

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	
	services rendered to the organization? If "Yes," complete Schedule J for such person	
	ation D. Tudou and out Contractors	

 $Complete \ this \ table \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ solution \ for \ the \ table \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ for \ your \ five \ highest \ compensated \ for \ your \ for \ your \ five \ highest \ for \ your \ for$ 1

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

'es," complete Schedule J for such person 5 Section B. Independent Contractors

Х

٠

Χ

(A) Name and business address

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B)
Description of services (C) Compensation

Newport One Inc

Fundraising Consulting 21 Railroad

Duxbury, MA 02332

Silverback Strategies Inc

1310 N Courthouse Rd Suite 870

Arlington, VA 22201 University of Georgia Research Foundatio 210 S Jackson St Athens, GA 30602 Ocean Wonks LLC 175 Carroll Avenue

Newport, RI 02840 Alaska Strategies

5116 A West 80th Anchorage, AK 995028079

2

3

(25) Teresa Parsons

(27) Kelly Luck

Director Program Development (26) Jeffrey Watters

Sr. Director, Conservation Policy

Sr. Director, Shipping Emissions

individual

. .

1b Sub-Total

d Total (add lines 1b and 1c) .

c Total from continuation sheets to Part VII, Section A .

on line 1a? If "Yes," complete Schedule J for such individual .

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 > 9

Form 990 (2020)

Form Part									Page S
		Check if Sche	edule	e O contains a resp	ponse or note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d	Federated campa Membership dues Fundraising even Related organizat Government grants (d	ts .	. 1b . 1c . 1d	1,037,224				
Contr and (g	All other contributions and similar amounts above Noncash contributions lines 1a - 1f:\$ Total. Add lines 1	not ir s incl	uded in 1g	52,066,834 523,665	53,132,508			
	2a				Business Code				
Program Service Revenue	b								
Serv	d								
ogran	e								
Δ	f	All other program	ser	vice revenue.					
		Total. Add lines			interest and	1			
	oth	ner		cluding dividends, nt of tax-exempt l		736,589	9		736,589
		Royalties			▶	552,33	8		552,338
			 -	(i) Real	(ii) Personal				
		Gross rents Less: rental	6a						
		expenses Rental	6b						
		income or (Nets) ental incom	6 c	(loss)					
	_	Net rental meon		(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory	7a	9,493,471		_			
	-	Less: cost or other basis and sales expenses	7b	8,627,102					
		Gain or (loss)	7 c	866,369					
Other Revenue	8a b	Net gain or (loss Gross income from fu (not including \$ contributions reported See Part IV, line 18 Less: direct expenses.	d on l	of line 1c).	vents	866,36			866,369
	b	Gross income from activities. See Part IV, line 1 Less: direct expe Net income or (lo	L9 ense	9a	ities	_			
	b	Gross sales of invreturns and allow Less: cost of goo	ance ds s	es 10a sold 10b					
	c			from sales of inve	•				
	11 a	Miscellaneo CC rebates and i			Business Code 900099	9 20	6		26
	b								
	С								
	d	All other revenue							
		Total. Add lines				20	6		
	12	Total revenue. Se	ee in	structions	•	55,287,83	0	0	0 2,155,322

23 Insurance . . .

a Subscriptions

c Prof. fund allocation

e All other expenses

b List rental

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

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).

line 24e expenses on Schedule O.)

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a response or note to		-	•	` ' —
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	987,811	987,811		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,226,960	1,226,960		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,017,167	2,348,988	248,804	419,375
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,338,459	7,984,316	928,742	1,425,401
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	502,553	391,258	41,442	69,853
	1		ì	
9 Other employee benefits	1,371,988	1,068,148	113,139	190,701
10 Payroll taxes	943,307	734,403	77,788	131,116
11 Fees for services (non-employees):				
a Management				
b Legal	113,522	78,925	7,492	27,105
c Accounting	106,829		106,829	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	332,033			332,033
f Investment management fees	111,765		111,765	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,856,101	4,150,675	400,327	305,099
12 Advertising and promotion	640,978	518,615	2,356	120,007
13 Office expenses	4,754,653	2,788,539	282,443	1,683,671
14 Information technology	8,584	6,248	1,269	1,067
15 Royalties				
16 Occupancy	1,211,891	908,198	157,057	146,636
17 Travel	2,273	2,120	116	37
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	82,270	76,749	4,169	1,352
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,197	28,579	5,516	5,102

100,719

464,072

337,682

31,550,814

5,840,448

301,599

238,362

198,887

24,039,380

3,498,428

100,719

57,699

1,486

1,993

2,651,151

35,043

104,774

97,834

-200,880

4,860,283

2,306,977

Form **990** (2020)

	and domestic governments. See Part IV, line 21
2	Grants and other assistance to domestic individuals. Se Part IV, line 22
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV

Forr	n 990	0 (2020)					Page 11
P	art X	Balance Sheet					
		Check if Schedule O contains a response or i	note to any	line in this Part IX .			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			6,531,283	1	10,919,387
	2	Savings and temporary cash investments			200,206	2	200,211
	3	Pledges and grants receivable, net			10,371,276	3	21,851,215
	4	Accounts receivable, net	50,394	4	339,164		
	5	Loans and other payables to any current or for key employee, creator or founder, substantial controlled entity or family member of any of t	contributo hese perso	r, or 35% ns		5	
	6	Loans and other receivables from other disqu under section $4958(f)(1)$), and persons desci		6			
**	7	Notes and loans receivable, net				7	·
Assets	8	Inventories for sale or use		· · · · · ·		8	·
SS	9	Prepaid expenses and deferred charges .			497,510	9	154,319
A		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,603,716			
	ь	·	10b	1,594,015	39,258	10c	9,701
	11	Investments—publicly traded securities .		, ,	33,738,152	11	48,877,654
	12	Investments—other securities. See Part IV, li	ne 11 .		, ,	12	
	13	Investments—program-related. See Part IV, li				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,221,847	15	1,802,793		
	16	Total assets: Add lines 1 through 15 (must e	gual line 33	3)	52,649,926	16	84,154,444
	17	Accounts payable and accrued expenses .			1,668,360	17	2,128,467
	18	Grants payable			610,866	18	656,383
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	_
S	21	Escrow or custodial account liability. Complet	te Part IV of	f Schedule D		21	_
Liabilities	22	Loans and other payables to any current or for key employee, creator or founder, substantial controlled entity or family member of any of t		22			
	23	Secured mortgages and notes payable to unre		23			
	24	Unsecured notes and loans payable to unrelate		· —		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on li Complete Part X of Schedule D	1,401,653	25	1,600,557		
	26	Total liabilities. Add lines 17 through 25 .			3,680,879	26	4,385,407
98		Organizations that follow FASB ASC 958, che	ck here 🕨	✓ and complete			
lanc	27	lines 27, 28, 32, and 33. Net assets without donor restrictions			30,425,611	27	48,615,060
Fund Balances	28	Net assets with donor restrictions	L	18,543,436	28	31,153,977	
		Organizations that do not follow FASB ASC 9	58, check h	ere 🕨 🗌 and			
Assets or	29	complete lines 29 through 33. Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building or	equipment	fund		30	
As	31	Retained earnings, endowment, accumulated i	ncome, or	other funds		31	
Net	32	Total net assets or fund balances			48,969,047	32	79,769,037
ž	33	Total liabilities and het assets/fund balances			52,649,926	33	84,154,444

Both consolidated and separate basis

2c

За

3b

Yes

Νo

Form 990 (2020)

Separate basis

Single Audit Act and OMB Circular A-133?

Schedule O.

Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

If the organization changed either its oversight process or selection process during the tax year, explain in

Form 990 (2020)		
Additional Data		Return to Form
	Software ID:	
	Software 1D:	
	Software Version:	
Form 990, Special Condition D	Description:	
	Special Condition Description	

(Form 990 or 990EZ) Department of the Treasury Internal Revenue Service

Ocean Conservancy

Name of the organization

For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

SCHEDULE A

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Employer identification number

Schedule A (Form 990 or 990-EZ) 2020

Inspection

OMB No. 1545-0047

							23-7245152	
	rt I	Reason for Public						ns.
The o	organiz	ation is not a private fo	oundation beca	use it is: (For lines 1	through 12, che	eck only one bo	x.)	
1		A church, convention of	of churches, or	association of church	hes described ir	section 170(b)(1)(A)(i).	
2		A school described in	section 170(b)	(1)(A)(ii). (Attach So	chedule E (Forn	n 990 or 990-E	Z).)	
3		A hospital or a coopera	ative hospital s	service organization o	described in sec	tion 170(b)(1)	(A)(iii).	
4		A medical research org hospital's name, city, a		ated in conjunction w	ith a hospital d	escribed in sec	tion 170(b)(1)(A)(iii)). Enter the
5		An organization operat 170(b)(1)(A)(iv). (Co			versity owned o	r operated by a	a governmental unit d	escribed in section
6		A federal, state, or loc	al government	or governmental unit	described in se	ction 170(b)(1)(A)(v).	
7	V	An organization that no described in section 1 ?	,	'		m a governmer	ntal unit or from the g	eneral public
8		A community trust des	cribed in secti	on 170(b)(1)(A)(vi).	(Complete Part	t II.)		
9		An agricultural research university or a non-lan						
10		An organization that no receipts from activities from gross investment organization after June	related to its income and u	exempt functions—sunrelated business tax	ubject to certain cable income (le	exceptions, aress section 511	nd (2) no more than 3	331/3% of its support
11		An organization organi					509(a)(4).	
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.						
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.						
b		Type II. A supporting of management of the sumust complete Part IV	pporting organi	ization vested in the s				
С		Type III functionally i supported organization						rated with, its
d		Type III non-functiona not functionally integral (see instructions). You	ated. The organ	nization generally mu	st satisfy a disti	ribution require		` '
е		Check this box if the o integrated, or Type III	-				s a Type I, Type II, Ty	ype III functionally
f	Enter	the number of supporte	ed organization	ıs			<u> </u>	
g		Provide the following in	nformation abo	ut the supported orga	nization(s).		Γ	1
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see	(iv) Is the of listed in you docur		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				instructions))	Yes	No		

Cat. No. 11285F

174,906,465

174,906,465

28,534,823

146,371,642

174,906,465

4,290,842

179,197,307

81.680 %

80.500 %

45,235

(f) Total

(f) Total

anizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) ed the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under n failed to qualify under the tests listed below, please complete Part III.)

Paill	Support Schedule for Orga
	(Complete only if you checke

Schedule A	(Form 990 or 990-EZ) 2020
Part II	Support Schedule for
	(Complete only if you ch

edule A	(Form 990 or 990-EZ) 2020
art II	Support Schedule for Org

Schedule A	(Form 990 or 990-EZ) 2020
Part II	Support Schedule for
	(Complete only if you c
	Part III. If the organiza

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge...

Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly

line 4.

Calendar year

supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from

Section B. Total Support

securities loans, rents, royalties and income from similar sources

(or fiscal year beginning in)

9 Net income from unrelated business activities, whether or not the business is regularly

10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . 11 Total support. Add lines 7

carried on. .

through 10

7 Amounts from line 4. . 8 Gross income from interest, dividends, payments received on

ja

Ι	Support Schedule for O
	(Complete only if you che
	Part III. If the organizatio

Support Schedule for
(Complete only if you ch
Part III. If the organizat
A D I II O .

Section A. Public Support (a) 2016

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not

24,058,239 include any "unusual grant.") . .

(a) 2016

24,058,239

24,058,239

Public support percentage for 2019 Schedule A, Part II, line 14

Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))

Section C. Computation of Public Support Percentage

588,022

(b) 2017

36,557,965

824,503

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

17a 10%-facts-and-circumstances test—2020. 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

h 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

16a 33 1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

(b) 2017

36,557,965

36,557,965

28.163.632

(c) 2018

(c) 2018

28,163,632

28,163,632

767,978

(d) 2019

(d) 2019

32,994,121

32,994,121

32,994,121

821,412

(e) 2020

12

14

15

Schedule A (Form 990 or 990-EZ) 2020

(e) 2020

53,132,508

53.132.508

53,132,508

1.288.927

	dule A (Form 990 or 990-EZ) 2020						Page
P	Support Schedule f						
	(Complete only if you						fy under Part
_	II. If the organization	fails to qualify	y under the te	sts listed below	ı, please compl	ete Part II.)	
	ection A. Public Support		T	T	_	1	1
	endar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	fiscal year beginning in)	. ,	. ,	1, ,	. ,	,	,
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513						
	T			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
_	The section of the se						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. 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	Public support. (Subtract line 7c						
-	from line 6.)						
	ection B. Total Support	Т	1		Т	1	1
	endar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	fiscal year beginning in) 🕨	. ,	. ,	, ,	, ,	,	,
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.				+		1
С	Add lines 10a and 10b.		ļ	1			
11	Net income from unrelated						
	business activities not included in						
	line 10b, whether or not the						
	business is regularly carried on.						
12							
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1	1		1	1
13	Total support. (Add lines 9, 10c,						
	11, and 12.).		1	1			<u> </u>
14	First 5 years. If the Form 990 is for t						
	check this box and stop here	<u> </u>	<u></u> .	<u></u> .	<u></u> .	<u> </u>	▶
Se	ection C. Computation of Publ	ic Support P	ercentage	<u> </u>			<u> </u>
15	Public support percentage for 2020 (2 13, column (f))		. 15	
	Public support percentage from 201	•	•				
16						16	
Se	ection D. Computation of Inve						
17	Investment income percentage for 2	2020 (line 10c, co	olumn (f) divided	by line 13, colur	nn (f))	. 17	
18	Investment income percentage from	2019 Schedule	A, Part III, line	17		18	
	331/3% support tests—2020. If the o	rganization did r	not check the bo	x on line 14, and	line 15 is more tl		line 17 is not
	more than 33 1/3%, check this box ar						

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Page 4

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you mplete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

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

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

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

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

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

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

	(Complete only if you checked a
cked	hox 12h of Part I com

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

	(Complete only if you checked a
hecked	box 12b, of Part I, con
to a set of the	121 (5.1.1.

⁄es	No

1 2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990 or 990-EZ) 2020

3b and 3c below.

made the determination.

Supporting Organizations (continued)

Part IV

Yes

Page 5

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 lines 11b and 11c			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in 11a above?	11b		
c		11c		
S	ection B. Type I Supporting Organizations		ı	
	/ 11 3 3		Yes	No
1	Did the officers, 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	ection C. Type II Supporting Organizations			
	cetton of Type 12 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
_	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or	1		
	management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
_ <u>S</u>	ection ^z b ^{:o} Afi ⁾ Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations	3		
S	ection 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 inst	ructio	ns):	_
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see		
2	Activities Test. Answer lines 2a and 2b 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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities			
	constituted substantially all of its activities.	2a		
	b Did the activities described in line 2a 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 lines 3a and 3b below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Section A - Adjusted Net Income

Schedule A (Form 990 or 990-EZ) 2020

1

(B) Current Year

(A) Prior Year

Page 6

				(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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	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 0.015 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 0.035	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		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions)

instructions)

7

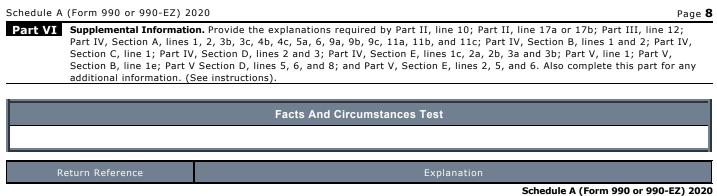
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

e Excess from 2020. . . .

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting

(continued)

Part V Type 111 Non-Functionally Integrated 509(a)(3) Supporting (continued)					
Section D ^{Qr} ย่า รนำสินิสิชิกิร		1			Current Year
1 Amounts paid to supported organizations to accompli	ish exempt purposes		1		
2 Amounts paid to perform activity that directly further	s exempt purposes of suppo	rted			
organizations, in	s exempt purposes or suppo		2		
excess of income from activity					
3 Administrative expenses paid to accomplish exempt	purposes of supported organ	nizations	3		_
4 Amounts paid to acquire exempt-use assets			4		
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in Part V	'I)	5		
6 Other distributions (describe in Part VI). See instruc	tions	-	6		
,	110113				
7 Total annual distributions. Add lines 1 through 6.			7		
8 Distributions to attentive supported organizations to (provide	which the organization is re		8		
details in Part VI). See instructions			•		
9 Distributable amount for 2020 from Section C, line 6			9		
10 Line 8 amount divided by Line 9 amount			10		
·		(ii)			(iii)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistr	ibuti	ons	Distributable
(366 matractions)		Pre-20	020		Amount for 2020
1 Distributable amount for 2020 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2020					
(reasonable cause required $explain$ in $Part\ VI$).					
See instructions.					
3 Excess distributions carryover, if any, to 2020:					
a From 2015					
b From 2016					
c From 2017					
d From 2018 e From 2019					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2020 distributable amount					
 Carryover from 2015 not applied (see instructions) 					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2020 from Section D, line 7:					
\$					
a Applied to underdistributions of prior years					
b Applied to 2020 distributable amount					
c Remainder. Subtract lines 4a and 4b from line 4.					
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2.					
If the amount is greater than zero, explain in Part VI					
. Coo instructions					
See instructions. 6 Remaining underdistributions for 2020. Subtract					
lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.					
7 Excess distributions carryover to 2021. Add lines					
3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2016					
b Excess from 2017					
c Excess from 2018 d Excess from 2019					
- LACESS HUIII 2017:					



Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2020

OMB No. 1545-0047

Name of the organization
Ocean Conservancy

Employer identification number
23-7245152

Organization type (check one):							
Filers	of:	Section:					
Form 9	90 or 990-EZ	501(c)() (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	90-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		☐ 501(c)(3) taxable private foundation					
Genera 	General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
	under sections 509(a)(received from any one	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the regulations (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						

990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990,

Name of organization Ocean Conservancy **Employer identification number** 23-7245152

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
RESTRICTED			Payroll
		\$ RESTRICTED	Noncash
	,		
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-		_	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)

(a)

No. from

Part I

Page 3

Employer identification number

23-7245152

(c)

FMV (or estimate)

(See instructions)

\$

\$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(d)

Date received

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

		(
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a)	(b)	(c)	(d)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>-</u>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
- =		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	
(a)		(c)	

-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

(b)

Description of noncash property given

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2020)			Page 4
	rganization nservancy			Employer identification number 23-7245152
Part III	Exclusively religious, charitable, etc., co total more than \$1,000 for the year from line entry. For organizations completing of \$1,000 or less for the year. (Enter this Use duplicate copies of Part III if additional sp	any one cont Part III, enter s information	tributor. Complete col r the total of exclusive once. See instructions	bed in section 501(c)(7), (8), or (10) that umns (a) through (e) and the following ly religious, charitable, etc., contributions
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and Z	,	e) Transfer of gift Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and Z	•	r) Transfer of gift Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and Z	,	r) Transfer of gift Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and Z		e) Transfer of gift Relati	onship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE C (Form 990 or 990-EZ)

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

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ►Go to www.irs.gov/Form990 for instructions and the latest information.

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 "Yes," describe in Part IV.

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.

ine :	organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 55c (Proxy Tax) (see separate instructions), then ection 501(c)(4), (5), or (6) organizations: Complete Part III.	rm 9	90-EZ, I	Part V,	
	ne of the organization Employer identi	ificati	ion num	ber	
	23-7245152				
Part	I-A Complete if the organization is exempt under section 501(c) or is a section 527 (orga	nizati	on.	_
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instrudefinition of "political campaign activities")	ctions	s for		
2	Political campaign activity expenditures (see instructions)	<u> </u>			
3	Volunteer hours for political campaign activities (see instructions)				
Part	I-B Complete if the organization is exempt under section $501(c)(3)$.				_
1	Enter the amount of any excise tax incurred by the organization under section 4955	š			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	š			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes	☐ No	
4a	Was a correction made?	Γ	Yes	☐ No	

Part I-C 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

2	Enter the amount of the f exempt function activities				
3	Total exempt function ex	penditures. Add lines 1	and 2. Enter here and on Form	1120-POL, line 17b	
4	Did the filing organization		Yes No		
5	organization made payme amount of political contril	ion 527 political organizations to from the filing organization's fur ed to a separate political organi ce is needed, provide informatio	nds. Also enter the zation, such as a		
(a)	Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					
6					
For	Panerwork Reduction Act Not	ica see the instructions f	or Form 990 or 990-F7	C-+ N- F0004C	000 000 FZ) 2020

812,585

250,000

85,714

806,995

250,000

113,567

773,803

250,000

664,161

250,000

81,148

Schedule C (Form 990 or 990-EZ) 2020

6,000,000

3,057,544

1,000,000

1,500,000

389,982

Lobbying ceiling amount

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

Total lobbying expenditures

Grassroots ceiling amount

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

Grassroots lobbying expenditures

Grassroots nontaxable amount

filed Form 5768 (election under section 501(h)).

Part II-B

Page 3

(a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No Amount During the year, did the filing organization attempt to influence foreign, national, state or local 1 legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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? h Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a 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? 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 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 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 Part III-B 501(c)(6) 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 Carryover from last year 2b 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 3 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

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

Return Reference Explanation

Taxable amount of lobbying and political expenditures (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Oce	ean Conservancy					-		
D-	ort I Organizations Maintaining Donor A	Advised Funds	or Other	Similar Fu		45152		
ГС	Complete if the organization answered				iius oi	Accounts.		
		(a) Dono	r advised fur	nds	(b) Funds and o	ther accounts	
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor add the organization's property, subject to the organizat	_					Yes No	
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the do impermissible private benefit?	nor or donor adviso	or, or for any	other purpos	e confe	rring	☐ Yes ☐ No	
Pa	Conservation Easements. Complete if the organization answered							
1	Purpose(s) of conservation easements held by the o							
	Preservation of land for public use (e.g., recreati	•	_		nistorica	ally important	land area	
	Protection of natural habitat		Preser	vation of a co	ertified	historic struct	ure	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization hel	ld a qualified conse	ervation cont	ribution in th	e form (of a conservat	ion	
	easement on the last day of the tax year.	·				Held at the E	nd of the Year	
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easements	5			2b			
С	Number of conservation easements on a certified his	storic structure inc	luded in (a)		2c			1
d	Number of conservation easements included in (c) a historic structure listed in the National Register		/06, and not	on a	2d			
3	Number of conservation easements modified, transfetax year	erred, released, ex	tinguished, o	or terminated	by the	organization d	luring the	
	Number of states where property subject to conserv	vation easement is	located b					
4 5	, ,			action bandl	ing of			
5	Does the organization have a written policy regardin violations, and enforcement of the conservation eas	sements it holds? .				Yes		
6	Staff and volunteer hours devoted to monitoring, ins	specting, handling	of violations,	, and enforcir	ng conse	ervation easen	nents during the	
			1.12				1	
7	Amount of expenses incurred in monitoring, inspecting \$	ing, nandling of vic	nations, and	enforcing co	nservati	ion easements	during the year	
8	Does each conservation easement reported on line (B)(i) and section $170(h)(4)(B)(ii)$?					(h)(4)	s □ No	
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to thements.	e organizatio	on's financial	stateme	ents that desc	ribes	
Pai	† III Organizations Maintaining Collecti Complete if the organization answered				r Othe	er Similar <i>I</i>	Assets.	
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets hereice, provide, in Part XIII, the text of the footno	eld for public exhib	oition, educat	tion, or resea	rch in f	urtherance of		
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	d for public exhibiti						
	(i) Revenue included on Form 990, Part VIII, line 1					> \$_		
	ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, his following amounts required to be reported under FA	storical treasures, o	or other simil	ar assets for			e the	
а	Revenue included on Form 990, Part VIII, line 1					▶ \$		_
b	Assets included in Form 990, Part X · · · · · ·					▶ \$		
	Paperwork Reduction Act Notice, see the Instructions						D (Form 990) 20	02

Page **2**

_	collection items (check all that apply):			_					
а	Public exhibition		d	L Loan	or exchange pro	ograms			
b	Scholarly research		е	Othe	r				
С	Preservation for future generations								
4	Provide a description of the organization's of Part XIII.	collections and ex	plain hov	v they furth	er the organizat	ion's exempt pu	ırpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than					_	Yes	☐ No	
Pa	rt IV Escrow and Custodial Arran Complete if the organization an Part X, line 21.		n Form	990, Part	IV, line 9, or r	eported an ar	mount o	n Form	າ 990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?						Yes	☐ No	
b	If "Yes," explain the arrangement in Part X	III and complete	the follow	wing table:		Am	ount		_
С	Beginning balance				1c				_
d	Additions during the year				1d				
е	Distributions during the year				1e				_
f	Ending balance								_
2a b	Did the organization include an amount on							No No	
Pa	Endowment Funds. Complete if the organization and	swered "Yes" o	n Form 9	990. Part	IV. line 10.				
	complete if the organization and	(a) Current year		Prior year		ck (d) Three year	s back (e)	Four yea	ars back
1a	Beginning of year balance	3,691,63	30	3,718,250	3,655,46	2,33	4,417	2,	219,747
b	Contributions	500,00	00		1,10	1,24	6,365		
С	Net investment earnings, gains, and losses	989,15	53	107,854	184,19	97 19	2,134		230,687
d	Grants or scholarships								
е	Other expenditures for facilities and programs		0	125,292	115,69	93 11	1,314		110,294
f	Administrative expenses			9,182	6,82	22	6,134		5,723
	End of year balance	5,180,78	33	3,691,630	3,718,25		5,468	2.	334,417
2	Provide the estimated percentage of the cu						-7.22		
ے a	Board designated or quasi-endowment	0 %	nance (iii	ie 19, colui	iiii (a)) ileiu as.				
a b	Permanent endowment 64.460 %								
_	Term endowment ► 35.540 %								
С	The percentages on lines 2a, 2b, and 2c sl	nould equal 100%	'n						
За	Are there endowment funds not in the poss	*		that are he	ld and administe	red for the			
	organization by:	3						Yes	No
	(i) Unrelated organizations						3a(i)		No
_	(ii) Related organizations						3a(ii)		No
b	If "Yes" on 3a(ii), are the related organizat	ions listed as req	uired on	Schedule R	i.e		3b		<u> </u>
4	Describe in Part XIII the intended uses of t	he organization's	endowm	ent funds.					
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization an	swered "Yes" o	n Form !	990, Part	IV, line 11a. S	<u>ee Form 990,</u>	Part X,	line 1	0.
	Description of property (a) Cost or oth (investme		ost or othe	r basis (other	(c) Accumulated	depreciation	(d) E	Book valu	ie
1a	Land								
b	Buildings								
	Leasehold improvements			295,44	0	287,567			7,873
d	Equipment			899,76	0	899,760			(

408,516

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

406,688

Part VII	Investments—Other Securities.	QQQ Part IV	line	11h Soo Form 0	00 Part V line 12
	Complete if the organization answered "Yes" on Form (a) Description of security or category (including name of security)	(b) Book value	, iiiie	(c) Method	d of valuation: -year market value
(1) Financi	al derivatives	• Value		Cost of elia-of	-year market value
	r-held equity interests	-			
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form	QQQ Part IV	lino	11c See Form 0	000 Part V line 13
V	(a) Description of investment	330, 1 die 14	,	(b) Book value	(c) Method of valuation: Cost or end-of-year mark value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colun	nn (b) must equal Form 990, Part X, col.(B) line 13.)		_		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form (a) Description	990, Part IV,	line :	11d. See Form 990	D, Part X, line 15. (b) Book value
(2)					(3) 2200 13002
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colu	ımn (b) must equal Form 990, Part X, col.(B) line 15.)				b
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25.	990, Part IV,	line :		
1.	(a) Description of liability				(b) Book value
(1) Federal (4)	l income taxes				
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col.(B) line 25.)				1 600 55
2. Liability	for uncertain tax positions. In Part XIII, provide the text of the			anization's financia	
organizatio	n's liability for uncertain tax positions under FIN 48 (ASC 740)	. Check here if	the to	ext of the footnote	has been provided in Part

Add lines 4a and 4b . .

2

1

2

3

Part XIII

Part V, Line 4:

Part X, Line 2:

Page 4

7,559,859

111,765

496,885

111,765

31,550,814

Schedule D (Form 990) 2020

31,439,049

55,176,065

Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments 2a 7,062,974 Donated services and use of facilities . . . 2b 496,885

2c

Other (Describe in Part XIII.)

Add lines 2a through 2d 3 Subtract line 2e from line 1 .

Total expenses and losses per audited financial statements .

Donated services and use of facilities

Other losses

Add lines 2a through 2d

Subtract line 2e from line 1

Other (Describe in Part XIII.)

.

Other (Describe in Part XIII.)

Supplemental Information

Return Reference

Add lines 4a and 4b

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

Directors.

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b .

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

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

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.

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

4a 4b Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2d

2a

2b

2c

2d

4a

4b

Ocean Conservancy's permanently restricted gifts are intended to be held in perpetuity and remain invested in order to generate income that will support either general operations or a donor supported fellowship position. Annual appropriations for expenditure are reviewed and approved by the Board of

Management evaluated OC's tax positions and has concluded that OC has taken no uncertain tax positions that require either recognition or disclosure in the accompanying financial statements.

2e 3 111,765

496,885

111,765

4c 5

2e

3

4c

55,287,830 1 31,935,934

SCHEDULE F (Form 990)

c Totals (add lines 3a and 3b)

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

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

2020

OMB No. 1545-0047

2,114,148

Schedule F (Form 990) 2020

Cat. No. 50082W

	ment of the Treasury	•	Go to www.irs.g	Open to Public Inspection				
Nam	e of the organization on Conservancy	on				Employer ider	ntification number	
000	an conscivancy					23-7245152		
Pa			on on Activit art IV, line 14		the United States.	Complete if the organi	zation answered	
1	For grantmake	rs. Does the	organization i	maintain recor	ds to substantiate the	amount of its grants		
	Offier assistance	e, the grante	es' eligibility f	or the grants	or assistance, and the	selection criteria used	İ	
	to award the gr	ants or assis	stance?				✓ Yes No	
2	For grantmake assistance outs			organization's	procedures for monito	ring the use of its gra	nts and other	
3	Activites per Regi	on. (The follo	wing Part I, line	3 table can be	duplicated if additional s	pace is needed.)		
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region	
(1)	Central America a Caribbean	nd the	0		Grants to recipients		28,000	
(2)	Central America a Caribbean	nd the	0	0	Program Services	Consulting services	72,65	
(3)	East Asia and the	Pacific	0	0	Grants to recipients located in region		72,743	
(4)	East Asia and the	Pacific	0	0	Program Services	Consulting, photography and videography	21,08	
(5)	East Asia and the	Pacific	0	0	Program Services	Consulting services, photography and videography	83,88	
(6)	Europe (Including Greenland)	Iceland &	0	0	Grants to recipients located in region		460,86	
(7)	Europe (Including Greenland)	Iceland &	0	0	Program Services	Consulting services, photography and videography, supplies, subscription	408,91	
(8)	North America		0	0	Grants to recipients located in region	,	128,47	
(9)	Middle East and N	orth Africa	0	0	Program Services	Consulting services	1,00	
10)	North America		1	1	Program Services	Consulting services, photography and videography, program services	159,01	
11)	South America		0	0	Grants to recipients located in region		135,00	
(12)	South America		0	0	Program Services	Consulting services	105,94	
	South Asia		0	0	Grants to recipients located in region		347,87	
14)	Sub-Saharan Afric	ca	0	0	Grants to recipients located in region		54,00	
	Sub-Saharan Afric	ca	0	0	Program Services	Consulting services, supplies, shipping cutoms tax	34,70	
(16)	_							
(17)								
	Sub-total Total from continu	ation sheets	0	0			1,276,61	
b	to Part I	ation silects	1	1			837 529	

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, othe
1)		Central America and the Caribbean	International Coastal Cleanup	10,000	Wire transfer		0 N / A	N/A
2)		Central America and the Caribbean	International Coastal Cleanup	9,000	Wire transfer		0 N/A	N/A
3)		East Asia and the Pacific	Ghost gear retrieval	40,743	Wire transfer		0 N/A	N/A
4)		East Asia and the Pacific	International Coastal Cleanup	,	Wire transfer		0 N/A	N/A
5)		East Asia and the Pacific	International Coastal Cleanup		Wire transfer		0 N/A	N/A
6)		East Asia and the Pacific	International Coastal Cleanup		Wire transfer		0 N/A	N/A
7)		Europe (Including Iceland & Greenland)	· · · · · · · · · · · · · · · · · · ·		Wire transfer		0 N/A	N/A
8)		Europe (Including Iceland & Greenland)	Mediterranean Cleanup - Ghost gear retrieval	•	Wire transfer		0 N/A	N/A
9)		Europe (Including Iceland & Greenland)	Ghost gear retrieval	20,000	Wire transfer		0 N/A	N/A
(0)		Europe (Including Iceland & Greenland)	International Coastal Cleanup	·	Wire transfer		0 N/A	N/A
(1)		Europe (Including Iceland & Greenland)	International Coastal Cleanup	,	Wire transfer		0 N/A	N/A
(2)		Europe (Including Iceland & Greenland)	· · · · · · · · · · · · · · · · · · ·	·	Wire transfer		0 N/A	N/A
(3)		Europe (Including Iceland & Greenland)	International Coastal Cleanup		Wire transfer		0 N/A	N/A
(4)		Europe (Including Iceland & Greenland)	Ghost gear retrieval		Wire transfer		0 N/A	N/A
(5)		Europe (Including Iceland & Greenland)	International Coastal Cleanup		Wire transfer		0 N/A	N/A
(6)		North America	Plastics research	·	Wire transfer		0 N/A	N/A
(7)		North America	Atlantic Fisheries sustainability		Wire transfer		0 N/A	N/A
(8)		South America	Development of new models to collect low-value plastics	·	Wire transfer		0 N/A	N/A
(9)		South America	International Coastal Cleanup		Wire transfer		0 N/A	N/A
(0)		South America	International Coastal Cleanup		Wire transfer		0 N/A	N/A
(1)		South Asia	Improving Solid Waste Management		Wire transfer		0 N/A	N/A
(2)		South Asia	Development of new models to collect low-value plastics		Wire transfer		0 N/A	N/A
(3)		South Asia	International Coastal Cleanup	10,000	Wire transfer		0 N/A	N/A
(4)		Sub-Saharan Africa	Ghost gear retrieval	27,000	Wire transfer		0 N/A	N/A
(5)		Sub-Saharan Africa	International Coastal Cleanup	10,000	Wire transfer		0 N/A	N/A

2 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

3 Enter total number of other organizations or entities .

0 Schedule F (Form 990) 2020 (1) (2) (3) (4) (5) (6) (7) (8) (9)

> (10) (11)

(12)

13) (14)

(15)

16) 17)

(18)

Schedule F (Form 990) 2020

Part III G	t III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.											
Part III can be duplicated if additional space is needed.												
(a) Type o	of grant or tance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash	(h) Method of valuation				

Part III can be duplicated if additional space is fleeded.													
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash	(h) Me valu						
			-		assistance	assistance	(book						

ok, FMV, appraisal, other)

Sche	edule F (Form 990) 2020	Page 4
Par	rt 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)	▼ N o
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)	✓ N o
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)	✓ N o
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).	▼ N o
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)	▼ N o
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).	▼ N o

Schedule F (Form 990) 2020

Additional Data Software ID: Software Version:

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ.

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number

Ocean Conservancy				23-7245152	2
Part I Fundraising Activities. Com Form 990-EZ filers are not req	•	_		on Form 990, Part IV	, line 17.
Indicate whether the organization raised f	unds throug	h any of	the following activities. C	Check all that apply.	
a 🔽 Mail solicitations			e 🔽 Solicitation of no	n-government grants	
b			f Solicitation of go	vernment grants	
c V Phone solicitations			g Special fundraisi	na events	
d ✓ In-person solicitations			g pecial fallación		
Did the organization have a written or ora or key employees listed in Form 990, Pariser, ices, list the 10 highest paid individua to be compensated at least \$5,000 by the	t VII) or ent Ils or entitie	ity in coi s (fundra	nnection with professiona	l fundraising 🔽 Ye	s No ndraiser is
(i) Name and address of individual or entity (fundraiser)	fundrai cust cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	Yes	No			
1 Direct Mail Newport One Consulting 21 Railroad Ave		No	7,388,238	304,550	7,083,688
Duxbury, M A 02332 Telemarketing					
SD&A Teleservices 5757 West Century Blvd		No	25,366	27,483	-2,11
Los Angeles, C A 90045					
3					
4					
5					
6					
7					
8					
9					
0					
otal		•	7,413,604	332,033	7,081,57
3 List all states in which the organization is registration or licensing.	egistered or	licensed	to solicit contributions o	r has been notified it is e	exempt from

registration or licensing.

A L, A K, A Z, A R, C A, C O, C T, D E, F L, G A, H I, I D, I L, I N, I A, K S, K Y, L A, M E, M D, M A, M I, M N, M S, M O, M T, N E, N V, N H, N J, N M, N Y, N C,

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c)Other events (a)Event #1 **(b)** Event #2 (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts. 2 Less: Contributions. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) . . . Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive col.(a) through col.(c)) bingo Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities:____ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? . . . ______ Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . Yes \bigcap No 10a If "Yes," explain: _

Sche	dule G (Form 990 or 990-EZ) 2020				Page 3
11	Does the organization conduct gam	ing activities with nonmem	bers?		Yes No
12			r a member of a partnership or other entity		Yes No
13	Indicate the percentage of gaming	activity conducted in:			
а	The organization's facility			13a	%
b	An outside facility			13b	%
14	Enter the name and address of the	person who prepares the o	rganization's gaming/special events books a	and red	cords:
	Name				
	Address				
15a	_		whom the organization receives gaming		Yes No
b	If "Yes," enter the amount of gamin amount of gaming revenue retained		organization 🕨 \$ and	d the	
С	If "Yes," enter name and address of				
		• •			
	Name -				
	Address				
	Address				
16	Gaming manager information:				
	Name Name				
	Gaming manager compensation	\$			
	Description of services provided				
	☐ Director/officer	Employee	Independent contractor		
17	Mandatory distributions:				
а	Is the organization required under	state law to make charitable	e distributions from the gaming proceeds to		
	retain the state gaming license? .				Yes No
b		•	ributed to other exempt organizations or sp	ent	
	in the organization's own exempt a				/···> 1 / > 1
Par			anations required by Part I, line 2b, co as applicable. Also provide any additi		
	instructions. Return Reference		Explanation		
Sche	dule G, Part I, Line 2b, Column (v)	Amounts listed in Part I,	Column V include a portion of non-fundrais	ing pro	ofessional fees.
Cab.	dula G (Form 900 or 900 E7) 2022				
	dule G (Form 990 or 990-EZ) 2020 Iditional Data				Detum to Farm
	3333			_	Return to Form
		Softwar	e ID:		

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the

Treasury
Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Ocean Conservancy

Part I General Information on Grants and Assistance

Employer identification number 23-7245152

Does the organization mai the selection criteria usedDescribe in Part IV the organization	l to award the gra	nts or assistance?				assistance, and	▼ Yes
Part II Grants and Other As	ssistance to Dome	stic Organizations and	Domestic Governments	. Complete if the orga	nization answered "Yes"	on Form 990, Part IV, line	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Arizona State University PO Box 876011 Tempe, A Z 85287	86-0196696	115	361,680	0	N/A	N/A	Research
(2) Gulf On Maine Lobster Foundation PO Box 513 Kennebunk, ME 04043	01-0535494	501(c)(3)	121,945	0	N/A	N/A	Ghost gear retrieval
(3) First Alaskans Institute 606 E Street Ste 200 Anchorage, A K 99501	92-0174854	501(c)(3)	85,000	0	N/A	N/A	Indigenous Stewardship Fellowship
(4) Ocean Foundation 1320 19th Street NW 500 Washington, D C 20036	71-0863908	501(c)(3)	80,000	0	N/A	N/A	Plant sea grass
(5) University Of Georgia Research Foundation Inc 310 E Campus Road Ahtens, GA 30602	58-1353149	501(c)(3)	72,336	0	N/A	N/A	Circularity Assessment Protocol
(6) University Of California Santa Cruz 1156 High Street Santa Cruz, C A 95064	94-3067788	501(c)(3)	32,000	0	N/A	N/A	Fellowship support - Capstone Project
(7) Green Diversity Initiative Dba Green 20 6218 Georgia Avenue NW Ste 1-629 Washington, D C 20011	46-5220283	501(c)(3)	25,000	0	N/A	N/A	Green 2.0 Support
(8) University Of Florida PO Box 113201 Ste 1250 East Campus Office Bldg Gainesville, FL 32611	59-6002052	115	24,000	0	N/A	N/A	Research
(9) Big Blue & You Inc 212 Ne 154th Street Miami, FL 33162	80-0249204	501(c)(3)	22,500	0	N/A	N/A	Shores Forward Initiative
(10) Dream In Green 2103 Coral Way Miami,FL 33145	20-5196010	501(c)(3)	20,000	0	N/A	N/A	Green schools challenge
(11) Puget Soundkeeper Alliance 130 Nickerson Street Ste 107 Seattle, WA 98109	91-1285783	501(c)(3)	20,000	0	N/A	N/A	ICC cleanup event
(12) Hawaii Pacific University 500 Ala Moana Blvd Suite 6420 Hoholulu, HI 96813	99-0113930	501(c)(3)	15,000	0			Ghost gear retrieval
(13) West Oakland Environmental Indicators Project 349 Mandela Pkwy Oakland, C A 97607	20-2384563	501(c)(3)	10,000	0	N/A	N/A	Programming for the Oakland Shoreline Leadership Academy
(14) Mariposa Dr Foundation PO Box 425 Ithaca,NY 14851	27-0726866	501(c)(3)	10,000	0	N/A	N/A	ICC cleanup event
(15) Save The Bay 100 Save The Bay Drive Providence,RI 02905	05-0346046	501(c)(3)	10,000	0	N/A	N/A	ICC cleanup event
(16) Friends Of The Environment	35-2283352	501(c)(3)	10,000	0	N/A	N/A	ICC cleanup event

6401 Lyons Road Coconut Creek,FL 33073	<u> </u>		1				
(17) Loggerhead Marinelife Center 14200 US Highway One Juno Beach,FL 33408	59-2445926	501(c)(3)	10,000	0) N/A	N/A	ICC cleanup event
(18) Community PartnersMove La 1000 North Alameda Street Suite 240 240 Los Angeles, CA 90012	95-4302067	501(c)(3)	10,000	0) N/A	N/A	Research and webinar support
(19) Ecology Center 2530 San Pablo Ave Berkeley, CA 94702	94-1703351	501(c)(3)	10,000	0) N/A	N/A	Ecology Center's Education and Engagement Program - Resource Center
(20) Occidental College 1600 Campus Rd Los Angeles, CA 90041	95-1667177	501(c)(3)	10,000	0	N/A	N/A	Moving Forward Network Survey programming
(21) Keep America Beautiful System 617 Surry Street Wilmington, N C 28401	58-1379462	501(c)(3)	6,350	0) N/A	N/A	ICC cleanup event
2 Enter total number of secti			ions listed in the line 1 t	table			21

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

Enter total number of other organizations listed in the line 1 table .

Cat. No. 50055

Schedule I (Form 990) 2020

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV Return Reference

Explanation

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

Schedule I (Form 990) 2020

				11 1 6 11						
Schedule J (Form 990)		Comper	ารล	tion Information		OMB N	o. 1545	-0047		
(For	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.						0		
	ment of the Treasury		<u>v.irs.gov/Form990</u> for instructions and the latest information.							
_	al Revenue Service				Employer identif		specti	on		
	me of the organi ean Conservancy	241011			Employer Identii	ication i	ıumber			
					23-7245152					
Pa	rt I Quest	ions Regarding Compensation								
							Yes	No		
1a		ropiate box(es) if the organization provide Section A, line 1a. Complete Part III to _I								
	First-class	s or charter travel		Housing allowance or residence for	personal use					
	Travel for	companions		Payments for business use of pers	onal residence					
		nification and gross-up payments			alth or social club dues or initiation fees					
	Discretion	nary spending account		Personal services (e.g., maid, chau	ffeur, chef)					
b		oxes on Line 1a are checked, did the orga t or provision of all of the expenses desc				1	b			
2	Did the organiz				,		2			
3	organization's	, if any, of the following the filing organiz CEO/Executive Director. Check all that a ted organization to establish compensati	pply	. Do not check any boxes for metho	ds					
	Compensa	ation committee		Written employment contract						
	Independent	ent compensation consultant		Compensation survey or study						
	Form 990	of other organizations		Approval by the board or compens	ation committee					
4		r, did any person listed on Form 990, Pa a related organization:	rt VI	I, Section A, line 1a, with respect to	the filing					
а	Receive a seve	erance payment or change-of-control pay	/mer	nt?		4	a	Νo		
b		or receive payment from, a supplemental				4	b	Νo		
c				mpensation arrangement?		4	c	Νo		
	If "Yes" to any	of lines 4a-c, list the persons and provide	de th	e applicable amounts for each item	in Part III.					
	0.1. 504(.)(5)	504(3)(4) - 1504(3)(20)								
5), 501(c)(4), and 501(c)(29) organizatio r ted on Form 990, Part VII, Section A, lin			any					
5		contingent on the revenues of:	e 1a	, and the organization pay or accrue	any					

5a

5b

6a

6b

7

8

Schedule J (Form 990) 2020

Cat. No. 50053T

Νo

Νo

Νo Νo

Νo

Νo

If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

a The organization?

If "Yes," on line 5a or 5b, describe in Part III.

compensation contingent on the net earnings of:

6

7

8

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Janis Searles Jones CEO	(i)	353,003	125,000	690	21,250	31,612	531,555	0
<u></u>	(ii)	0	0	0	0	-	-	0
DEnaile: Wardena		244.007				0	0	
2 Emily Woglom EVP	(i)	244,967	1,500	441	14,910	17,650	279,468	0
	(ii)	0	0	0	0	- 0	- 0	0
3 Sarah Humphries VP, Resource Development	(i)	227,930	1,500	450	13,993	22,128	266,001	0
	(ii)	0	0	0	0	- 0	- 0	0
4Chris Dorsett VP Conservation Policy & Programs	(i)	211,045	1,500	450	13,148	31,612	257,755	0
Some reason rolley a riograms	(ii)	0	0	0	0	- 0	- 0	0
5Katherine Andrews	(i)	230,109	0	690	1,196	10,537	242,532	0
Chief of Strategy	(ii)	0	0	0	0	- - 0	- 0	0
6 Kenneth Donaldson	(i)	214,624	0	690	13,244	10,537	239,095	0
CFO		0	0	0	0			0
	(ii)		U	<u> </u>	U	0	0	<u> </u>
7 Julia Roberson VP Communications	(i)	203,513	1,500	298	12,302	10,537	228,150	0
vi communications		0	0	0	0	-	-	0
B Scott Highleyman	(ii)	166,860	1 500	1.661	10.200	0	0	^
VP Arctic Programs	(i)		1,500	1,661	10,389	31,612	212,022	0
	(ii)	0	0	0	0	- 0	- 0	0
9 Anne Merwin VP Conservation	(i)	159,736	1,500	245	10,163	31,612	203,256	0
	(ii)	0	0	0	0	- 0	- 0	0
10 George Leonard Chief Scientist	(i)	156,193	1,500	983	9,617	31,612	199,905	0
CINEL SCIENUSE	(ii)	0	0	0	0	-	-	0
11Teresa Parsons		156,551	0	230	9,664	0 31,612	0 198,057	0
Director Program Development	(i)					31,012	150,037	
	(ii)	0	0	0	0	- 0	- 0	0
12Kelly Luck Director, Foundation & Gov't Support	(i)	144,574	1,500	482	8,992	31,612	187,160	0
on eccor, ι oundation α Gov t Support	(ii)	0	0	0	0	- 0	- 0	0
13Malissa Lash	(i)	143,978	1,500	319	9,102	31,612	186,511	0
Sr. Director, Resource Development	(ii)	0	0	0	0	- 0	-	0
14Michelle Frey	(i)	137,432	1,500	195	8,516	0 37,692	0 185,335	0
6r. Director, Digital Outreach		0	0	0	0			0
	(ii)		U	U	U	0	0	
L5Jeffrey Watters Gr. Director, Conservation Policy	(i)	150,605	1,500	215	9,182	12,564	174,066	0
	(ii)	0	0	0	0	- 0	- 0	0
L 6 Richard Sheard Sr. Director, Shipping Emissions	(i)	137,143	1,500	281	8,277	10,537	157,738	0
	1 1	0	0					

Schedule J (Form 990) 2020



(Form 990)

SCHEDULE M

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2020

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Attach to Form 990.

Inspection Employer identification number

Ocea	n Conservancy				• •			
					23-7245152			
Pa	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of c noncash contril	determi	_	ıts
	Art—Works of art				_			
	Art—Historical treasures .							
	Art—Fractional interests				_			
	Books and publications				_			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .	Х	5 8	523,66	5 Fair market value			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	Other ▶ ()							
26	Other ► ()							
27	Other ► ()							
28	Other ▶ ()							
29	Number of Forms 8283 received by for which the organization complet				29		,	
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any proper	ty reported in Part I, lines	1 through 28, that			
	exempt purposes for the entire ho	olding period	date of the initial contribut !?	ion, and winch isn't requir	ed to be used for	30a		No
b	If "Yes," describe the arrangemen	nt in Part II.						
31	Does the organization have a gift	acceptance	policy that requires the re	eview of any nonstandard	contributions?	31	Yes	

b If "Yes," describe in Part II.

describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

32a

Νo

Schedule M (Form 990) (2020)	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.	
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) (2020)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

Inspection

OMB No. 1545-0047

Ocean Conservancy

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

Internal Revenue Service **Employer identification number** Name of the organization 23-7245152 Return **Explanation** Reference Form 990. Together with our partners, we create science-based solutions for a healthy ocean and the wildlife and communities that Part I. Line 1. depend on it. Description Organization Mission: Form 990. outreach, and our own reports and content. Our digital and direct mail audiences regularly take action to advance our Part III. Line conservation priorities. 4a. Science. policy and outreach: (continued) Form 990. Alliance, to implement more effective international policy and financing solutions to reduce ocean plastic. We advocate, informed Part III. Line by the best available science and more than 30 years of our International Coastal Cleanup data, to eliminate the most problematic 4b. Trash forms of single use plastic packaging and products. We foster best practices among key stakeholders to create new, innovative Free Seas: approaches to prevent and remove ghost fishing gear - the single deadliest form of plastic in the ocean. (continued) Form 990, Directors Jean Nelson and Will Martin are married. Part VI, Section A. line 2 Form 990. The 990 is prepared by an outside firm. The CFO performs a detailed review of the 990, reconciles any questions and modifies Part VI. the return if necessary. The 990 is then forwarded to the Finance Committee for further questions. After their review and any Section B. adjustments if necessary, the 990 is forwarded to the entire Board and then filed with IRS. line 11b Form 990. Conflict of interest policy disclosure statements are to be prepared at least annually. In the case where a possible conflict by an Part VI. employee other than the CEO of the organization is identified, the CEO shall determine whether an actual or potential conflict of Section B. interest exists or can be reasonably construed to exist and how the conflict of interest should be resolved. When a conflict of line 12c 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. Form 990. The Board sets the President & CEO's salary based on its evaluation of their performance. The Board takes into account market Part VI. surveys and the organization's performance and financial position. The Executive Committee of the Board of Directors reviews Section B. and approves the compensation of other officers and key employees using externally prepared comparability data. line 15 Form 990. Ocean Conservancy's audited financial statements, governing documents and conflict of interest policy are available upon Part VI. request. Section C. line 19 Form 990. Consultants, contractors, temporary help, and other professional fees: Program service expenses 4,150,675. Management and Part IX. line general expenses 400,327. Fundraising expenses 305,099. Total expenses 4,856,101. 11g