PUBLIC DISCLOSURE COPY

Form **991**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

ΑI	For the	2020 calendar year, or tax year beginning and	ending			
B	Check if applicable	C Name of organization		D Employer identifie	cation number	
	Addres					
	Name change	Doing business as		77-05651	83	
F	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 90106	Room/suite	E Telephone number (805) 96		
	return/ termin-				1,017,456.	
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		
H	⊥return ∏Applica	BANTA BANDANA, CA 93190		H(a) Is this a group re		
	tion pendin	F Name and address of principal officer:111111AK1 11AOSEK		for subordinates		
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No	
		mpt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. See instructions	
		e: ▶ WWW.HEALTHEOCEAN.ORG		H(c) Group exemption		
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1998 N	Natate of legal domicile: CA	
Pá		Summary				
_	1 1	Briefly describe the organization's mission or most significant activities: HEAL	THE C	CEAN FOCUSE	S ON	
& Governance	1	WASTEWATER INFRASTRUCTURE - WASTEWAT ER T I	REATME	NT PLANTS (WWTPS) AND	
'n	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets	
Š	1			3	7	
ဇ္		Number of independent voting members of the governing body (Part VI, line 1b)		·····	6	
٥ŏ					$\frac{\circ}{4}$	
ţį		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			111	
Activities		Total number of volunteers (estimate if necessary)			0.	
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····			
Revenue				Prior Year	Current Year	
	8 (Contributions and grants (Part VIII, line 1h)		500,079.	1,015,157.	
		Program service revenue (Part VIII, line 2g)		0.	0.	
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,692.	1,275.	
ш.	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,204.	-16,481.	
	12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		529,975.	999,951.	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ý		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		228,049.	279,938.	
Expenses	16a i	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Бē	h -	Total fundraising expenses (Part IX, column (D), line 25)	90.			
Ж	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		201,797.	221,564.	
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		429,846.	501,502.	
	1	Revenue less expenses. Subtract line 18 from line 12		100,129.	498,449.	
<u>_ s</u>		nevertue less expenses. Subtract line 16 from line 12		ginning of Current Year		
Net Assets or Fund Balances		5 1 1 (7 1) (1 10)	Ве	510,542.	End of Year 1,024,686.	
Sse	20	Fotal assets (Part X, line 16)		22,929.	38,624.	
et A	21	Total liabilities (Part X, line 26)				
		Net assets or fund balances. Subtract line 21 from line 20		487,613.	986,062.	
	art II	Signature Block				
		ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is	
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.		
Sig	n	Signature of officer		Date		
Her	re	HILLARY HAUSER, PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN	
Pai		ANDREW J. TRICERRI		if self-employe	P01729292	
			95-2835976			
Preparer Firm's name MACFARLANE, FALETTI & CO. LLP Firm's EIN 95-28 Use Only Firm's address 3757 STATE STREET, SUITE 3B						
		SANTA BARBARA, CA 93105		Phone no 80	5 966-4157	
Ma	v tha ID	•		11 110110 110.00	X Yes No	
ivia	y ine iH	S discuss this return with the preparer shown above? See instructions			L41 Tes L NO	

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: LEAL MILE OCEAN ECCLICES ON MACMENAMED INERACMOUNTED CENTERS AND
	HEAL THE OCEAN FOCUSES ON WASTEWATER INFRASTRUCTURE - SEWERS AND
	SEPTIC SYSTEMS FOR WHICH WE HIRE CONSULTANTS TO ACCESS STATE GRANT
	FUNDS TO HELP WWTPS UPGRADE TO RECYCLED WATER PRODUCTION INSTEAD OF
	OCEAN DUMPING, AS WELL AS HELP WHOLE COMMUNITIES ABANDON SEPTIC
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$279,789 • including grants of \$) (Revenue \$)
	HEAL THE OCEAN HIRES ENGINEERS, EXPERTS, RESEARCHERS AND SCIENTISTS,
	LAWYERS, GIS MAPPERS AND UNIVERSITY LABORATORIES TO PRODUCE REPORTS AND
	TO GIVE US TEST RESULTS AS WELL AS BLUEPRINTS FOR UPGRADE OF WWTPS,
	REMOVAL OF SEPTIC SYSTEMS IN UNSUITABLE PLACES, CLEANUP OF GROUNDWATER
	AND CONTAMINATED SOILS, AND MORE. WE HAVE FACILITATED STATE GRANTS FOR
	WASTEWATER FACILITIES TO UPGRADE TO RECYCLED WATER. WE PERFORM COST
	FEASIBILITY STUDIES FOR A NUMBER OF INFRASTRUCTURE CHANGES THAT CAN BE
	MADE TO BENEFIT CLEAN WATER, AND THE OCEAN. WE HAVE CONDUCTED DNA TESTS
	IN WATERSHEDS AND ARE NOW WORKING WITH GIS MAPPERS TO DELINEATE AREAS
	OF THE CALIFORNIA COAST THAT WILL BE IMPACTED BY SEA LEVEL RISE CAUSED
	BY CLIMATE CHANGE - AND WORK WITH REGIONAL WATER QUALITY CONTROL BOARDS
	THROUGHOUT THE COASTAL REGIONS OF THE STATE TO PREPARE FOR CLEANUP WORK
4b	(Code:) (Expenses \$
	/ (anjumber
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 279 , 789 .
	Form 990 (2020)

Part 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
	Schedule D, Part III	8		Х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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	11a	Х	
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_{1,7}
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
ZTU	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			X
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 4 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 1 and 2a is grafer from 250, you may be required 16 e-file gene instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes,* has if fed a Form 900 of the this year? If YeV 10 line 3b, provide an explanation on Schedule 0 4c All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country such as a bank account, securities account, or other financial account in a foreign country be. We will be regarded to the provided of the p				Yes	No				
b If It least one is reported on line 2a, did the organization file all required federal employment tox returns? Note: If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business goes income of \$1,000 or more during the year? 3b If "Yes," has 1 filed a Form 980-1 for this year? If "No" to line 30, provide an explanation on Schedule 0 3c At any time during the celaterial year, did the organization have an interest in, or a significant on of Schedule 0 3c At any time during the celaterial year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts()? 5c If "Yes" in line the name of the foreign country. 5c Was the organization aparty to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" in line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction solid any contributions that were not tax deductibles of exhitable contributions? 5c If "Yes," in line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of exhitable contributions and party for goods and services provided to the payor? 5c If "Yes," indicates the number of Forms 82822 filed during the year 5d If "Yes," indicates the number of Forms 82828 filed during the year 5d If "Yes," indicates the number of Forms 82828 filed during the year 5d If the organization receiver any thinds, directory or indirectly, on a personal benefit contract? 7c If If the organization received any time, directory or indirectly, on a personal benefit contract? 7c If If the organizat	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a I "I"ves," has it filed a Form 990-T for this year? I"No" to fine 8b, provide an explanation on Schedule 0 3b I "I"ves," has it filed a Form 990-T for this year? I"No" to fine 8b, provide an explanation or Schedule 0 3b I "I"ves," orther the name of the foreign country [such as a bank account; securities account, or other financial account? 4a X X b If "Yes," or the the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibitod fine the was or is a party to a prohibitod atx shelter transaction? 5b I "Yes," did the organization that it was or is a party to a prohibitod. any contributions that were not tax deductible as charitable contributions? 5c I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c I "Yes," did the organization notity the other of the value of the goods or services provided? 5c I bid the organization stealer applied in access of 3fs made party sa a confliction and party for goods and services provided to the payor? 5c I bid the organization stealer applied in access of 3fs made party sa a confliction and party for goods and services provided to the payor? 5c I bid the organization selection and the payor applied personal property for which it was required to the Form 882? 6c I bid the organization selection and the payor applied personal property for which it was required to the Form 882? 6c I bid the organization selection and the payor applied		filed for the calendar year ending with or within the year covered by this return 2a 2							
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 11'ves, "indicate the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (auch as a bark account, so rother financial account) a foreign country (auch as a bark account, so other financial account) a foreign country (auch as a bark account, so other financial accounts (FBAR). 5a Was the organization in foreign country (auch as a bark account, so other financial accounts (FBAR). 5a Was the organization the foreign country (auch as a bark account, so other financial accounts (FBAR). 5a Was the organization the foreign country (auch as a bark account, so other financial accounts (FBAR). 5b Us any texable party notify the organization the foreign country (auch as a bark account, and any time during the tax year? 5c Us of the organization the organization the foreign 8887 (auch as a bark the foreign 8887 (auch as a bark account), and the organization solicit any contributions that were not tax deductible? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). a bother organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). b If "Yes," indicate the number of Forms 8282 filed during the year b Did the organization and party the donor on otherwise dispose of tangible personal property for which it was required to the Form 8282 are quiet to the Form 8282 are quiet and to the Form 8282 are quiet and the payment of the organization organization and the payment of the organization and party the year b Did the organization and payment payment organization and payment payment payment payment payment payment payment payment	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
b if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4s At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4s At any time during the calendar year, did the organization have an interest in, or a signature or other financial account? 4s		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
4a A lary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization aparty to a prohibite dat was or is a party to a prohibited tax was or in the foreign country. 5b Was the organization aparty to a prohibited tax whether transaction? 5c Was the organization the organization the Ferm 88867. 5d Was 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 foreign 88867. 5c Boose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when to tax deductibles charitable contributions? 5c Boose the organization receive an extreme that several tax describes a charitable contributions? 5c Boose the organization receive and tax deductibles contributions under section 170(c). 5d bit if "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions under section 170(c). 5d bit if "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions under section 170(c). 5d bit if "Yes," idd the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible to organization solicit than organization selection and the value of the goods or services provided? 7d bit if "Yes," indicate the number of forms \$822 filed during the year 5d bit if "Yes," indicate the number of forms \$822 filed during the year 6d bit the organization received a contribution of qualified intellectual property, did the organization file Form 1989 organization and partition for the property for indirectly, to pay premiums on a p	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if 1'Yes, "retret the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c I'Yes' to line Sa or 5b, did the organization file Form 8986-17? 6a 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? 6b If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization start many receive deductible contributions under section 170(c). a lid the organization receive a agment in excess of \$75 made party as a contribution of prossibility of the organization received anyment in excess of \$75 made party as a contribution of prossibility of the organization received anyment in excess of \$75 made party as a contribution of organization received anyment in excess of \$75 made party as a contribution of organization received anyment in excess of \$75 made party as a contribution of organization received anyment in excess of \$75 made party as a contribution of organization received anyment in excess of \$75 made party as a contribution of organization received anyment in excess of \$75 made party as a contribution of organization received anyment in excess organization received anyment in excess party organization received and contribution of organization property of the organization received anyment in excess business holdings at any time during the year? 9a Sponsoring organization make any taxable distributions under section 49667 9a Section 501(c)(12) organi	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	0								
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X				
If "Yes," complete Form 4720, Schedule O.					77				
	16		16		X				
		If "Yes," complete Form 4720, Schedule O.	_	000	1005				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	HILLARY HAUSER - (805) 965-7570			
	1430 CHAPALA ST., SANTA BARBARA, CA 93101			

032006 12-23-20

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

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

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

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line) line)		organizations (W-2/1099-MISC)	compensation from the organization and related organizations						
(1) HILLARY HAUSER	40.00	X		v				120 000	0.	25 250
PRESIDENT (2) JEAN-MICHEL COUSTEAU	1.00	^		Х		-		120,000.	0.	35,250
BOARD MEMBER	1.00	X						0.	0.	(
(3) CHARLES VINICK	1.00	122						0.	0.	`
BOARD MEMBER	1.00	\mathbf{x}						0.	0.	(
(4) HEATHER HUDSON	1.00	+								
BOARD MEMBER		x						0.	0.	(
(5) TOM WHITE	1.00									
BOARD MEMBER		X						0.	0.	(
(6) THOMAS DABNEY	1.00									
TREASURER		Х		Х				0.	0.	(
(7) JONATHAN WYGANT	1.00								_	
SECRETARY		Х		Х				0.	0.	(
		-								
		-								
		\vdash					_			
		-		l		1				

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			_ (0	•			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			timate	
	hours per week					is bot or/trus		compensation	compensation		1	nount	of
	(list any	rot						from the	from relate organizatior			other pensa	tion
	hours for	direc.				pa		organization	(W-2/1099-MI		l	om the	
	related	tee or	ustee			ensat		(W-2/1099-MISC)	,	,	org	anizati	ion
	organizations below	al trus	onal tr		loyee	comp						d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer				orga	anizatio	ons
		드	드	οť	\$	= 등	윤						
		-											
1b Subtotal								120,000.		0.	3	5,2	
c Total from continuation sheets to Part								0.		0.		<u> </u>	0.
d Total (add lines 1b and 1c)								120,000.		0.		5,2	50.
Total number of individuals (including but compensation from the organization	not limited to tr	nose	liste	ed ai	bove	e) wi	no r	eceived more than \$100	0,000 of reportat	ие			1
compensation from the organization												Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	кеу е	emp	loye	e, o	r hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the	•							•	the organization				
and related organizations greater than \$1											4	Х	
5 Did any person listed on line 1a receive or	•				,	•		ed organization or indiv	idual for services	š	_		Х
rendered to the organization? If "Yes," co. Section B. Independent Contractors	mpiete Scheaui	елт	or si	ucn	pers	son .					5		
Complete this table for your five highest of										npens	ation f	rom	
the organization. Report compensation fo	r the calendar y	ear e	endi	ng v	vith	or w	ithir T		year.				
(A) Name and busines	s address	NC	NI	Ξ				(B) Description of s	ervices	C	Ompe		n
2 Total number of independent contractors	(including but r	not li	mito	d to	the	se li	stee	d above) who received a	nore than				
\$100,000 of compensation from the organ		iot ill		u 10	(0	0.00	above, who received in	IOIO IIIIIII				
											Form	aan /	วกวก

Form	1990	(2020) HEAL THE OCEAN, INC	•		77-0565	183 Page 9
Pa	rt V	II Statement of Revenue				
		Check if Schedule O contains a response or note to ar	ny line in this Part VIII	·····		
			(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ts t	1 :	Federated campaigns 1a				
iran		Membership dues 1b				
S, G		Fundraising events 1c 158,51	.9.			
ar /		d Related organizations 1d				
imil		Government grants (contributions)				
tion S		All other contributions, gifts, grants, and				
ibe		similar amounts not included above 1f 856,63	88.			
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f				
<u>ā č</u>	ı	Total. Add lines 1a-1f	▶ 1,015,157.			
		Business Co	ode			
Program Service Revenue	2					
šer.		·				
m S		·				
gra		· · · · · · · · · · · · · · · · · · ·				
Pro		All other program service revenue				
		g Total. Add lines 2a-2f	•			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	▶ 1,275.			1,275.
	4	Income from investment of tax-exempt bond proceeds	•			
	5	Royalties	>			
		(i) Real (ii) Person	nal			
	6					
	١	Less: rental expenses 6b				
		Rental income or (loss) 6c	_			
		Net rental income or (loss) Gross amount from sales of (i) Securities (ii) Other	P			
	/ 3	(7				
		assets other than inventory Less; cost or other basis				
e		and sales expenses 7b				
evenue		Gain or (loss) 7c				
œ		Net gain or (loss)	>			
Other		a Gross income from fundraising events (not				
ŏ		including \$158,519. of				
		contributions reported on line 1c). See				
		,	0.			
		Less: direct expenses 8b 10,71	-10,715.			-10,715.
		Net income or (loss) from fundraising events	-10,713.			-10,713.
	9 :	A Gross income from gaming activities. See Part IV, line 19 9a				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities	•			
		a Gross sales of inventory, less returns				
		and allowances 10a 1,02	24.			
	- 1	Less: cost of goods sold 10b 6,79				
		Net income or (loss) from sales of inventory	► -5,766.	-5,766.		
દ્ય		Business Co	ode			
ne ne	11 :					
lan		·				
Miscellaneous Revenue		All other versence				
Ξ		d All other revenue				
	12	Total. Add lines 11a-11d Total revenue. See instructions	▶ 999,951.	-5,766.	0.	-9,440.
						, 0

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon-	se or note to any line in t	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
	and domestic governments. See Part IV, line 21				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	155,250.	98,972.	15,525.	40,753
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	93,995.	52,353.	35,624.	6,018
8	Pension plan accruals and contributions (include				· · · · · · · · · · · · · · · · · · ·
	section 401(k) and 403(b) employer contributions)	7,228. 6,405.	4,026. 3,567.	2,739. 2,427.	463
9	Other employee benefits	6,405.	3,567.	2,427.	411
10	Payroll taxes	17,060.		17,060.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	[13,165.		13,165.	
d					
е	D (' 1(1 ' ' ' O D ' N(' ' 47				
f	Investment management fees				
g	- :				
9	column (A) amount, list line 11g expenses on Sch O.)	62,646.	53,404.	7,053.	2,189
12	Advertising and promotion	21,565.	53,404. 15,956.	7,053.	2,189 3,340
13	Office expenses	25,121.	1,567.	22,714.	840
14	Information technology	- ,	,	,	
15	Royalties				
16	Occupancy	53,265.	7,428.	45,837.	
17	Travel	306.	., == • •	306.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20				+	
21	Payments to affiliates			+	
	Depreciation, depletion, and amortization	1,552.		1,552.	
22	F	1,352.		1,334.	
23	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DIDECE DOCODAM MAREDIAL F	28,853.	28,853.		
a b	PRINTING, POSTAGE, AND	13,215.	12,819.	120.	276
-	DUES, FEES, SUBSCRIPTIO	1,876.	844.	1,032.	270
q		1,0700	044.	1,052.	
d	All other expenses			+	
e oe		501,502.	279,789.	167,423.	54,290
25	Total functional expenses. Add lines 1 through 24e	JUI, JUZ.	413,103.	101,443.	J#,43U
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)				Form 990 (2020

Part X | Balance Sheet

<u>rar</u>	τx	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			57,656.	1	118,359
	2	Savings and temporary cash investments			428,014.	2	659,186
	3	Pledges and grants receivable, net			11,931.	3	200
	4	Accounts receivable, net				4	227,201
	5	Loans and other receivables from any current	or forme	officer, director,			
		trustee, key employee, creator or founder, su	ostantial	contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	oed in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8,158.	8	8,158
⋖	9	Prepaid expenses and deferred charges			4,270.	9	5,270
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		14,307.			
	b	Less: accumulated depreciation	10b	7,995.	513.	10c	6,312
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			F10 F10	15	1 004 606
	16	Total assets. Add lines 1 through 15 (must e		1	510,542.	16	1,024,686
	17	Accounts payable and accrued expenses			22,929.	17	38,624
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
Lia I		controlled entity or family member of any of the	-			22	
	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24	. Complete Part X		25	
	06	of Schedule D			22,929.	26	38,624
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c			22,727•	26	30,024
es		and complete lines 27, 28, 32, and 33.	HECK HE				
auc	27	Net assets without donor restrictions			468,663.	27	962,368
Bal	28	Net assets with donor restrictions			18,950.	28	23,694
ם		Organizations that do not follow FASB ASC			==7,233		
고		and complete lines 29 through 33.	, 555, 511				
, j	29	Capital stock or trust principal, or current fund	ds			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Ę Į	32	Total net assets or fund balances		F	487,613.	32	986,062
-	33	Total liabilities and net assets/fund balances			510,542.	33	1,024,686

Pa	rt XI Reconciliation of Net Assets				<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,5			
3	Revenue less expenses. Subtract line 2 from line 1	3		8,4			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48	7,6	13.		
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	98	6,0	62.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it				
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	t				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization HEAL THE OCEAN, INC. 77-0565183 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

09010503 758383 43029

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Total

13

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	, ,	, ,	, ,	, ,	, ,	,,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
	First 5 years. If the Form 990 is for the			fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor	_		•	•		
Sec	tion C. Computation of Publ						
14	Public support percentage for 2020 (line 6, column (f), o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2019. If the o	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ	umstances test. T	he organization qu	alifies as a publicl	y supported organ	ization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	ınd see instruction	s ▶
18	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support	,,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	246,076.	462,463.	403,035.	500,079.	1015157.	2626810.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		64,919.	145,044.	83,682.	1 024.	294,669.
2	Gross receipts from activities that		01/3131	113,0110	03,0021	1,0210	23170031
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	246,076.	527,382.	548,079.	583,761.	1016181.	2921479.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons			10,000.	7,000.	10,000.	27,000.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
,	amount on line 13 for the year Add lines 7a and 7b			10,000.	7,000.	10,000.	
				10,000.	7,000.	10,000.	2894479.
	Public support. (Subtract line 7c from line 6.)						20311731
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	246,076.	(b) 2017 527,382.	548,079.	583,761.	1016181.	2921479.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	128.	274.	630.	1,692.	1,275.	3,999.
,	Unrelated business taxable income				2,0020	2/2/50	3 7 3 3 3 3
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	128.	274.	630.	1,692.	1,275.	3,999.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	246,204.	527,656.	548,709.	585,453.	1017456.	2925478.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	ion,
	check this box and stop here						<u></u>
	ction C. Computation of Publ						00 04
	Public support percentage for 2020 (I					15	98.94 %
	Public support percentage from 2019					16	99.06 %
	ction D. Computation of Inves						1.4
	Investment income percentage for 20					17	.14 %
	Investment income percentage from 2					18	.13 %
19a	19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box at						►X
k	33 1/3% support tests - 2019. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
	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 played in this regard.	3		
Sec	tion 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 yea(see instructions))-		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, 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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1	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 mus	t complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ılly integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nnizations (continued)	
Sect	ion D - Distributions	,	Current Year	
1	Amounts paid to supported organizations to accomplish exen	npt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	s 3	
4	Amounts paid to acquire exempt-use assets	4		
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5			
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.	8		
9	Distributable amount for 2020 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount		10	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able 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 3e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	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. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result 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			
с	Excess from 2018			
d	Excess from 2019			
<u>e</u>	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Employer identification number

HEAL THE OCEAN, INC. 77-0565183 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(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 received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 ______ 🕨 \$ _ 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 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

HEAL THE OCEAN, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>455,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>150,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Traine, address, and En 1 1	\$ 17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>15,000.</u>	Person X Payroll

Name of organization

Employer identification number

HEAL THE OCEAN, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	- Training additions and En 1 1	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

HEAL THE OCEAN, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	- Training additions and En 1 1	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

HEAL THE OCEAN, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
19		\$ 6,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
20		\$S, 192. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
21		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
22		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
23		\$S,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
24		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			

HEAL THE OCEAN, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
25		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
26		\$S,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
27		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
28		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
29		\$S,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
30		\$S,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			

HEAL THE OCEAN, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

HEAL THE OCEAN, INC.

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) 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			
		- - - - \$				

Name of organization **Employer identification number** 77-0565183 HEAL THE OCEAN, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HEAL THE OCEAN, INC.

Employer identification number 77-0565183

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
	(a) Donor advised funds (b) Fur		(b) Funds and other 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 advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	> \$		caseee adming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		
	(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, historical tre	asures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

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Pai	t III (Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	or Othe	r Simila	r Asse	t s (continu	ed)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	☐ Pu	ıblic exhibition	d		Loan or exc	hange progra	am				
b		cholarly research	е		Other						
С	Pr	eservation for future generations									
4	Provide	a description of the organization's co	llections and explain	n how th	ney further t	he organizati	on's exem	npt purpos	se in Par	t XIII.	
5	During th	ne year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er similar a	assets			
	to be so	ld to raise funds rather than to be ma	intained as part of t	he orgai	nization's c	ollection?			\square	Yes	No_
Pai	t IV E	scrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered	"Yes" on F	orm 990,	Part IV,	line 9, or	
	re	eported an amount on Form 990, Part	X, line 21.								
1a	Is the or	ganization an agent, trustee, custodia	an or other intermed	diary for	contributior	ns or other as	sets not i	ncluded		_	
	on Form	990, Part X?							L	Yes	L No
b	If "Yes,"	explain the arrangement in Part XIII a	and complete the fo	llowing t	able:						
										Amount	
С	Beginnir	ng balance						1c			
d	Addition	s during the year						1d			
е	Distribut	ions during the year						1e			
f		palance						1f			
		organization include an amount on Fo						y?	L	Yes	├─ No
		explain the arrangement in Part XIII.									
Pai	τV	Endowment Funds. Complete if									
		<u> </u>	(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three ye	ars back	(e) Four ye	ears back
1a		ng of year balance									
b		utions									
С		stment earnings, gains, and losses									
d		or scholarships									
е	Other ex	penditures for facilities									
	and prog	· · · · · · · · · · · · · · · · · · ·									
f		trative expenses									
g	•	ear balance									
2		the estimated percentage of the curre	ent year end balanc		g, column (a	a)) held as:					
а		esignated or quasi-endowment		_%							
b		ent endowment	%								
С		dowment 9	-								
_	•	centages on lines 2a, 2b, and 2c shou	•								
за		e endowment funds not in the posses	ssion of the organiza	ation tha	at are neld a	and administe	erea for th	e organiza	ation	L.	
	by:										es No
		elated organizations								3a(i)	
		ted organizations									
		on line 3a(ii), are the related organizat								3b	
4 Dai		e in Part XIII the intended uses of the and, Buildings, and Equipm		wment	iunas.						
Fai		- · · · · · · · · · · · · · · · · · · ·) Dort IV	/ lino 11a (200 Form 000	Dort V I	ino 10			
		Complete if the organization answered							<u>, </u>	(d) Dooles	·oluo
		Description of property	(a) Cost or o basis (investr			t or other (other)		cumulated reciation	'	(d) Book v	alue
4.	Lond		,	110111)	Dasis	(Otriol)	чері	COIGHOIT			
_											
b		sld improvements							_		
d					1	0,884.		4,57	2.	6	,312.
		ent				3,423.		3,42			0.
	Other	es 1a through 1e. (Column (d) must ed		X colun	nn (R) line i	-		J , 12		6	.312.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 HEAL THE OCE	AN, INC.	77	7-0565183 Page
Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	1
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	•	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Pa	t XII Reconciliation of Expenses per Audited Financia	Il Statements With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18.)	5	
Pa	t XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	urt V, line 4; Part X, line 2; Part	XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional information.		

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Inspection Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

	E OCEAN, INC.				17-0565		
Fundraising Activities required to complete this part	 Complete if the organization answer t. 	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not	
1 Indicate whether the organization rais	sed funds through any of the followi	ing acti	vities.	Check all that apply			
a Mail solicitations				overnment grants			
b Internet and email solicitations				nment grants			
c Phone solicitations	g L Specia	Tunara	using	events			
d In-person solicitations							
2 a Did the organization have a written of							
key employees listed in Form 990, P							
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) purs	uant to	agree	ements under which	the fundraiser is to b	oe	
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual		(iii) fundr have c or cor contrib	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid	
or entity (fundraiser)	(ii) Activity	have c	ustody trol of	from activity	fundraiser	to (or retained by)	
er errary (ramaraiser)		contrib	utions?		listed in col. (i)	organization	
		Yes	No				
		1.00					
		+					
		_					
Total							
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration	
or licensing.	Ğ				•	·	
-							

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr			· · · · · · · · · · · · · · · · · · ·	
		or ramanding or an estimation of and gr	(a) Event #1 ANNUAL EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	158,519.			158,519.
	2	Less: Contributions	158,519.			158,519.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	1,000.			1,000.
irect E	7	Food and beverages	26.			26.
	8	Entertainment	0.			
	9	Other direct expenses				9,689.
	10	Direct expense summary. Add lines 4 throug			>	10,715.
Pa	11			. 000 Dest IV Es- 40		-10,715.
Г	11 [Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19	, or reported more than	
		ψ ,	(a) Dingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bin	go (c) Other gaming	col. (a) through col. (c))
Rev						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes	% Yes%	
	6	Volunteer labor	└── No	└── No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1 column (d)			
	-	Net garning income summary. Subtract line i	Trom line 1, column (a)			1
9	Ent	ter the state(s) in which the organization cond	ucts gaming activities:			
		the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		Tro, Oxpiairi.				
		ere any of the organization's gaming licenses r Yes," explain:	The state of the s	-	•	Yes No

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

	Sch	edule G (Form 990 or 990-EZ) 2020 HEAL THE OCEAN, INC.	0202183	Page 3
to administer charitable gaming? To administer charitable gaming? To a The organization's facility Address Later the name and address of the person who prepares the organization's gaming/special events books and records: Name Address	11	Does the organization conduct gaming activities with nonmembers?	Yes	└── No
13 Indicate the percentage of gaming activity conducted in: a The organization's facility	12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
13 Indicate the percentage of gaming activity conducted in: a The organization's facility		to administer charitable gaming?	Yes	☐ No
a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address	13			
b An outside facility			13a	%
Name Address				%
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party: Name ▶		Address		
of gaming revenue retained by the third party ▶\$	15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	k			
Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	ď			
Saming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Name		
Gaming manager compensation ▶ \$		Address >		
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	16	Gaming manager information:		
Director/officer		Name		
Director/officer		Gaming manager compensation ▶ \$		
Director/officer				
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Description of services provided		
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,				
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Director/officer Employee Independent contractor		
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	17	Mandatory distributions:		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	á	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 		retain the state gaming license?	Yes	☐ No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	k			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		organization's own exempt activities during the tax year > \$		
	Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,

Schedule G	G (Form 990 or 990-EZ)	HEAL THE OCEAN,	INC.	77-0565183 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

HEAL THE OCEAN, INC.

Questions Regarding Compensation

Employer identification number 77-0565183

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Heavilations continue to 40th Claff	a		

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

Schedule J (Form 990) 2020

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title (I) Base compensation of prior factor compensation compensation compensation compensation compensation compensation compensation compensation on prior Farm 990 (I) HILLARY HAUSER (II) 120,000 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
PRESIDENT (II) (II) (II) (III)	(A) Name and Title		(i) Base compensation	incentive	reportable		Derients	(B)(()-(U)	reported as deferred
PRESIDENT (II) (II) (II) (III)	(1) HILLARY HAUSER	(i)	120,000.	0.	0.	30,000.	5,250.	155,250.	0.
(ii) (ii) (iii) (i	PRESIDENT		0.	0.	0.	0.	0.	0.	0.
		(i)							
(ii) (ii) (iii)		(ii)							
(ii) (iii)									
(i) (ii) (iii) (ii									
(i) (ii) (ii) (ii) (iii) (ii									
(i) (ii) (iii)									
(ii) (ii) (iii) (i	-								
(i) (ii) (iii) (ii		(i)							
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii		(ii)							
(i) (ii) (ii) (iii) (iii		(i)							
(i) (i) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiiii) (iiiiiiii) (iiiiiiiii) (iiiiiiiii) (iiiiiiiiiii) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii									
(i) (ii) (ii) (iii) (ii) (iii) (iii) (iiii) (iii) (iiii) (iii) (iiii) (iii) (iiii)									
(i) (i) (i) (ii) (ii) (iii) (iii) (iii) (ii) (iii)									
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(i) (i) (i) (ii) (ii) (iii)									
(ii) (ii) (iii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiiii	-	· · ·							
(i)									
		(ii)							

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

SCHEDULE O

Internal Revenue Service

(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 ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

HEAL THE OCEAN, INC. **Employer identification number** 77-0565183

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SEPTIC SYSTEMS FOR WHICH WE HIRE CONSULTANTS TO ACCESS STATE GRANT FUNDS TO HELP WWTPS UPGRADE TO RECYCLED WATER PRODUCTION TO LIMIT OCEAN DUMPING, AS WELL AS HELP WHOLE COMMUNITIES ABANDON SEPTIC SYSTEMS INENVIRONMENTALLY SENSITIVE AREAS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SYSTEMS IN ENVIRONMENTALLY SENSITIVE AREAS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BEFORE THE OCEAN RISES

OUR APPROACH TO SOLVING ENVIRONMENTAL PROBLEMS IS UNIQUE IN THAT WE WORK WITH (NOT AGAINST) COUNTIES, CITIES, AGENCIES, WASTEWATER AND WATER DISTRICTS TO MOVE FORWARD WITH MORE SOPHISTICATED TECHNOLOGY TO SOLVE WATER POLLUTION PROBLEMS. WE ACCESS GRANT FUNDS TO HELP PROJECTS THAT IMPROVE OCEAN WATER QUALITY AND TO PROTECT PRECIOUS GROUNDWATER RESOURCES. WE CONTINUE TO HELP HOMEOWNERS TO CONVERT FROM SEPTIC SYSTEMS TO PUBLIC WASTEWATER SYSTEMS. WE CONTINUE TO SERVE ON THE SANTA BARBARA COUNTY INTEGRATED REGIONAL WATER MANAGEMENT (IRWM) STEERING COMMITTEE, WHICH WE HAVE BEEN DOING SINCE 2010, AND IN THIS CAPACITY HAVE SUCCESSFULLY ADVOCATED FOR PROJECTS THAT LEAD TO WASTEWATER TREATMENT PLANT UPGRADE AS WELL AS GROUNDWATER PROTECTION.

I. SEPTIC SYSTEMS:

1) SEPTIC SYSTEM POLLUTION OF GROUNDWATER. BUILDING ON OUR SUCCESS WITH LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Name of the organization **Employer identification number** HEAL THE OCEAN, INC. 77-0565183 THE RINCON (SOUTH COAST BEACH COMMUNITIES SEPTIC TO SEWER) PROJECT, HEAL THE OCEAN CONTINUES TO WORK ON COASTAL AREAS STILL ON SEPTIC SYSTEMS - PARTICULARLY IMPORTANT IN THE TIMES WE ARE NOW IN WITH SEA LEVEL RISE CAUSED BY CLIMATE CHANGE. 2)AB885 UPDATE. UNDER AB885 (JACKSON) THE TMDL (TOTAL MAXIMUM DAILY LOAD) LIST AMENDMENTS ARE TO BE UPDATED EVERY FIVE YEARS TO LIST AREAS THAT REQUIRE CORRECTIVE ACTIONS AS OUTLINED IN THE REGULATIONS UNDER AB 885. HEAL THE OCEAN IS CURRENTLY WORKING WITH THE STATE WATER RESOURCES CONTROL BOARD (SWRCB) TO UPDATE THIS LIST ("ATTACHMENT 2"), TO INCLUDE SEPTIC SYSTEM AREAS THAT NOW NEED TO BE ADDRESSED. 3)BEACH CLUB ROAD SEPTIC-TO-SEWER. BEACH CLUB ROAD IS AN ENCLAVE OF 28 HOMES WITHIN THE BOUNDARIES OF THE SOUTH COAST BEACH COMMUNITIES SEPTIC-TO-SEWER PROJECT, LOCATED ON THE OCEAN AND IN A CREEK AREA WITH HIGH GROUNDWATER. THOSE HOMEOWNERS PULLED BACK FROM THE BIGGER PROJECT WITH LEGAL FIGHTS BROKE OUT, BUT WERE STILL INCLUDED IN THE ENVIRONMENTAL REVIEW PROCESS, AND AS SUCH, ARE STILL COVERED BY CEQA IF THEY WERE TO HOOK UP TO THE PUBLIC SEWER SYSTEM. IN 2020 HEAL THE OCEAN CONTINUED COMMUNICATIONS WITH THE COMMUNITY REGARDING CONVERSION FROM SEPTIC TO SEWER. HEAL THE OCEAN HAS DEVELOPED AN OUTREACH PLAN TO COMMUNICATE THE HOMEOWNERS AND WORKING TO SET UP INFORMATIONAL MEETINGS WITH THE CARPENTARIA SANITARY DISTRICT. 4) SANTA YNEZ HORIZON/STADIUM SEPTIC-TO-SEWER PROJECT. IN 2017 HEAL THE OCEAN HIRED DUDEK ENVIRONMENTAL TO SUBMIT A PROJECT PROPOSAL TO THE STATE FOR A LOW-INTERESTING REVOLVING LOAN TO HELP PAY FOR A \$6 MILLION SEPTIC-TO-SEWER PROJECT FOR 450+ HOMES OVERLYING A GROUNDWATER BASIN USED FOR DRINKING WATER. IN 2020, MANY HOMEOWNERS IN HORIZON AREA ARE CONNECTING TO PUBLIC SEWER SYSTEM.

5)LOS OLIVOS. THIS AREA THAT OVERLIES THE SANTA YNEZ GROUNDWATER BASIN

Employer identification number

HEAL THE OCEAN, INC. 77-0565183

IS HEAVILY POPULATED WITH HOTELS, WINERIES, RESTAURANTS AND PUBLIC

FACILITIES, AND IS ON SEPTIC SYSTEMS. IT HAS BEEN CITED AS A "PROBLEM AREA" BY THE SANTA BARBARA COUNTY BOARD OF SUPERVISORS. IN 2017, LOS

OLIVOS CREATED ITS OWN COMMUNITY SERVICE DISTRICT (CSD) TO ADDRESS THE PROBLEM, THEREBY SKIRTING THE OFFER OF SANTA YNEZ COMMUNITY SERVICES

DISTRICT TO HOOK THEM UP TO A POCKET RECYCLED WATER WWTP, STATING THEY WOULD DO THIS THEMSELVES. HEAL THE OCEAN IS IN THE PROCESS OF PREPARING ENFORCEMENT, SINCE PROGRESS REQUIRED BY LAFCO FOR A PROP 218 VOTE FOR

II. UPGRADING WASTEWATER TO RECYCLED WATER:

SEWER SERVICE HAS LAPSED BY 2 YEARS.

IN 2020 HEAL THE OCEAN CONTINUED EDUCATING, RESEARCHING, ADVOCATING AND FACILITATING THE ADVANCEMENT OF TURNING WASTE(D) WATER INTO RECYCLED WATER. WHEN PROPOSITION 1 FUNDING BECAME AVAILABLE FOR FACILITIES PLANNING GRANTS TO CONVERT WWTPS TO RECYCLED WATER PLANTS, WE APPROACHED NUMBER OF WATER/WASTEWATER DISTRICTS TO PARTICIPATE, AND SUCCEEDED IN GETTING \$150,000 PLANNING GRANTS. WE CONTINUE TO MONITOR THE PROGRESS OF THOSE DISTRICTS TODAY.

III. GROUNDWATER.

A)GROUNDWATER CHARACTERIZATION PROJECT: IN 2017 HEAL THE OCEAN FORMED

A TEAM PROJECT WITH THE REGIONAL BOARD ON A GROUNDWATER

CHARACTERIZATION PROJECT THAT IDENTIFIED GROUNDWATER QUALITY DATA IN

THE SANTA YNEZ GROUNDWATER BASIN. THIS REPORT WAS RELEASED BY THE

REGIONAL BOARD IN 2019, AND HEAL THE OCEAN CONTINUES OUR CAMPAIGN TO

GET LOS OLIVOS OFF SEPTIC SYSTEMS WITH THIS REPORT AS AN IMPORTANT

EVIDENTIARY TOOL.

B) CONTAMINATED GROUNDWATER CLEANUP - CITY OF SANTA BARBARA. AS A

Employer identification number

RESULT OF OUR WORK TO ORGANIZE CONTAMINATED GROUNDWATER DATA INTO THE

STATE WATER BOARD GEOTRACKER SITE (A 3-YEAR PROJECT), THE SANTA BARBARA

COUNTY ENVIRONMENTAL HEALTH SERVICES SITE MITIGATION UNIT (SMU) AND

REGIONAL BOARD CONTINUES TO REGULATE THE CONTAMINATED GROUNDWATER AREAS

BENEATH THE CITY OF SANTA BARBARA, AND REPORTS TO HTO. WE ARE NOTIFIED

BY THE SANTA BARBARA CITY AND COUNTY PLANNING COMMISSIONS WHEN A

DEVELOPMENT IS PROPOSED FOR SOME OF THESE AREAS, SO THAT WE CAN PRESS

FOR CLEANUP BEFORE ANY BUILDING IS PLANNED. IN 2020 THERE WERE

VARIOUS GROUNDWATER AND SOIL POLLUTION VIOLATIONS.

C) SEA LEVEL RISE. IN 2020 HEAL THE OCEAN CONTINUED ITS ADVOCACY FOR

ADAPTATION PLANS IN SEA LEVEL RISE (CLIMATE CHANGE) PLANNING DOCUMENTS,

ILLUSTRATING WITH PHOTOGRAPHS TAKEN BY HTO ADVISORY BOARD MEMBER HARRY

RABIN DURING KING TIDES HOW CLOSE THE SANTA BARBARA COUNTY SHORELINE IS

TO FLOODING. AT CITY AND COUNTY PLANNING COMMISSIONS, WE ADVISE CAUTION

IN ALLOWING BUILDING IN COASTAL ZONES THAT WILL BE FLOODED.

APPROXIMATELY 9 CLEANUP ORDERS ISSUED IN THE CITY OF SANTA BARBARA FOR

IV. ONSHORE POLLUTION

A)OIL POLLUTION (OCEAN DUMPING)

I)TREADWELL AND NORTHSTAR OIL WELLS. THE NEXT TWO POLLUTING WELLS OFF
SUMMERLAND BEACH WERE CAPPED IN 2020, WITH HEAL THE OCEAN'S ADVISORY
BOARD MEMBER HARRY RABIN WORKING CLOSELY WITH THE STATE LANDS
COMMISSION ENGINEERS WHO OUTLINED THE PLAN OF ACTION FOR THE WORK. WORK
BEGAN THE WEEK OF NOVEMBER 9, 2020 TO CAP THE TREADWELL AND NORTHSTAR
OIL WELLS FUNDING FOR THE \$3 MILLION OPERATION CAME FROM SB 44,
AUTHORED BY SENATOR HANNAH-BETH JACKSON, TO PROVIDE \$2 MILLION PER YEAR
FOR THE CLEANUP OF HAZARDS AND ABANDONED WELLS ALONG THE CALIFORNIA
COAST. (HTO WAS INSTRUMENTAL IN GETTING SB 44 PASSED, BY HIRING

Name of the organization **Employer identification number** HEAL THE OCEAN, INC. 77-0565183 CONSULTANTS TO PRODUCE INFRARED MAPS THAT SUCCINCTLY OUTLINED WHERE THE LEAKING WELLS EXISTED.) FOLLOWING THE WELL CAPPING, HARRY RABIN CONDUCTED THE REQUIRED POST-PROJECT MONITORING, FLYING A DRONE OVER THE AREA OF WORK TO IDENTIFY ANY PROBLEM OF OIL ESCAPE. HIS AERIAL PHOTOGRAPHS OF THE NORTHSTAR AREA SHOW A VISIBLY CLEAR OCEAN. HARRY RABIN CONTINUES HIS WORK WITH INTERACT TO OUTLINE THE NEXT TWO OIL CAPPING PROJECTS FOR SUMMERLAND IN 2021. B)STYROFOAM AND SINGLE USE PLASTIC POLLUTION. HEAL THE OCEAN CONTINUES OUR SUCCESSFUL STYROFOAM RECYCLING PROGRAM WITH MARBORG INDUSTRIES, WHICH HAS ESTABLISHED TWO DROP-OFF FACILITIES FOR THE PUBLIC TO BRING IN RECYCLABLE STYROFOAM - ONE IN THE LOWER MILPAS STREET AREA, THE OTHER IN GOLETA, AT DAVID LOVE PLACE. MARBORG COMPRESSES THE STYROFOAM INTO SOLID BLOCKS THAT THEN ARE TRANSPORTED TO A FACILITY THAT LIQUIFIES THE MATERIAL TO BE MADE INTO PRODUCTS SUCH AS MIRROR AND PICTURE FRAMES, CROWN MOLDING AND OTHER BUILDING MATERIALS THAT TAKE THE PLACE OF WOOD. TO ADD TO THIS PROGRAM, HEAL THE OCEAN NOW OFFERS A PICKUP SERVICE FOR STYROFOAM FROM BUSINESSES THAT DON'T HAVE THE MEANS OF TRANSPORTING STYROFOAM TO THE DROP-OFF SITES. THESE BUSINESSES INCLUDE PACKAGE STORES, RADIO SHOPS, ETC. STYROFOAM RECYCLING FACILITY IN SANTA BARBARA.

FORM 990, PART III, 4A

CONTINUATION OF PROGRAM DESCRIPTIONS:

IV. ONSHORE POLLUTION

C)SANTA BARBARA COUNTY HOMELESS. HOMELESSNESS IS WIDELY RECOGNIZED AS

A MAJOR SOURCE OF WATER POLLUTION BECAUSE OF LACK OF SANITATION IN THE

CAMPS. HEAL THE OCEAN HAS BEEN TACKLING THE PROBLEM IN SUMMERLAND SINCE

SPRING 2017, AND IN 2020 JOINED A FIRE DEPARTMENT TASK FORCE TO WORK

Employer identification number

OUT SOLUTIONS FOR HOMELESS CAMPS CREATING FIRE HAZARDS. HTO CONTINUES

COMMUNICATION WITH THE CITY CREEKS DEPARTMENT TO TACKLE THE PROBLEM OF

POLLUTION OF CREEKS AND WATERWAYS CAUSED BY LACK OF SANITATION IN THE

HOMELESS CAMPS IN THOSE AREAS. HARRY RABIN, HEAL THE OCEAN ADVISORY

BOARD CONSULTANT, HAS PRODUCED INTERACTIVE GIS MAPS THAT SHOW THE

LOCATION OF ALL THE CAMPS FROM SUMMERLAND TO GOLETA, THEREBY KEEPING

TRACK OF THE UNSHELTERED POPULATION WHILE WE WORK WITH OTHER AGENCIES

TO INSTITUTE MEASURES TO ELIMINATE CAMPS FROM FLAMMABLE AREAS AS WELL

AS CREEKS AND WATERSHEDS, WHICH POSE A THREAT TO PUBLIC HEALTH AS WELL

AS OCEAN WATER QUALITY.

V. BEACH CLEANUPS:

A)BECAUSE OF COVID-19, HEAL THE OCEAN SUSPENDED SCHOOL-SUPERVISED BEACH CLEANUPS ALONG THE CALIFORNIA COAST IN 2020, AND UNTIL THE PANDEMIC LIFTS, WE ARE FOCUSED ON KEEPING TRASH OFF THE BEACH. WE HAVE HIRED MARBORG INDUSTRIES FOR EXTRA TRASH PICKUPS AT VARIOUS BEACHES IN THE COUNTY. IN 2020 WE INSTITUTED A STREET SWEEPING PROGRAM FOR CHANNEL DRIVE, WHICH PARALLELS THE POPULAR BUTTERFLY BEACH IN MONTECITO, WITH TRASH PICKUP ALONG THE WALKWAY, TO KEEP IT FROM GETTING ONTO THE BEACH. B) ABANDONED BEACHFRONT HOMELESS ENCAMPMENT CLEANUP. IN 2020 HEAL THE OCEAN SUCCESSFULLY ORGANIZED AND FUNDED A LARGESCALE CLEANUP OF AN ABANDONED HOMELESS CAMP ON THE BEACH IN MONTECITO, NEAR BUTTERFLY BEACH. THE ABANDONED HOMELESS CAMP WAS SURROUNDED BY TRASH, BICYCLE PARTS, CAR BATTERIES, FLOODED TENTS, AND OTHER OFFAL. AFTER BEING NOTIFIED ABOUT THE CAMP HARRY RABIN NOTED THERE WOULD BE A KING TIDE IN 48 HOURS, MEANING THE OCEAN WOULD SWAMP THE HOMELESS CAMP AND CARRY THE GARBAGE OUT TO SEA. HEAL THE OCEAN ADVISORY CONSULTANT HARRY RABIN USED HIS DIRECT CONTACT WITH TWO COUNTY SHERIFFS, WHO INSPECTED THE SITE TO

Employer identification number

HEAL THE OCEAN, INC. 77-0565183 VERIFY IT WAS ABANDONED AND THEN THEY OPENED THE GATE INTO THE CLARK ESTATE FIELD FOR TRUCK ACCESS TO THE CAMP. HTO WAS ABLE TO CONTACT A LOCAL CLEANING COMPANY, BIG GREEN, ON A LATE SATURDAY AFTERNOON - JUST IN TIME - AND THE WORKERS CAME TO THE SITE WITH HAULING TRUCKS TO TAKE THE MATERIAL AWAY. THE CAMP WAS CLEARED OUT IN LESS THAN 48 HOURS BEFORE THE KING TIDE CAME AND ENGULFED THE BEACH. C)BOAT WRECKAGE CLEANUP. IN COLLABORATION WITH MARBORG INDUSTRIES, HEAL THE OCEAN CLEANED UP A BOAT WRECKAGE IN NOVEMBER 2020 BETWEEN EAST BEACH AND HAMMONDS IN SANTA BARBARA/MONTECITO. THE FRACTURED BOAT HAD BEEN ABANDONED NEARLY TWO MONTHS, BREAKING UP IN THE SURF AND LITTERING THE BEACH WITH SPLINTERED PIECES OF WOOD, BOAT MACHINERY, CUSHIONS, ELECTRONICS, OIL BATTERY ACID, SHARP OBJECTS AND OTHER DEBRIS THAT PRESENTED DANGERS TO BEACH USERS. THE WORK, FUNDED THROUGH HEAL THE OCEAN BY THE JOHNSON OHANA FOUNDATION, WAS PERFORMED BY A MARBORG CREW AND HEAVY EQUIPMENT IN A TWO-DAY OPERATION OVERSEEN BY BRIAN BORGATELLO OF MARBORG INDUSTRIES. IT INVOLVED 12 MARBORG LABORERS 1 EQUIPMENT OPERATOR, 1 CAT EXCAVATOR, 1 ROLL-OFF DRIVER AND TRUCK, 1 SEMI-LOW-BED-AND-DRIVER - ALL COMING TO THE WRECKAGE AREA FROM THE EAST BEACH FIELD BY THE CLARK ESTATE. THE PROJECT HAS LED TO HEAL THE OCEAN COLLABORATING WITH THE SANTA BARBARA HARBOR DEPARTMENT, FOR NOTICES OF ABANDONED VESSELS BREAKING THEIR MOORINGS AND HEADED FOR THE BEACH. THE HARBOR OFFICIALS ARE ALSO GUIDING HTO TOWARD A STATE GRANT TO PAY FOR SUCH CLEANUPS IN THE FUTURE.

VI. DOG BAG PROGRAM:

A)HEAL THE OCEAN RAISED OVER \$24,000 IN 2020 TO SEND TO BOTH THE

COUNTY AND CITY OF SANTA BARBARA TO PAY FOR COMPOSTABLE DOG BAGS THAT

ARE DISPENSED IN COUNTY/CITY DOG BAG DISPENSERS. WE RAISED OVER \$20,000

Name of the organization **Employer identification number** HEAL THE OCEAN, INC. 77-0565183 THROUGH OUR DISPENSER SPONSORSHIP PROGRAM AND FROM DIRECT DOGGY BAG DONATIONS THROUGH OUR WEBSITE. WE HAVE EXPANDED THE PROGRAM TO INCLUDE NEW LOCATIONS ACROSS THE CITY AND COUNTY, INCLUDING JALAMA BEACH, A POPULAR SURF/CAMPING LOCATION IN THE NORTH COUNTY. FORM 990, PART VI, SECTION B, LINE 11B: THE HEAL THE OCEAN BOARD OF DIRECTORS REVIEWS A DRAFT OF FORM 990 BEFORE FINALIZED FOR SUBMITTAL. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY AND CONFIDENTIALITY POLICY - IF THERE IS CONCERN ABOUT A CONFLICT OF INTEREST OR THE POSSIBILITY OF A CONFLICT, THE BOARD INVESTIGATES THE ISSUE AND TAKES APPROPRIATE CORRECTIVE ACTION, UP TO AND INCLUDING A REQUEST TO RESIGN OR DISMISSAL FROM THE BOARD. FORM 990, PART VI, SECTION B, LINE 15: THE FULL BOARD OF DIRECTORS REVIEWS AND APPROVES EXECUTIVE COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, 990 AND FINANCIAL STATEMENTS ARE ALL AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTANTS AND RESEARCHERS: PROGRAM SERVICE EXPENSES 53,404. MANAGEMENT AND GENERAL EXPENSES 5,068. FUNDRAISING EXPENSES 2,189. 032212 11-20-20

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Name of the organization HEAL THE OCEAN, INC.	Employer identification number 77-0565183
TOTAL EXPENSES	60,661.
ADMIN FEES - 401(K):	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,985.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,985.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	62,646.

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o Lir n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES													
1	OFFICE FURNITURE	09/22/08	200DB	5.00	нү17	1,819.				1,819.	1,819.		0.	1,819.
2	OFFICE FURNITURE	03/10/12	200DB	5.00	нү17	660.				660.	660.		0.	660.
3	OFFICE FURNITURE	12/03/14	200DB	5.00	нү17	512.				512.	512.		0.	512.
4	OFFICE FURNITURE	12/11/14	200DB	5.00	нү17	432.				432.	432.		0.	432.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					3,423.				3,423.	3,423.		0.	3,423.
	MACHINERY & EQUIPMENT													
5	DELL COMPUTER	04/13/12	200DB	5.00	нү17	780.				780.	780.		0.	780.
6	DELL COMPUTER	10/02/12	200DB	5.00	нү17	614.				614.	614.		0.	614.
7	DELL COMPUTER	06/14/12	200DB	5.00	нү17	551.				551.	551.		0.	551.
8	DELL COMPUTER	07/21/12	200DB	5.00	нү17	541.				541.	541.		0.	541.
9	HP LAPTOP	01/20/18	200DB	5.00	нү17	1,047.				1,047.	534.		205.	739.
10	IPAD	01/20/20	SL	5.00	16	1,240.				1,240.			227.	227.
11	COMPUTERS	02/11/20	SL	5.00	16	6,111.				6,111.			1,120.	1,120.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					10,884.				10,884.	3,020.		1,552.	4,572.
	* GRAND TOTAL 990 PAGE 10 DEPR					14,307.				14,307.	6,443.		1,552.	7,995.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					6,956.			0.	6,956.	6,443.			6,648.

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS						7,351.			0.	7,351.	0.			1,347.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						14,307.			0.	14,307.	6,443.			7,995.
	ENDING ACCUM DEPR											7,995.			
	ENDING BOOK VALUE											6,312.			