

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>HEAL THE OCEAN, INC.</b>		<b>D Employer identification number</b> 77-0565183
	Doing business as		<b>E Telephone number</b> (805) 965-7570
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <b>SANTA BARBARA, CA 93190</b>		<b>G Gross receipts \$</b> 585,453.
<b>F Name and address of principal officer:</b> HILLARY HAUSER SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J Website:</b> WWW.HEALTHEOCEAN.ORG		If "No," attach a list. (see instructions)	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c) Group exemption number</b> ▶	
<b>L Year of formation:</b> 1998		<b>M State of legal domicile:</b> CA	

**Part I Summary**

		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>HEAL THE OCEAN FOCUSES ON WASTEWATER INFRASTRUCTURE - WASTEWATER TREATMENT PLANTS (WWTPS),</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	6
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	5
	<b>6</b> Total number of volunteers (estimate if necessary)	6	111
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	403,035.	500,079.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	630.	1,692.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,333.	28,204.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	477,998.	529,975.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	213,025.	228,049.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 36,498.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	179,401.	201,797.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	392,426.	429,846.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	85,572.	100,129.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 394,775.	End of Year 510,542.
	<b>21</b> Total liabilities (Part X, line 26)	7,291.	22,929.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	387,484.	487,613.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date
	HILLARY HAUSER, PRESIDENT		Type or print name and title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	TRAVIS J. WILSON		
Firm's name ▶ MACFARLANE, FALETTI & CO. LLP		Firm's EIN ▶ 95-2835976	Check if self-employed <input type="checkbox"/> PTIN P00544237
Firm's address ▶ 115 E. MICHELTORENA ST. #200 SANTA BARBARA, CA 93101		Phone no. 805 966-4157	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: 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? [ ] Yes [X] No 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 \$ 239,018. 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 WWTPS. WE HAVE FACILITATED STATE GRANTS FOR WASTEWATER FACILITIES TO UPGRADE TO RECYCLED WATER. WE PERFORM COST FEASIBILITY STUDIES FOR UPGRADED WASTEWATER MANAGEMENT METHODS. WE HAVE CONDUCTED DNA TESTS IN WATERSHEDS AND HAVE COORDINATED WITH UNIVERSITY (UCSB BREN SCHOOL) MICROBIOLOGY LABS. WE WORK WITH CITY, COUNTY AND STATE AGENCIES TO INITIATE NEW PROGRAMS OF WASTEWATER UPGRADE, SEPTIC SYSTEM REGULATIONS, AND RECYCLING OF LANDFILL MATERIALS.

OUR APPROACH TO SOLVING ENVIRONMENTAL PROBLEMS IS UNIQUE IN THAT WE

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 239,018.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
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

**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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEAN-MICHEL COUSTEAU BOARD MEMBER	1.00	X					0.	0.	0.	
(2) CHARLES VINICK BOARD MEMBER	1.00	X					0.	0.	0.	
(3) HEATHER HUDSON BOARD MEMBER	1.00	X					0.	0.	0.	
(4) HILLARY HAUSER PRESIDENT	40.00	X		X			120,000.	0.	16,324.	
(5) THOMAS DABNEY TREASURER	1.00	X		X			0.	0.	0.	
(6) JONATHAN WYGANT SECRETARY	1.00	X		X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal rows 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	159,186.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	340,893.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 55,389.				
	<b>h Total.</b> Add lines 1a-1f .....		500,079.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,692.			1,692.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ 159,186. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		77,000.				
			51,285.				
			25,715.			25,715.	
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		6,682.				
			4,193.				
			2,489.	2,489.			
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			529,975.	2,489.	0.	27,407.	

**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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations 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	136,324.	111,750.	12,287.	12,287.
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	67,783.	26,176.	21,715.	19,892.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,619.		5,619.	
9 Other employee benefits	6,064.		6,064.	
10 Payroll taxes	12,259.		12,259.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	15,475.		15,475.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	14,099.	13,949.		150.
12 Advertising and promotion	36,331.	34,410.	1,841.	80.
13 Office expenses	34,780.	2,712.	30,261.	1,807.
14 Information technology				
15 Royalties				
16 Occupancy	45,060.	179.	44,881.	
17 Travel	1,425.	122.	1,303.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	443.		443.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>DIRECT PROGRAM MATERIAL</b>	28,280.	28,280.		
b <b>PRINTING, POSTAGE, AND</b>	23,424.	20,348.	794.	2,282.
c <b>DUES, FEES, SUBSCRIPTIO</b>	2,480.	1,092.	1,388.	
d _____				
e All other expenses _____				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	429,846.	239,018.	154,330.	36,498.
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	76,731.	<b>1</b>	57,656.
	<b>2</b> Savings and temporary cash investments .....	286,248.	<b>2</b>	428,014.
	<b>3</b> Pledges and grants receivable, net .....	19,048.	<b>3</b>	11,931.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	8,158.	<b>8</b>	8,158.
	<b>9</b> Prepaid expenses and deferred charges .....	3,634.	<b>9</b>	4,270.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,956.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 6,443.	956.	<b>10c</b> 513.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	394,775.	<b>16</b>	510,542.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,291.	<b>17</b>	22,929.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,291.	<b>26</b>	22,929.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	387,484.	<b>27</b>	468,663.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	18,950.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	387,484.	<b>32</b>	487,613.
<b>33</b> Total liabilities and net assets/fund balances .....	394,775.	<b>33</b>	510,542.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	529,975.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	429,846.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	100,129.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	387,484.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	487,613.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **HEAL THE OCEAN, INC.** Employer identification number **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)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  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)**.
- 7  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.)
- 9  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  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.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	199,852.	246,076.	462,463.	403,035.	500,079.	1811505.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....			64,919.	145,044.	83,682.	293,645.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	199,852.	246,076.	527,382.	548,079.	583,761.	2105150.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....				10,000.	7,000.	17,000.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....				10,000.	7,000.	17,000.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						2088150.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....	199,852.	246,076.	527,382.	548,079.	583,761.	2105150.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	112.	128.	274.	630.	1,692.	2,836.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	112.	128.	274.	630.	1,692.	2,836.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	199,964.	246,204.	527,656.	548,709.	585,453.	2107986.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	15	99.06 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	16	99.34 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	17	.13 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	18	.07 %

**19a 33 1/3% support tests - 2019.** 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 and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**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 must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

Horizontal lines for supplemental information input.



**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **HEAL THE OCEAN, INC.** Employer identification number **77-0565183**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(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 funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

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

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

Schedule D (Form 990) 2019

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 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):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		3,533.	3,020.	513.
e Other		3,423.	3,423.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				513.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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 end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers (1, 2a-2e, 3, 4a-4c, 5) and values.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers (1, 2a-2e, 3, 4a-4c, 5) and values.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Horizontal lines for providing supplemental information.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **HEAL THE OCEAN, INC.** Employer identification number **77-0565183**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		ANNUAL EVENT (event type)	(event type)	(total number)	
	<b>1</b> Gross receipts .....	236,186.			236,186.
	<b>2</b> Less: Contributions .....	159,186.			159,186.
	<b>3</b> Gross income (line 1 minus line 2) .....	77,000.			77,000.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	25,862.			25,862.
	<b>7</b> Food and beverages .....	2,213.			2,213.
	<b>8</b> Entertainment .....	4,775.			4,775.
	<b>9</b> Other direct expenses .....	18,435.			18,435.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				51,285.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				25,715.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

- 13 Indicate the percentage of gaming activity conducted in:
 

<b>13a</b>		%
<b>13b</b>		%

  - 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 ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- 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       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?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information (continued)

COPY

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **HEAL THE OCEAN, INC.** Employer identification number: **77-0565183**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	55,389.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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

Lined area for supplemental information with a large diagonal 'COPY' watermark.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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, AND LANDFILL REDUCTION (RECYCLING) 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 IN ENVIRONMENTALLY SENSITIVE AREAS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SYSTEMS IN INAPPROPRIATE AREAS(NEXT TO CREEKS OR IN: COASTAL, AREAS OF  
HIGH GROUNDWATER, ON TOP OF GROUNDWATER BASINS).

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

WORK WITH (NOT AGAINST) COUNTIES, CITIES, AGENCIES, WASTEWATER AND  
WATER DISTRICTS TO MOVE FORWARD WITH MORE SOPHISTICATED TECHNOLOGY. WE  
ADVOCATE FOR RATE INCREASES WHERE NEEDED, AND ALSO ACCESS STATE FUNDS  
TO HELP UPGRADE WASTEWATER INFRASTRUCTURE AND/OR HELP HOMEOWNERS TO  
CONVERT FROM SEPTIC SYSTEMS TO PUBLIC WASTEWATER SYSTEMS. WE HAVE  
SERVED ON THE SANTA BARBARA COUNTY INTEGRATED REGIONAL WATER MANAGEMENT  
PLAN (IRWM) STEERING COMMITTEE SINCE 2010, AND IN THIS CAPACITY HAVE  
SUCCESSFULLY ADVOCATED FOR PROJECTS THAT LEAD TO WASTEWATER TREATMENT  
PLANT UPGRADE.

I. SEPTIC SYSTEMS:

1)SOUTH COAST BEACHES COMMUNITY SEWER PROJECT. IN 2019 HEAL THE OCEAN  
WAS SUCCESSFUL IN PULLING IN THE LAST 3 SEPTIC SYSTEMS HOLDOUTS IN THE  
RINCON COMMUNITY WHO HAD NOT CONNECTED TO THE PUBLIC SEWER BUILT AS  
PART OF THE SOUTH COAST BEACH COMMUNITIES SEPTIC-TO-SEWER PROJECT,

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WHICH, WHEN FINISHED ON SEPT. 4, 2014, RESULTED IN 7 MILES OF BEACH (172 HOMES) BEING RID OF SEPTIC SYSTEMS IN AREAS OF SAND AND HIGH GROUNDWATER. THE 3 PARCELS ARE ON THE VENTURA COUNTY SIDE OF THE RINCON, SO HEAL THE OCEAN CONTACTED THE LOS ANGELES REGIONAL BOARD (REGION 1) WHICH HAS JURISDICTION OVER WATER BODIES IN VENTURA. AFTER URGING THE LOS ANGELES REGIONAL BOARD TO TAKE ACTION, THE BOARD ISSUED A "REQUIREMENT TO SUBMIT REPORT OF WASTE DISCHARGE OR TECHNICAL REPORT FOR CONNECTING TO MUNICIPAL SANITARY SEWER FOR THE SEPTIC SYSTEM AND RESIDENCE" AT RINCON. IN 2019, THE FINAL THREE HOMES CONNECTED TO THE PUBLIC SEWER AS A RESULT OF THIS BOARD ORDER.

2) TMDL WAIVERS. THE STATE WATER RESOURCES CONTROL BOARD GAVE NOTICE TO HEAL THE OCEAN IN FEBRUARY 2018 THAT IT WAS PLANNING TO APPROVE 5-YEAR WAIVERS & TMDL (TOTAL MAXIMUM DAILY LOAD) LIST AMENDMENTS TO EXTEND TIMELINES FOR CORRECTIVE ACTIONS AS OUTLINED IN THE REGULATIONS UNDER AB 885, THE SEPTIC SYSTEM LAW AUTHORED BY THEN-ASSEMBLYWOMAN HANNAH-BETH JACKSON IN 2000. THE REGULATIONS UNDER AB 885 WERE FOUGHT FOR BY HEAL THE OCEAN AND HEAL THE BAY IN 2012. ON APRIL 5, 2018, OUR TWO ORGANIZATIONS REGISTERED OUR OBJECTIONS TO MANY OF THE PROPOSED NEW DEADLINES FOR CORRECTIVE ACTION FOR SEPTIC SYSTEMS OPERATING IN WATERS IDENTIFIED AS POLLUTED FROM ONSITE WASTEWATER TREATMENT SYSTEM (OWTS). ON FRIDAY, APRIL 13, 2018, JUST FOUR DAYS BEFORE THE STATE BOARD HEARING ON APRIL 17, WE RECEIVED AN ENTIRELY NEW STAFF REPORT THAT INCORPORATED CHANGES THAT ADDRESSED NEARLY ALL OUR CONCERNS. HEAL THE OCEAN IS STILL CARRYING ON WITH THIS WORK - THROUGHOUT 2019 AND PRESENT.

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



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WHEN 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 2019 HEAL THE OCEAN RESUMED 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 CARPINTARIA 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-INTEREST 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 2018, MANY HOMEOWNERS CONNECTED TO PUBLIC SEWER SYSTEM. IN 2019, HEAL THE OCEAN CARRIED ON WITH THIS WORK, BECAUSE THERE ARE HOMEOWNERS STILL UNCONNECTED.

## II. UPGRADING WASTEWATER TO RECYCLED WATER:

IN 2019, HEAL THE OCEAN CONTINUED EDUCATING, RESEARCHING, ADVOCATING AND FACILITATING THE ADVANCEMENT OF TURNING WASTE(D) WATER INTO RECYCLED WATER. IN 2014, WHEN PROPOSITION 1 FUNDING BECAME AVAILABLE FOR FACILITIES PLANNING GRANTS TO CONVERT WWTPS TO RECYCLED WATER PLANTS, WE APPROACHED THE FOLLOWING WATER/WASTEWATER DISTRICTS TO PARTICIPATE:

A) GOLETA POTABLE REUSE FACILITIES PLAN: HEAL THE OCEAN HELPED ESTABLISH A PARTNERSHIP BETWEEN GOLETA WATER DISTRICT (GWD), GOLETA SANITARY DISTRICT TO WORK WITH RMC WATER & ENVIRONMENT, SANTA MONICA, TO DEVELOP A GRANT APPLICATION FOR A POTABLE REUSE FACILITIES PLAN. THE GOLETA DRAFT PLAN WAS FINISHED IN MAY 2017, WENT THROUGH PUBLIC REVIEW IN JUNE. WHEN COMPLETED, THE PROJECT WILL ADD 2,000 ACRE FEET PER YEAR

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OF "DROUGHT-PROOF" WATER SUPPLY TO GOLETA.

B) SANTA YNEZ RECYCLED WATER FACILITIES PLAN: HEAL THE OCEAN ALSO BROUGHT RMC WATER CONSULTANTS TO THE SANTA YNEZ COMMUNITY SERVICES DISTRICT (SYCSD) TO HELP THE DISTRICT SUBMIT AN APPLICATION FOR A FACILITIES PLANNING GRANT FOR A RECYCLED WATER FACILITY. THE PLAN WAS FINISHED IN FEBRUARY 2017 AND HAS BEEN APPROVED BY THE STATE WATER RESOURCES CONTROL BOARD. AS OF 2019 THIS PLAN HAS STILL NOT BEEN ACTED ON, BUT IS VIABLE. HEAL THE OCEAN CONTINUES TO WORK AS IT CAN IN THE SANTA YNEZ BASIN AREA. IN ADDITION HEAL THE OCEAN FUNDED A \$30,000 GROUNDWATER REPORT FOR THE SANTA YNEZ GROUNDWATER BASIN, THE REPORT DONE IN COLLABORATION WITH THE REGIONAL WATER QUALITY CONTROL BOARD. THE OBJECT OF THE REPORT IS TO SHOW THE IMPACT OF SEPTIC SYSTEMS ON THE GROUNDWATER BASIN.

C) CITY OF SANTA BARBARA ONE WATER: CITY OF SANTA BARBARA APPEALED TO HEAL THE OCEAN IN 2017 FOR HELP WITH EDUCATION OF BOTH PUBLIC AND CITY COUNCIL ON THE CONCEPT OF "ONE WATER" - A PLAN TO UPGRADE ITS RECYCLED WATER PLANT TO HIGHEST PROCESSING LEVEL, PIPED TO LAURO RESERVOIR TO BE MIXED WITH DESALINATED WATER, AS WELL AS OTHER WATER SOURCES (CACHUMA), THEN THE ONE-WATER MIX WOULD BE TREATED IN THE DECATUR WATER TREATMENT PLANT FOR DISTRIBUTION THROUGHOUT THE CITY. IN 2018 HEAL THE OCEAN APPROACHED THE CITY WATER COMMISSION WITH THE IDEA OF RENAMING THE EL ESTERO WASTEWATER PLANT TO REFLECT ITS ROLE AS A WATER RESOURCES FACILITY. IN EARLY 2019 EL ESTERO WWTP WAS RENAMED EL ESTERO WATER RESOURCE CENTER. THIS DEMONSTRATES TO THE COMMUNITY THAT THE WASTEWATER PLANT IS A FOCAL POINT IN ENVIRONMENTAL PROTECTION FOR SANTA BARBARA.

D) MONTECITO SANITARY DISTRICT. HEAL THE OCEAN APPEARED BEFORE A BOARD MEETING OF THE MONTECITO SANITARY DISTRICT IN 2014 TO LEND 100% SUPPORT

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FOR THE DISTRICT TO MOVE FORWARD WITH A RECYCLED WATER PROJECT THAT WILL INSTALL ON MSD PROPERTY A MICRO PULSE FLOW REVERSE OSMOSIS SKID. IDE TECHNOLOGY, BUILDER OF DESALINATION PLANTS AND OTHER INDUSTRIAL INSTALLATIONS AROUND THE WORLD (AND WHICH REBUILT THE CITY OF SANTA BARBARA'S CHARLES E. MEYER DESALINATION PLANT) - WILL BUILD THE MSD PROJECT, WHICH, WHEN FINISHED, WILL BE CAPABLE OF PRODUCING 6,400 GALLONS PER DAY OF TITLE 22+ RECYCLED WATER FOR ONSITE REUSE BY THE DISTRICT. TITLE 22 "PLUS" IS A BETTER QUALITY THAN STANDARD "PURPLE PIPE" WATER, AND MSD PLANS TO TEST THE WATER ON LANDSCAPING - FLOWERS, LAWNS, HEDGES - AT THE SANTA BARBARA CEMETERY. HEAL THE OCEAN HAS WORKED FOR YEARS ON WAYS TO HELP MSD GET TOGETHER WITH MONTECITO WATER DISTRICT ON A JOINT STATE-SUPPORTED PROJECT TO UPGRADE THE MSD WASTEWATER PLANT TO A RECYCLED WATER PLANT, TO PRODUCE WATER FOR IRRIGATION (AND THEREBY SAVING HUNDREDS OF GALLONS OF POTABLE WATER FOR ITS INTENDED USE). IN 2018, MSD PREMIERED ITS PILOT RECYCLED WATER PLANT, WHICH IS NOW PRODUCING RECYCLED WATER OF A HIGH GRADE FOR IRRIGATION.

FORM 990, PART III, 4A

CONTINUATION OF PROGRAM DESCRIPTIONS:

II. UPGRADING WASTEWATER TO RECYCLED WATER:

E) COASTAL WASTEWATER DISCHARGE. HEAL THE OCEAN RELEASED A STUDY OF COASTAL WASTEWATER DISCHARGES IN SEPTEMBER 2018. THE INVENTORY OF MUNICIPAL WASTEWATER DISCHARGES TO CALIFORNIA COASTAL WATER BODIES, AN ONLINE INTERACTIVE STUDY THAT DOCUMENTS THE 417 BILLION GALLONS OF TREATED MUNICIPAL WASTEWATER DISCHARGED AT FIFTY-SEVEN COASTAL LOCATIONS. THE STUDY, LED BY PROJECT MANAGER JAMES HAWKINS, MPP,

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INVOLVED A MULTIYEAR EFFORT TO COLLECT, REVIEW, AND ANALYZE PUBLICLY AVAILABLE DATA TO DETERMINE THE TOTAL VOLUME OF TREATED MUNICIPAL EFFLUENT DISCHARGED TO CALIFORNIA'S COASTAL WATER BODIES. HEAL THE OCEAN ESTIMATES THAT THE REUSE OF 85 PERCENT OF THESE COASTAL DISCHARGES COULD MEET ALMOST 30 PERCENT OF WATER NEEDS FOR CALIFORNIA'S COASTAL CITIES. IN THE SPIRIT OF TRANSPARENCY AND TO HELP ADVANCE THE STATE'S WATER POLICY EFFORTS, HEAL THE OCEAN RELEASED ITS DATABASE OF DISCHARGERS AND FLOW DATA THAT FORMS THE BASIS OF THE STUDY.

D)BRINE WASTE. IN 2017 HEAL THE OCEAN PUBLISHED A WHITE PAPER ON BRINE WASTE ("ISSUES, DISPOSAL, AND REDUCTION") WHICH LAYS OUT THE BIGGEST PROBLEM OF 100% RECYCLING - THE LEFTOVER SLUDGE FROM DESALINATION AND WATER RECYCLING. THE BRINE WASTE PAPER PRESENTS INFORMATION ON HOW BRINE WASTE IS CREATED AND THE PROBLEMS OF DISPOSAL, AND ALSO TELLS HOW HOMEOWNERS CAN DO THEIR PART TO REDUCE BRINE (DON'T USE WATER SOFTENERS, WHICH ADD TONS OF CHLORIDE SALTS TO THE WASTEWATER STREAM). IN 2018 THIS INFORMATIONAL PUBLICATION WAS CIRCULATED TO RECYCLED WATER AGENCIES. IN 2019 HEAL THE OCEAN CONTINUED ITS UPDATE OF THE CALIFORNIA INVENTORY, WHICH IS ONGOING IN 2020.

### III. GROUNDWATER.

A)GROUNDWATER CHARACTERIZATION PROJECT: ON JANUARY 26, 2017, THE CENTRAL COAST REGIONAL WATER QUALITY CONTROL BOARD ADOPTED A RESOLUTION FOR "THE HUMAN RIGHT TO WATER," A PROGRAM THAT DIRECTS ITS STAFF TO ASSIST THE STATE WATER BOARD AND RELEVANT STAKEHOLDERS TO COLLECT DATA TO IDENTIFY AND TRACK COMMUNITIES THAT DO NOT HAVE, OR ARE AT RISK OF NOT HAVING, SAFE, CLEAN AFFORDABLE, AND ACCESSIBLE WATER ADEQUATE FOR HUMAN USE. IN APRIL 2017 HEAL THE OCEAN HIRED CAL POLY STUDENT RILEY

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HAAS TO WORK WITH THE REGIONAL BOARD, AT REGIONAL BOARD OFFICES IN SAN LUIS OBISPO, ON A GROUNDWATER CHARACTERIZATION PROJECT THAT IS IDENTIFYING AND EVALUATING SHALLOW GROUNDWATER QUALITY DATA IN SANTA BARBARA COUNTY IN ORDER TO ASSESS POLLUTION SOURCES THE REPORT WAS RELEASED BY THE REGIONAL BOARD IN 2019.

B) CONTAMINATED GROUNDWATER CLEANUP - CITY OF SANTA BARBARA. HEAL THE OCEAN COLLABORATES WITH THE SANTA BARBARA COUNTY ENVIRONMENTAL HEALTH SERVICES SITE MITIGATION UNIT (SMU) TO TACKLE THE CONTAMINATED GROUNDWATER PROBLEM BENEATH THE CITY OF SANTA BARBARA. WE COLLABORATED WITH SANTA BARBARA COUNTY HAZMAT AND THE REGIONAL WATER QUALITY CONTROL BOARD HAZMAT SECTION TO ORGANIZE INFORMATION INTO THE STATE'S GEOTRACKER DATABASE, WHICH HAS MADE IT POSSIBLE FOR THE REGIONAL BOARD TO METHODICALLY PRIORITIZE SITES FOR CLEANUP. THE CLEANUP ORDERS CONTINUE TO COME IN, HEAL THE OCEAN IS COPIED ON THESE ORDERS, AND IN 2018 THERE WERE OVER 7 CLEANUP ORDERS ISSUED IN THE CITY OF SANTA BARBARA FOR VARIOUS GROUNDWATER AND SOIL POLLUTION VIOLATIONS.

#### IV. ONSHORE POLLUTION

##### A) OIL POLLUTION (OCEAN DUMPING)

I) BECKER WELL. ON FEBRUARY 26, 2018, A BARGE FROM CURTIN MARITIME, LONG BEACH, ARRIVED TO THE COASTLINE TO CAP THE LEAKING BECKER WELL ON SUMMERLAND BEACH. HEAL THE OCEAN HAD SUCCEEDED IN LOBBYING FOR THE \$1.5 MILLION TO DO THE CONSTRUCTION WORK. HEAL THE OCEAN ALSO SUCCESSFULLY LOBBIED TO GET SB 44 (HANNAH-BETH JACKSON) PASSED, WHICH WILL PROVIDE \$2 MILLION PER YEAR TO TACKLE LEAKING, DERELICT WELLS AND STRUCTURES ALONG THE CALIFORNIA COAST. TO PREPARE FOR SPECIFIC PROJECTS, AND WITH FUNDS PROVIDED BY MANITOU FUND, MINNESOTA, HEAL THE OCEAN HIRED AQUEOS,

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VENTURA, TO CONDUCT AN AERIAL SURVEY OF THE WELLS OFFSHORE SUMMERLAND.  
 THE RESULTS OF THE AERIAL SURVEY IDENTIFIED FOUR DISTINCT WELLS, AND  
 HEAL THE OCEAN CONTINUES TO WORK WITH STATE LANDS CONTRACTORS ON PLANS  
 TO CAP ADDITIONAL WELLS OFF SUMMERLAND.

II) OTHER LEAKING WELLS OFF SUMMERLAND. HARRY RABIN, AN ADVISORY BOARD  
 MEMBER OF HEAL THE OCEAN, IS ALSO AN EXPERIENCED OIL DIVER AND DRONE  
 PHOTOGRAPHER, AND IS WORKING WITH STATE LANDS COMMISSION CONTRACTORS TO  
 IDENTIFY HOW TREADWELL WILL BE CAPPED. IN 2019, RABIN GUIDED DIVERS  
 WITH WITH GUIDANCE FROM HIS AERIAL DRONE EQUIPMENT. CONSTRUCTION IS  
 EXPECTED TO TAKE PLACE DURING WINTER 2020.

B) STYROFOAM AND SINGLE USE PLASTIC POLLUTION. HEAL THE OCEAN JOINED  
 OTHER ENVIRONMENTAL GROUPS IN THE CITY OF SANTA BARBARA TO LOBBY FOR  
 THE ELIMINATION OF SINGLE-USE PLASTIC STRAWS AND CUTLERY AS WELL AS  
 STYROFOAM CUPS AND TAKEOUT CONTAINERS IN AN EFFORT TO REDUCE OCEAN  
 POLLUTION. THE COUNCIL VOTED TO RESTRICT PLASTIC STRAWS, WITH  
 PROVISIONS FOR INDIVIDUALS WITH DISABILITIES. THE PROPOSED ORDINANCE ON  
 STYROFOAM CONTAINED AN EXEMPTION CLAUSE THAT WOULD HAVE GIVEN FOOD  
 RETAILERS THE ABILITY TO PLEAD "HARDSHIP" EVERY YEAR IF THEY COULD  
 PROVE STYROFOAM WAS BETTER FOR THEIR PRODUCT OR THAT CHANGING TO A MORE  
 ENVIRONMENTALLY-FRIENDLY PRODUCT WOULD CAUSE ECONOMIC HARDSHIP. HEAL  
 THE OCEAN ASKED THE CITY COUNCIL TO CHANGE THE WORDING FOR EXEMPTION TO  
 ONE YEAR ONLY. THE CITY COUNCIL AGREED WITH US AND VOTED 7-0 TO CHANGE  
 THE ORDINANCE TO READ THAT AFTER ONE YEAR, "HARDSHIP" CASES WILL NOT BE  
 RENEWED. THE STYROFOAM BAN WENT INTO EFFECT JANUARY 1, 2019.

C) HEAL THE OCEAN INITIATED A STYROFOAM RECYCLING PROGRAM IN MARCH  
 2019, USING ITS OWN OFFICE AS A RECEIVING PLACE FOR COMMUNITY

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STYROFOAM, SHIPPING IT TO A STYROFOAM RECYCLER-REPURPOSING BUSINESS IN THE LOS ANGELES AREA. IN MAY, WE APPROACHED MARBORG INDUSTRIES TO WORK WITH US, TO ESTABLISH TWO FREE DROP-OFF PLACES ON MARBORG PROPERTIES - ONE IN GOLETA, THE OTHER IN SANTA BARBRA LOWER MILPAS AREA. MARBORG IS CONDENSING THE STYROFOAM INTO BALES, AND THEN TRANSPORTING THE BALES TO A STYROFOAM DENSIFIER IN ONTARIO, CA., WITH HEAL THE OCEAN PAYING TRANSPORTATION COSTS. THE GOAL IN 2020 IS TO ESTABLISH A STREAMLINED PROGRAM FOR STYROFOAM RECYCLING IN SO. SANTA BARBARA COUNTY.

D) SUMMERLAND (AND OTHER) HOMELESS ENCAMPMENTS & ACCOMPANYING SANITATION ISSUES. 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, WORKING WITH CARPINTERIA/SUMMERLAND FIRE DEPARTMENT AND A SANTA BARBARA COUNTY SHERIFF TO CLEAN OUT THE CAMPS, WHICH BECAME A PARTICULAR PROBLEM WHEN MORE THAN ONE CAMP CAUGHT ON FIRE. IN JULY 2018 HEAL THE OCEAN SIGNED AN AGREEMENT WITH HOME FOR GOOD, A UNITED WAY PROGRAM IN SANTA BARBARA COUNTY - TO FUND THE SUMMERLAND ARM OF ITS PROGRAM THAT BRINGS IN GOVERNMENT AGENCIES, FOUNDATIONS, AND SERVICE PROVIDERS TO MOVE HOMELESS FAMILIES AND INDIVIDUALS INTO PERMANENT HOUSING AND LINKING THEM TO THE SUPPORT THEY NEED TO RECOVER AND REJOIN SOCIETY. OUTREACH WORK BEGAN SEPTEMBER 1, 2018 WITH AMERICORPS VOLUNTEERS VISITING THE SUMMERLAND CAMP TO CONVERSE WITH THE UNSHELTERED PEOPLE, TO FIND THEM MEDICAL/PSYCHOLOGICAL HELP - OR RELOCATION. FINDING THE HOME FOR GOOD PROGRAM INEFFECTIVE, HEAL THE OCEAN BEGAN WORKING WITH THE UNITED PACIFIC RAILROAD TO CLEAN OUT AN ABANDONED HOMELESS CAMP ON ABEACH CLIFF IN SUMMERLAND IN APRIL 2019. IN ADDITION, ADVISORY BOARD MEMBER HARRY RABIN IS USING HIS DRONE EQUIPMENT TO RECORD CAMPS SPREAD

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ALONG THE RAILROAD TRACKS. THE DRONE EQUIPMENT INCLUDES HEAT SENSORS, AND HARRY'S WORK SHOWS FIRES, WHETHER FROM BARBQUES OR BUNSON BURNERS - WHICH POSES A FIRE HAZARD, IN THAT THE CAMPS ARE OFTEN BENEATH EUCALYPTUS TREES. HEAL THE OCEAN WILL CONTINUE WORKING ON THIS PROBLEM IN 2020, IN CONJUNCTION WITH COUNTY AND CITY FIRE AND SHERIFF DEPARTMENTS.

D)CONFETTI POLLUTION OF STORMDRAINS. SEVERAL YEARS AGO HEAL THE OCEAN TOOK UP THE ISSUE OF STORMWATER PERMIT VIOLATIONS WITH THE CITY OF SANTA BARBARA CREEKS DIVISION DUE TO THE UNCONTROLLED POLLUTION THAT OCCURS FROM CONFETTI DURING CITY PARADES AND FESTIVALS. WE WERE SUCCESSFUL IN GETTING THE CITY TO CONTRACT FOR THE COVERING OF STORM DRAINS DURING THESE SUMMER FESTIVITIES, FIESTA AND SUMMER SOLSTICE, AND THE SWEEPING UP OF STREETS, GUTTERS, AND SIDEWALKS AFTERWARD. IN 2018 WE WORKED WITH A FELLOW NONPROFIT ORGANIZATION AS WELL AS THE CITY OF SANTA BARBARA CREEKS DIVISION TO DEVELOP PUBLIC OUTREACH MATERIALS INCLUDING FLYERS, DIGITAL POSTS FOR FACEBOOK AND INSTAGRAM, AND POSTCARDS TO EDUCATE THE PUBLIC ON THE IMPORTANCE OF AVOIDING THE USE OF CONFETTI DURING CITY CELEBRATIONS. IN 2019 WE MET WITH SANTA BARBARA CITY CREEKS DIVISIONS TO MEASURE SUCCESS IN THE COVERING OF STORM DRAINS, AND IN 2020 WILL CONTINUE TO ADVOCATE FOR THE BAN OF CONFETTI SALES DIRECTLY ON STATE STREET SIDEWALKS.

FORM 990, PART III, 4A

CONTINUATION OF PROGRAM DESCRIPTIONS:

V. BEACH CLEANUPS:

A)EF INTERNATIONAL BEACH CLEANUP. HEAL THE OCEAN RUNS A VOLUNTARY



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BEACH CLEANUP PROGRAM, WHEREIN STUDENTS CAN SIGN UP FOR A BEACH TO CLEAN, UNDER SUPERVISION OF THEIR TEACHERS, RECEIVE A FREE HEAL THE OCEAN T-SHIRT, THEN CLEAN A BEACH AND REPORT TO US WHAT THEY PICK UP. THESE REPORTS ARE PUBLISHED IN HEAL THE OCEAN NEWSLETTERS AND E-LETTERS. IN 2019 HEAL THE OCEAN COLLABORATED FOR THE 4TH YEAR IN A ROW WITH EF INTERNATIONAL LANGUAGE SCHOOL IN A MASSIVE CLEANUP OF 10 BEACHES BETWEEN GOLETA AND SUMMERLAND. THE ENTIRE STUDENT BODY (350 BEACH CLEANERS) TACKLED THE PROJECT IN APRIL 2019, AS PART OF EF INTERNATIONAL'S "EVERY DAY IS EARTH DAY" CAMPAIGN. TO REDUCE THE AMOUNT OF WASTE PRODUCED, HEAL THE OCEAN AND LA CUMBRE FEED (A LOCAL ANIMAL FEED STORE) PARTNERED TO COLLECT AND REUSE HORSE FEED BAGS FOR BEACH CLEANUPS RATHER THAN SINGLE USE PLASTIC TRASH BAGS. HEAL THE OCEAN COLLECTED AND REUSED OVER 300 HORSE FEED BAGS FOR BEACH CLEANUPS IN 2019. IN 2019, HEAL THE OCEAN ALSO BROUGHT INTO THE EF INTERNATIONAL BEACH CLEANUP PROGRAM OTHER ORGANIZATIONS WORKING ON THE SAME DAY IN BOTH HAWAII (OAHU) AND SAN DIEGO.

VI. DOG BAG PROGRAM:

A) HEAL THE OCEAN RAISED \$30,000 IN 2019 TO SEND TO BOTH THE COUNTY AND CITY OF SANTA BARBARA TO PAY FOR DOG BAGS THAT ARE DISPENSED IN COUNTY/CITY DOG BAG DISPENSERS. WE RAISED THESE FUNDS ENTIRELY THROUGH OUR DISPENSER SPONSORSHIP PROGRAM AND FROM DIRECT DOGGY BAG DONATIONS THROUGH OUR WEBSITE.

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.

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FORM 990, PART VI, SECTION B, LINE 12C:

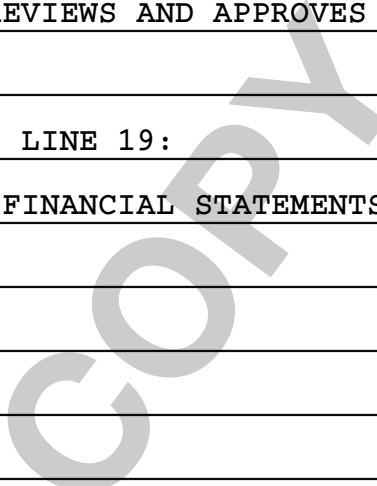
CONFLICT OF INTEREST POLICY AND CONFIDENTIALITY POLICY - IF THERE IS CONCERN ABOUT A CONFLICT OF INTEREST OR THE POSSIBILITY OF A CONFLICT, THE BOARD INVESTIGATES THE ISSUE AND TAKES APPROPRIATE CORRECTIVE ACTION, UP TO AND INCLUDING A REQUEST TO RESIGN OR DISMISSAL FROM THE BOARD.

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.



California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name: **HEAL THE OCEAN, INC.** California corporation number: **2328523**

Additional information. See instructions. FEIN: **77-0565183**

Street address (suite or room): **PO BOX 90106** City: **SANTA BARBARA** State: **CA** ZIP code: **93190**

Foreign country name: Foreign province/state/country: Foreign postal code:

**A** First Return  Yes  No  
**B** Amended Return  Yes  No  
**C** IRC Section 4947(a)(1) trust  Yes  No  
**D** Final Information Return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy)  Cash (2)  Accrual (3)  Other  
**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other  
**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series  
**G** Is this a group filing? See instructions  Yes  No  
**H** Is this organization in a group exemption  Yes  No  
 If "Yes," what is the parent's name?  
**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No  
**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_  
**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required   
**M** Is the organization a Limited Liability Company?  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No  
**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**P** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	85,374	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	500,079	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	585,453	00
	5	Cost of goods sold	5	4,193	00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7	4,193	00
	8	Total gross income. Subtract line 7 from line 4	8	581,260	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	481,067	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	100,193	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: \_\_\_\_\_ Title: **PRESIDENT** Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  PTIN: **P00544237**

**Paid Preparer's Use Only** Firm's name (or yours, if self-employed) and address: **MACFARLANE, FALETTI & CO. LLP** Firm's FEIN: **95-2835976**  
**115 E. MICHELTORANA ST. #200** Telephone: **805 966-4157**  
**SANTA BARBARA, CA 93101**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

928951 12-04-19

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	83,682	00
	2	Interest	•	2	1,692	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6		00
	7	Other income	•	7		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	85,374	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	136,324	00
	12	Other salaries and wages	•	12	67,783	00
	13	Interest	•	13		00
	14	Taxes	•	14	12,259	00
	15	Rents	•	15	45,060	00
	16	Depreciation and depletion (See instructions)	•	16	379	00
	17	Other Expenses and Disbursements	•	17	219,262	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	481,067	00

<b>Schedule L Balance Sheet</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		362,979		485,670
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories		8,158		8,158
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10 a	Depreciable assets <b>STMT 7</b>	6,956		6,956	
b	Less accumulated depreciation	(6,000)	956	(6,379)	577
11	Land				
12	Other assets <b>STMT 6</b>		22,682		16,201
13	<b>Total assets</b>		394,775		510,606
<b>Liabilities and net worth</b>					
14	Accounts payable		7,291		22,929
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities				
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		387,484		487,677
22	<b>Total liabilities and net worth</b>		394,775		510,606

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	100,193
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5		100,193
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		100,193

FORM 199

COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR . . . . .		8,158
2. MERCHANDISE PURCHASED. . . . .	4,193	
3. COST OF LABOR. . . . .		
4. MATERIALS AND SUPPLIES . . . . .		
5. OTHER COSTS. . . . .		
6. ADD LINES 1 THROUGH 5 . . . . .		12,351
7. INVENTORY AT END OF YEAR . . . . .		8,158
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		4,193

COPY

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	3
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
MARIE MORRISROE	18 SEAVIEW DRIVE SANTA BARBARA, CA 93108		
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
128 SHARES OF CHARTER COMMUNICATIONS	08/23/19	50,074.	50,074.
TOTAL INCLUDED ON LINE 3			50,074.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	4
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JEAN-MICHEL COUSTEAU PO BOX 90106 SANTA BARBARA, CA 93190	BOARD MEMBER 1.00	0.
CHARLES VINICK PO BOX 90106 SANTA BARBARA, CA 93190	BOARD MEMBER 1.00	0.
HEATHER HUDSON PO BOX 90106 SANTA BARBARA, CA 93190	BOARD MEMBER 1.00	0.
HILLARY HAUSER PO BOX 90106 SANTA BARBARA, CA 93190	PRESIDENT 40.00	136,324.
THOMAS DABNEY PO BOX 90106 SANTA BARBARA, CA 93190	TREASURER 1.00	0.
JONATHAN WYGANT PO BOX 90106 SANTA BARBARA, CA 93190	SECRETARY 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		136,324.

CA 199	OTHER EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
DIRECT PROGRAM MATERIAL		28,280.	
PRINTING, POSTAGE, AND		23,424.	
DUES, FEES, SUBSCRIPTIO		2,480.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		51,285.	
PENSION PLAN CONTRIBUTIONS		5,619.	
OTHER EMPLOYEE BENEFITS		6,064.	
ACCOUNTING FEES		15,475.	
OTHER PROFESSIONAL FEES		14,099.	
ADVERTISING AND PROMOTION		36,331.	
OFFICE EXPENSES		34,780.	
TRAVEL		1,425.	
TOTAL TO FORM 199, PART II, LINE 17		219,262.	

CA 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	19,048.	11,931.	
PREPAID EXPENSES AND DEFERRED CHARGES	3,634.	4,270.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	22,682.	16,201.	

CA SCHEDULE L	DEPRECIABLE ASSETS	STATEMENT	7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	END OF YEAR BOOK VALUE
OFFICE FURNITURE	1,819.	1,819.	0.
OFFICE FURNITURE	660.	660.	0.
OFFICE FURNITURE	512.	477.	35.
OFFICE FURNITURE	432.	403.	29.
DELL COMPUTER	780.	780.	0.
DELL COMPUTER	614.	614.	0.
DELL COMPUTER	551.	551.	0.
DELL COMPUTER	541.	541.	0.
HP LAPTOP	1,047.	534.	513.
TOTAL TO FORM 199, SCH L, LINE 10	6,956.	6,379.	577.

**Corporation Depreciation and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 77-0565183

Corporation name

California corporation number

**HEAL THE OCEAN, INC.**

2328523

**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12	13	

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
14								
SEE STATEMENT	8	6,956.	6,000.					
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	379

**Part III Summary**

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	379
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	443
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	-64

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)						20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						22



CA 3885		DEPRECIATION				STATEMENT 8	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 OFFICE FURNITURE	09/22/08	1,819.	1,819.	200DB	5.00	0.	
2 OFFICE FURNITURE	03/10/12	660.	660.	200DB	5.00	0.	
3 OFFICE FURNITURE	12/03/14	512.	457.	200DB	5.00	20.	
4 OFFICE FURNITURE	12/11/14	432.	386.	200DB	5.00	17.	
5 DELL COMPUTER	04/13/12	780.	780.	200DB	5.00	0.	
6 DELL COMPUTER	10/02/12	614.	614.	200DB	5.00	0.	
7 DELL COMPUTER	06/14/12	551.	551.	200DB	5.00	0.	
8 DELL COMPUTER	07/21/12	541.	541.	200DB	5.00	0.	
9 HP LAPTOP	01/20/18	1,047.	192.	200DB	5.00	342.	
TOTAL TO FORM 3885		6,956.	6,000.			379.	

TAXABLE YEAR  
**2019**

**California e-file Return Authorization for Exempt Organizations**

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>HEAL THE OCEAN, INC.</b>	<b>77-0565183</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>585,453</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>581,260</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>481,067</b>

**Part II Settle Your Account Electronically for Taxable Year 2019**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
---	------------------	--

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**      Signature of officer \_\_\_\_\_      Date \_\_\_\_\_      Title **PRESIDENT**

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b> ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00544237</b>
<b>Must Sign</b> Firm's name (or yours if self-employed) and address	<b>MACFARLANE, FALETTI &amp; CO. LLP</b> <b>115 E. MICHELTORENA ST. #200</b> <b>SANTA BARBARA, CA</b>			Firm's FEIN <b>95-2835976</b> ZIP code <b>93101</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b> Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b> Firm's name (or yours if self-employed) and address			Firm's FEIN ZIP code

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**  
 Section 12586 and 12587, California Government Code  
 11 Cal. Code Regs. section 301-307, 311 and 312

(For Registry Use Only)

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><u>HEAL THE OCEAN, INC.</u>  <small>Name of Organization</small></p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>PO BOX 90106</u>  <small>Address (Number and Street)</small></p> <p><u>SANTA BARBARA, CA 93190</u>  <small>City or Town, State, and ZIP Code</small></p> <p><u>(805) 965-7570</u>      <u>INFO@HEALTHEOCEAN.ORG</u>  <small>Telephone Number</small>                      <small>E-mail Address</small></p>	<p>Check if:  <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT116064</u></p> <p>Corporation or Organization No. <u>2328523</u></p> <p>Federal Employer ID No. <u>77-0565183</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2019 ending 12/31/2019 ) list:

Gross Annual Revenue \$ <u>529,975</u>	Noncash Contributions \$ <u>55,389</u>	Total Assets \$ <u>510,542</u>
Program Expenses \$ <u>239,018</u>	Total Expenses \$ <u>429,846</u>	

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes? <span style="float: right;"><b>SEE STATEMENT 9</b></span>	X	
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

<u>HILLARY HAUSER</u>	<u>PRESIDENT</u>
<small>Signature of Authorized Agent</small>	<small>Printed Name</small>
	<small>Title</small>
	<small>Date</small>

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CA RRF-1

EXPLANATION OF CHARITABLE RAFFLES  
PART B, LINE 6

STATEMENT 9

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DATE OF RAFFLES HELD DURING THE YEAR:

11/8/2019  
11/9/2019  
11/21/2019  
12/10/2019

COPY