PUBLIC COPY

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A</u>	For the	2023 calend	dar year, or tax year beginning ${ m Jul} \ 1$, 2023, and end	ing Ju	ın 30	, 20 2 4		
В	Check if	applicable:	C Name of organization Oceanic Society Expeditions		D Emp	loyer identification number		
	Address	change	Doing business as		94-3	105570		
$\overline{\sqcap}$	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		hone number		
$\overline{\Box}$	Initial ret	•	P.O.Box 844)256-9604		
ñ		rn/terminated	City or town, state or province, country, and ZiP or foreign postal code		1110	7200 3001		
Ħ	Amende		Ross, CA 94957		G Gros	s receipts \$4,053,227.		
Ħ			F Name and address of principal officer:			for subordinates? Yes X No		
ш	/ ppiicati		Nicole Bouharb, P.O. Box 844, Ross, CA 94957					
	Tay-eyer	npt status:	Sol(c)(3)			tes included? Yes No		
<u>.</u> J	Website	<u></u>				ist. See instructions.		
_			ceanicsociety.org	H(c) Group ex				
	art I		Corporation Trust Association Other L Year of form	nation: 1972	M State	of legal domicile: CA		
		Summa		····				
	1	Briefly des	cribe the organization's mission or most significant activities: ${\tt \underline{our}\ m}$	ission is to co	nserve	marine wildlife and		
ĕ		habitat	s by deepening the connections between people	and nature	<u>:</u>			
Ę	_					************************		
Š			box $\ \square$ if the organization discontinued its operations or disposed	of more than 25	% of it	ts net assets.		
Ğ					3	7		
ď			independent voting members of the governing body (Part VI, line 1)		4	7		
Ę.	5	Total numb	per of individuals employed in calendar year 2023 (Part V, line 2a)		5	18		
Activities & Governance	6	Total numb	per of volunteers (estimate if necessary)		6	0		
Ą	7a	Total unrela	ated business revenue from Part VIII, column (C), line 12		7a	0.		
			ed business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	•	Current Year		
<i>a</i>	8	Contributio	715.	681,189.				
ž			ervice revenue (Part VIII, line 1n)	2,844,		2,722,835.		
Revenue			income (Part VIII, column (A), lines 3, 4, and 7d)	2,011,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2/122/035.		
Œ			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	721,	270	640 202		
	1		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			649,203.		
			similar amounts paid (Part IX, column (A), lines 1–3)	3,907,	gro.	4,053,227.		
			aid to or for members (Part IX, column (A), line 4)					
šes			her compensation, employee benefits (Part IX, column (A), lines 5–10)	1,016,	450.	1,130,133.		
ë			al fundraising fees (Part IX, column (A), line 11e)					
Expenses	4		aising expenses (Part IX, column (D), line 25) 117, 057.					
			nses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,497,		2,040,823.		
			nses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	3,513,	461.	3,170,956.		
		Revenue le	ss expenses. Subtract line 18 from line 12	394,		882,271.		
S of				Beginning of Curre	nt Year	End of Year		
Net Assets or Fund Balances	20		s (Part X, line 16)	2,482,	728.	2,704,274.		
ž Š	21	Total liabilit	ies (Part X, line 26)	1,243,	708.	1,162,454.		
		Net assets	or fund balances. Subtract line 21 from line 20	1,239,	020.	1,541,820.		
Pε	art II	Signatur	re Block					
Und	der penalt	ies of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the	best of r	my knowledge and belief, it is		
true	e, correct,	and complete	e. Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowledo	je.			
				02/	17/2	025		
Się	ın i	Signature of o	fficer	Date	<u> </u>			
He	re	Nico	ole Bouharb, VP of Finance and Operations					
_	Type or print name and title							
_	• •	Print/Type	preparer's name Preparer's signature	Date		T if PTIN		
Pa		Torrit	W. Tyler		Check [self-emp	_ ' " '		
	eparer	Fi1				1102000020		
Us	e Only	/ —		Firm's I		52-1196225		
Firm's address 1420 N STREET NW SUITE 100, WASHINGTON, DC 20005 Phone no. (202) 898-0008 May the IRS discuss this return with the preparer shown above? See instructions								
			os como will the recipier su will allower all depending a					

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	Oceanic Society works to improve ocean health by deepening the connections
	between people and nature to address the root cause of its decline:
	human behavior.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	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?
	If "Yes," describe these changes on Schedule O. ✓ Yes ☑ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	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 \$ 1,895,244. including grants of \$ 0.) (Revenue \$ 2,316,103.)
	International Travel Program - Leading Expeditions, that give people
	life-changing experience in nature, support ocean research and conservation,
	and shape the travel industry.
	Every trip we lead supports ocean conservation through our unique travel model.

4h	/Code: \/Fypage 1 A40 A20 installer and the
4b	(Code:) (Expenses \$ 440,439. including grants of \$ 0.) (Revenue \$ 420,696.)
	Whale Watch Program - Whale Watch helps fund conservation efforts, such as our
	Conservation Scholars Program, which delivers life-changing ocean experiences free of charge to
	underserved student groups and communities in the San Francisco Bay Area. We also use our whale watching cruises as an opportunity to collect photographic identification
	data on marine mammals, which we share with a network of researchers
	throughout the eastern Pacific,
	Constitution Carter and Carter an
4c	(Code:) (Expenses \$ 689,953. including grants of \$ 0.) (Revenue \$ 581,695.)
	Through our Behavior Change program -we work with leading behavioral experts
	and organizations to understand the fundamentals of human behavior and discovered how we
	can apply that knowledge ocean health. We have developed, tested, and scaled science-based
	behavior change techniques across all our programs.
	Through our Sea Turtle conservation program, we are working to save the sea turtles from
	extinction worldwide. Oceanic Society leads the only globally focused sea turtle
	conservation programs, fulfilling a need in sea turtle conservation that was previously unmet.
	We partner with and support thousands of individuals and institutions to improve sea turtle
	science, set priorities for research and conservation, and provide needed resources
	to conservation projects through our programs.
	See Part III, Ln 4c statement
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 3,025,636.

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	×	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	×	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		- <u>^</u> -
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	16 17		<u>×</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			_ <u>×</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18 19		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

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

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	Ì		
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b	-	<u> </u>
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-1?	5c		
oa	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Ī	×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_ <u>×</u> _
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	ا م		
9	Sponsoring organizations maintaining donor advised funds.	8		
э a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	:	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	~		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	İ	.	
а	Gross income from members or shareholders	ŀ		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		$\overline{}$	
	excess parachute payment(s) during the year?	15		×
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		×
	If "Yes," complete Form 6069.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	nstruc	tions.
Secti	on A. Governing Body and Management		T	
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<u> </u>	×
6 70	Did the organization have members or stockholders?	6	ļ	<u>×</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	14		×
-	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b		×
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	<u>ue C</u>	·	
40-	Did the amonication have lead about on bounding and fill-to-0	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<u>×</u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12b	×	
13	Did the organization have a written whistleblower policy?	12c	×	
14	Did the organization have a written document retention and destruction policy?	14	×	-
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16a		<u>×</u>
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (sec	tion 5	i01(c)
19	☑ Own website ☐ Another's website ☐ Upon request ☐ Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords.		

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.										or trustee.	
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) Zachary D Rabinor Chair	1.00	×		×		[0.	0.	0.	
(2) Dr. Charles Betlach 11 Vice Chair	1.00	×		×				0.	0.	0.	
(3) Finn Torgrimsen Longinotto Director	1.00	×						0.	0.	0.	
(4) Marilyn A. Pearson Director	1.00	×						0.	0.	0.	
(5) Dr. Sylvia Earle Director	1.00	×						0.	0.	0.	
(6) Hari Balasubramanian Director	1.00	×						0.	0.	0.	
(7)Mark Stanley Director	1.00	×						0.	0.	0.	
(8) Roderic B Mast President & Co-CEO	40.00	×			×			197,689.	0.	0.	
(9) Brian Hutchinson Co-CEO	40.00	×			×			137,116.	0.	0.	
(10) Nicole Bouharb VP of Finance & Operations	40.00				×			134,263.	0.	0.	
(11) Wayne Sentman Director, Conservation Travel Program	40.00				×			112,383.	0.	0.	
(12)											
(13)											
(14)										. <u>-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	

Par	t VII Section A. Officers, Directors,	Trustees,	rustees, Key Employees, and Highest Compensated Employ				oyees (continued)							
(A) Name and title		(B) Average hours per week (list any hours for related organizations below dotted line)	rust hu		n an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compens from rela organization 1099-MI	(E) Reportable compensation from related rganizations (W-2/ 1099-MISC/ 1099-NEC)		(F) Estimated amount of other compensation from the organization and related organizations				
(15)														
(16)												•		
(17)										***************************************				
(18)														
(19)	···											<u>-</u>		
(20)														
(21)														
(22)									- oft. 972 - 1					
(23)														
(24)									:					
(25)														**********
	Cubtatal								E01 4E1					
1b c	Subtotal		 n А		•		•		581,451.		0.			0.
d	Total (add lines 1b and 1c)								581,451.	174	0.			0.
2	Total number of individuals (including but reportable compensation from the organic	not limited	to th	ose	list	ed a	above	e) wl	no received more	than \$10	0,000	of		
	reportable compensation from the organi	zation					4						Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete \$							-	oyee, or highes	•			100	
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	ortab	ole c	com	per	satio	n ar	nd other comper	sation fro	m the	3		<u>×</u>
5	individual											4	×	
01	for services rendered to the organization?	' If "Yes," c	omple	ete S	Sch	edu	le J f	or s	uch person .			5		×
<u>Secti</u>	on B. Independent Contractors Complete this table for your five high	est compe	ensate	i he	nde	ner	dent	CO	ntractors that re	eceived m	nore ti	nan \$1	וחח חר	10 of
	compensation from the organization. Repo	ort compens	sation	for	the	cal	enda	yea	ar ending with or	within the	organi	zation'	s tax	year.
	(A) Name and business add	ress							(B) Description of servi	ces	C	(C) ompens	ation	
-														
														
2	Total number of independent contracto	re (includin	a bu	l no	nt li	imit		th	nee lieted show	a) who		771111111111111111111111111111111111111		
_	received more than \$100,000 of compensa						JG 10	uit	SSS HISTOR RECOVE	, WIIO				

Dor	+ 1/////	Statement of Re		••						Page 2
Par	t VIII	Check if Schedule			espoi	nse or note to a	nv line in this P	art VIII		
					!	-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
হ, হ	1a	Federated campaig	ns .		1a			1	· · · · · · · · · · · · · · · · · · ·	
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b		1			
جَ ق	С	Fundraising events			1c]			
fts,	d	Related organization			1d					
<u>@</u> ≅	е	Government grants	(con	tributions)	1e		1			
Sir.	f	All other contributio	ns, g	ifts, grants						
er.		and similar amounts n	ot incl	luded above	1f	681,189.				
혈	g	Noncash contributi					1			
<u> </u>	!	lines 1a-1f			1g	\$ 207,866.				
<u>8 8</u>	h	Total. Add lines 1a	-1f .				681,189.			
						Business Code				
Program Service Revenue	2a	Program incom	ie			999999	2,722,835.	2,722,835.	0.	0.
ē Š	b								***	
gram Ser Revenue	С									
eve eve	d									
₽щ	е									
<u>~</u>	f	All other program s				···			_	**
	g	Total. Add lines 2a-	–2f .				2,722,835.			
	3	Investment income	e (inc	luding div	idend:	s, interest, and				
		other similar amour	nts) .							
	4	Income from investr	nent -	of tax-exer	npt bo	and proceeds	- 1777			
	5	Daviellian			•					
		•		(i) Rea		(ii) Personal				
	6a	Gross rents	6a		• •		1			
	b	Less: rental expenses	6b							
	С	Rental income or (loss)								•
	d	Net rental income o		s)						
	7a	Gross amount from	(.00	(i) Secur		(ii) Other				
	'`	sales of assets		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		(,,			·	
		other than inventory	7a							
a)	ь	Less: cost or other basis		<u> </u>						
Other Revenue		and sales expenses .	7b]				
Š	c	Gain or (loss)	7c				1			
ď	ď	Net gain or (loss)		L,		L			·	
亨	8a	Gross income from		ndroicina	i i	i : 				
₹	l Oa	events (not including		inuraising			İ			
		of contributions re		d on line						
		1c). See Part IV, line			8a					
	ь	Less: direct expens			8b					
	C	Net income or (loss)				nte				
	1	Gross income f			ig eve					
	"	activities. See Part I			9a					
	h	Less: direct expens	-		9b					
		Net income or (loss)				<u> </u>				
		Gross sales of in			Cuvine	;s				
	IVa	returns and allowan		ory, iess	40-					
	h				10a					
		Less: cost of goods			10b	<u> </u>				
_	С	Net income or (loss)	irom	sales of It	ivento	T				
Sn	مدا	345 2.3				Business Code	<u></u>			
leo ue	11a	Miscellaneous		come		999999	51,129.	51,129.	0.	0.
scellaned Revenue	b	Grant revenue				999999	597,689.	597,689.	0.	0.
Miscellaneous Revenue		Product sales				999999	385.	385.	0.	0.
Ais⊓		All other revenue								
_		Total. Add lines 11a					649,203.			
	12	Total revenue. See	instr	uctions			4,053,227.	3,372,038.	0.	0.

	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colun	nn (A).
	Check if Schedule O contains a respons		e in this Part iX .		<u></u> 🗀
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraísing 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			TAME A	7 7 1 0 700
7 8	Other salaries and wages	1,013,014.	899,268.	10,176.	103,570.
0	•	147 110	100 410	1 001	10 10-
9 10	Other employee benefits	117,119.	102,418.	1,214.	13,487.
11	Fees for services (nonemployees):				
	Management				
b	Legal				
С	Accounting				· · · · · · · · · · · · · · · · · · ·
d	Lobbying				*****
е	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 Schedule O.)				
12	Advertising and promotion				F 1+811
13	Office expenses				
14 15	Information technology				m8.44
16	Royalties		· · · · ·	+	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				·····
20	Interest	11-111-12			1
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
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.)				
_		50.000	10 100		
a	Bank/merchant fees	53,800.	49,463.	4,337.	0.
b	Donations Program costs	44,855.	41,655. 1,688,869.	3,200.	0.
d	Program costs Merchandise	1,688,869. 973.	789.	0. 184.	0.
e	All other expenses	252,326.	243,174.	9,152.	0.
25	Total functional expenses. Add lines 1 through 24e	3,170,956.	3,025,636.	28,263.	117,057.
26	Joint costs. Complete this line only if the	2, 1, 0, 550.	5,525,656.	20/203.	111,001.
	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

2 Savings and temporary cash investments			Check if Schedule O contains a response or note to any line in this Par	tX		🗆
2 Savings and temporary cash investments 2						
3 Pledges and grants receivable, net 3 4 46,668		1	Cash—non-interest-bearing	2,128,721.	1	2,284,794.
4 Accounts receivable, net 5 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 6 Loans and other exceivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivables, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Loans, complete Part V of Schedule D 10b Less: accumulated depreciation 10c Less: accumulated depreciation 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – publicly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Total assets. See Part IV, line 11 18 Total assets. See Part IV, line 11 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 25 Other liabilities. Acd lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Net assets without donor restrictions 29 Total liabilities included nor restrictions 20 Total liabilities and complete lines 27, 28, 32, and 33. 29 Capital stock or trust principal, or current funds 21 Total net assets or fund balances 22 Total net assets or fund balances 23 Total net assets or fund balances 24 Total net assets or fund balances 25 Total net assets or fund balances 26 Total net assets or fund balances 27 Total net assets or fund balances 28 Total net assets or fund balances 29 Total net assets or fund balances 29 Total net assets or fund balances 20 Total net assets or		2			2	
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 defined under section 4958(n)(1)), and persons described in section 4958(n)(3)(8) Notes and loans receivable, net inventories for sale or use 23, 8 23, 8 23, 9 Pepadi expenses and deferred charges 351,292, 9 368,130, 100, 100, 100, 100, 100, 100, 100,		3	Pledges and grants receivable, net		3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(b)(n)), and persons described in section 4958(c)(a)(B) 6 7 Notes and loans receivable, net 23 8 23. 8 102. 7 Notes and loans receivable, net 23 8 23. 8 109 Less and loans receivable, net 23 8 23. 9 Prepaid expenses and deferred charges 351,292 9 368,130. 109 Less: accumulated depreciation 10b 18,311. 100 Less: accumulated depreciation 10b 18,311. 110 Investments—publicly traded securities 111 111 Investments—publicly traded securities 111 112 Investments—publicly traded securities 111 113 Intangible assets. 114 Intangible assets. 115 Other assets. See Part IV, line 11 192 116 Total assets. Add lines 1 through 15 (must equal line 33) 2,482,728 16 2,704,274. 117 Accounts payable and accrued expenses 102,366. 17 101,444. 118 Grants payable 19 Deferred revenue 1,081,181 19 1,061,010. 119 Deferred revenue 1,081,181 19 1,061,010. 110 Tax-exempt bond liabilities 1 through 15 (must equal line 3d) 20 20 21 21 22 23 24 24 24 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25		1			4	46,668.
Cans and other receivables from other disqualified persons (as defined under section 4958(s)(1)), and persons described in section 4958(c)(3)(B) Cans and loans receivable, net		5	trustee, key employee, creator or founder, substantial contributor, or 35%		5	
7 Notes and loans receivable, net 23 8		6				
Section Sect	হ	7	Notes and loans receivable, net			
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	Sel	8	Inventories for sale or use	23		23
10a	¥	9				
10		10a	Land, buildings, and equipment: cost or other	331,232.		300,130.
11 Investments — publicly traded securities 11 12 Investments — other securities. See Part IV, line 11 12 Investments — other securities. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 14 Investments — program-related. See Part IV, line 11 Investments — program-related. See Part IV, line 12 Investments — program-related. Se		b	,	2,692.	10c	4.659.
12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 15 15 15 15 15 15 15		11		2,002.		1,000.
13		12		. 100		
14		13				
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 2,482,728 16 2,704,274 17 101,444 18 102,366 17 101,444 18 102,366 17 101,444 18 19 1,061,010 18 1,081,342 19 1,061,010 19 10 10 10 10 10 10		14				
16 Total assets. Add lines 1 through 15 (must equal line 33)		15	Other assets. See Part IV. line 11			
17 Accounts payable and accrued expenses 102, 366. 17 101, 444. 18 Grants payable 18 1, 081, 342. 19 1, 061, 010. 19 Deferred revenue 1. 1, 081, 342. 19 1, 061, 010. 20 Tax-exempt bond liabilities 20 20 21 21 22 2. 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 22 23 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 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 26 Total liabilities. Add lines 17 through 25 1, 243, 708. 26 1, 162, 454. 27 Organizations that follow FASB ASC 958, check here □ and complete lines 27, 28, 32, and 33. 28 Net assets without donor restrictions 1, 239, 020. 27 1, 541, 820. 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 11, 239, 020. 32 1, 541, 820.		16		2,482,728		2.704.274
18 Grants payable		17				
19 Deferred revenue 1,081,342. 19 1,061,010. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 2. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 2. 22 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 2. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 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 2. 26 Total liabilities. Add lines 17 through 25 26 1,243,708. 26 1,162,454. Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 2, Net assets with donor restrictions 2, Net assets with donor restrictions 2, Net assets without donor restrictions 2, Net assets with donor restrictions 2, Net assets without donor restrictions 2, Net assets with donor restrictions 2, Net assets without donor restrictions 2, Net assets without donor restrictions 2, Net assets with donor restrictions 2, Net assets without donor restrictions 2, Net assets with donor restrictions 2, Net assets with donor restrictions 2, Net assets without donor restrictions 2, Net assets with donor restrictions 2, Net assets with donor restrictions 2, Net assets with donor restrictions 2, Net assets without donor restrictions 2, Net assets with donor restrictions 2, Net assets with donor restrictions 2, Net assets with donor restrictions 2, Net assets with donor restrictions 3, Net assets w		18		202,000.		101/1111
20 Tax-exempt bond liabilities		19		1,081,342		1.061.010
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 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		20				2700270201
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		21	Escrow or custodial account liability. Complete Part IV of Schedule D			
Unsecured notes and loans payable to unrelated third parties	bilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
24 Unsecured notes and loans payable to unrelated third parties	2	23				
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	İ			**-		ma
Total liabilities. Add lines 17 through 25			Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions						
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26		1,243,708.	26	1,162,454.
Net assets without donor restrictions	Sapue		and complete lines 27, 28, 32, and 33.			
Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances Total liabilities and net assets/fund balances 28 29 29 29 20 21 29 29 20 21 29 20 21 21 22 23 24 27 24 27 28 29 29 20 20 21 22 23 24 27 24 27 28 29 29 20 20 21 22 23 24 27 24 27 27 28 29 29 20 20 21 22 23 24 27 27 27 27 28 29 29 20 20 20 21 22 23 24 27 27 27 27 27 28 29 29 20 20 20 21 21 22 23 24 27 27 27 27 27 28 28 29 29 20 20 20 20 20 20 20 20	<u> </u>			1,239,020.	27	1,541,820.
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds		28			28	
29 Capital stock or trust principal, or current funds	F.F.		and complete lines 29 through 33.			
Paid-in or capital surplus, or land, building, or equipment fund	Ö	29	Capital stock or trust principal, or current funds		29	
31 Retained earnings, endowment, accumulated income, or other funds . 31 32 Total net assets or fund balances	<u>ģ</u>	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
32 Total net assets or fund balances	Š	31			31	
Z 33 Total liabilities and net assets/fund balances	ᄫ		Total net assets or fund balances	1,239,020.	32	1,541,820.
	Z	33	Total liabilities and net assets/fund balances		33	

Form 990 (2023)	Page 12

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		53,2			
2	Total expenses (must equal Part IX, column (A), line 25)	3,170,956.				
3	Revenue less expenses. Subtract line 2 from line 1	882,271.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1,239,020.				
5	<u> </u>					
6	6 Donated services and use of facilities					
7	Investment expenses					
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain on Schedule O)					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	2,1	21,2	91.		
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×		
	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.					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	2b	×			
	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.					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	×			
	If the organization changed either its oversight process or selection process during the tax year, explain on					
_	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		<u></u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	_	İ			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b				
		_	000			

Additional Information From Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4c (continued)

Continuation Statement

Description
Oceanic Society's Conservation Scholars Program aims to give life-changing ocean
experiences to underserved students and communities in the San Francisco Bay Area.
The program was established in honor of Captain Roger Thomas who enjoyed nothing
more than introducing new people to the ocean he loved and fought to protect.

SCHEDULE A (Form 990)

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.

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection Employer identification number

Name	of the	organization					Employer identification	n number	
		Society Expedition		· · · · · · · · · · · · · · · · · · ·			94-3105570		
Pai		Reason for Public Cha				-	•	ons.	
The o	_	zation is not a private founda				•	•		
1		church, convention of churc					'0(b)(1)(A)(i).		
2		school described in section		•		•			
3		hospital or a cooperative ho						**** =	
4	_ hc	medical research organizationspital's name, city, and stat	e:				, , , , ,	-	
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 7									
8		community trust described i		•	Part II \				
9		agricultural research organ			•	erated in	conjunction with a l	and-grant college	
Ū	or	university or a non-land-graniversity:							
10	_ re	n organization that normally i ceipts from activities related apport from gross investmen equired by the organization a	to its exempt full t income and uni	nctions, subject to ce related business taxal	rtain exc ble incon	eptions; a ne (less se	and (2) no more than ection 511 tax) from	1 33½% of its	
11	☐ Ar	n organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).		
12		n organization organized and							
		ie or more publicly supported e box on lines 12a through 12							
а		Type I. A supporting organithe supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	jority of t			
b	П	Type II. A supporting organ	•				supported organizati	on(s), by having	
-		control or management of organization(s). You must	the supporting o	rganization vested in	the same				
С		Type III functionally integ	rated. A support	ting organization oper	ated in c	onnection	n with, and function	ally integrated with,	
		its supported organization(s) (see instructio	ns). You must compl	lete Part	IV, Secti	ons A, D, and E.	-	
d		Type III non-functionally it that is not functionally integrequirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ıtion requirement an		
е		Check this box if the organ						e II, Type III	
		functionally integrated, or 1		tionally integrated sur	oporting	organizati	ion.	<u></u>	
f		er the number of supported of							
<u>g</u>		vide the following information	· ·		I			· -	
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No		•	
(A)									
(B)									
(C)									
(D)									
(E)									
Total				the second second				<u> </u>	

Part							
	(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	o qualify unde	er the tests lis	ited below, p	lease comple	ete Part III.)	
	on A. Public Support					T	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					_	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	T	1				T
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						:
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc First 5 years. If the Form 990 is for the organization, check this box and stop he	organization'					
Secti	on C. Computation of Public Suppor					<u> </u>	· · · · <u> </u>
14	Public support percentage for 2023 (line of			1. column (fl)		14	
15 16a	Public support percentage from 2022 Sch 331/3% support test—2023. If the organi box and stop here. The organization qua	nedule A, Part ization did not	II, line 14 . check the box		 nd line 14 is 33	15 31/3% or more,	check this
b	331/3% support test—2022. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	nore, check
17a	10%-facts-and-circumstances test—2010% or more, and if the organization means the organization meets the organization	eets the facts facts-and-circ	-and-circumsta	nces test, che t. The organiz	eck this box a ation qualifies	ind stop here as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circur cumstances te	nstances test, st. The organi	check this bo zation qualifie	x and stop he s as a publicly	re. Explain supported
18	Private foundation. If the organization	did not check	a box on line	13, 16a, 16b,	, 17a, or 17b,	check this bo	ox and see

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

	•	1 /1 /	
(Complete onl	y if you checked the b	ox on line 10 of Part I or if the organization failed to qualify under Par	t II.
If the organiza	ition fails to qualify und	er the tests listed below, please complete Part II.)	

Secti	on A. Public Support				·		-
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	235,159.	387,305.	455,257.	341,715.	1,330,392.	2,749,828.
2	Gross receipts from admissions, merchandise		-				
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	2,008,964.	280,729.	1,361,926.	2,844,722.	2,722,835.	9,219,176.
3	Gross receipts from activities that are not an		•	•			
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	2,244,123.	668,034.	1,817,183.	3,186,437.	4,053,227.	11,969,004.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					-	
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			*			
	line 6.)						11,969,004.
Secti	on B. Total Support				· · · · · ·	····	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	2,244,123.		1,817,183.	3,186,437.	4,053,227.	11,969,004.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	0.	0.	0.	0.	0.	0.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1					
	acquired after June 30, 1975						
С	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business	7 -	•••				
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		İ				
		2,244,123.	668,034.	1,817,183.	3,186,437.	4,053,227.	11,969,004.
14	First 5 years. If the Form 990 is for the	organization's	first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					🔲
Secti	on C. Computation of Public Suppo	rt Percentage	•				
15	Public support percentage for 2023 (line	8, column (f), di	vided by line 1	13, column (f))		15	100 %
16	Public support percentage from 2022 Sc	hedule A, Part I	II, line 15 .	<u></u> .	<u></u> .	16	100 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2023	(line 10c, colum	n (f), divided b	y line 1 <mark>3, colu</mark>	mn (f))	17	0 %
18	Investment income percentage from 2023						0 %
19a	331/3% support tests - 2023. If the organ						
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly supp	orted organizati	on 🛛
b	331/3% support tests - 2022. If the organiz						
	line 18 is not more than 331/3%, check this	box and stop h e	e re. T he organi	zation qualifies	as a publicly s	upported organ	ization .
20	Private foundation. If the organization d	id not check a b	oox on line 14.	. 19a. or 19b. c	heck this box	and see instru	ctions \Box

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 2 Did the organization have any supported organization that does not have an IRS determination of status
- under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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10b	

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organizations, elsewhere how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization ported organization ported organization operate for the benefit of any supported organization other than the supported organization of the understand of the purposes of the supporting organization. 2 Did the organization operate for the benefit of any supported organization of the than the supporting organization. 2 Vers a majority of the organization's surported organization (s) that operated, supervised, or controlled the supporting organization. 2 Vers 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 surported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and am	Part	IV Supporting Organizations (continued)			Page 3
11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indivedly controls, either allow or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on line 11a above? A 35% controlled critix of a person described on line 11a obove? If "Yas" to line 11a, 11b, or 11c, provide details in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organization have been power to requiring appoint or elect at least a majority of the organization of officers, organization, describe how the powers to appoint ancior remove officers, directly organized to supported organization, describe how the powers to appoint ancior remove officers, directly organization and anti-conficions or restrictions, if any, applied to such powers during the tax year organization operated. Supported organization other than the supported organization of the tax person or restrictions of the supported organization other than the supported organization of the tax person of the supported organization of the tax person of the supported organization of the tax person of the supported organization of the tax person of the supported organization of the tax person of the supported organization of the tax person of the supported organizations of the supported organization of the organization of the organization is a supported organization and the supported organization of the organization of the organization of the organization or managed or the supported organization or the organization of the organization or such that organization or the organization of the organization or the organization or or the organization or organization or organization organization organization organization organization organization organization organization organization organization organizati		- Hele may a symmetric to commonly		Yes	Nο
11c below, the governing body of a supported organization? 2 A 33% controlled entity of a person described on line 11a above? 3 A 33% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, membors of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at test a majority of the organizations officers, directors, or trustees to rustees and the powers to appoint organizations in Part VI who we supported organizations officers, directors, or trustees were allocated among the supported organizations and what conditions or estrictions, it any, applied to such powers during the tax year. 2 Did the organization has diversified or any supported organization for the than the supported organizations what conditions or estrictions, it any, applied to such powers during the tax year. 2 Did the organization and what conditions or estrictions, it any, applied to such powers during the tax year. 3 Providing such benefit carried out the purposes of the supported organization filt "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization in Part VI how control or management of the supporting organizations 4 Were a majority of the organization's supported organizations was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organization and the supporting organization was vested in the same persons that controlled or managed the organization and the supporting organization was vested in the same persons that controlled or managed the supported organization and the supported organization in the programization is tax year, (i) a copy of the Form 900 that was most recently filed as of the date of notification, of the extent not		Has the organization accepted a gift or contribution from any of the following persons?		1.00	110
b A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a act 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, membors of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's effectively operated, supervised, or controlled the organization and more than the supported organization operate for the benefit of any supported organization of the train the supported organization's (bit at least at, supervised, or controlled the supporting organizations) that operated, supervised, or controlled the supported organization of the supported organization's that operated, supervised, or controlled the supported organization's that operated, supervised, or controlled the supported organization's that operated, supervised, or controlled the supported organization's that operated, supervised, or controlled the supported organization's that operated, supervised, or controlled the supported organization's the purposes of the supported organization's that operated 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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's use visit of the supported organization's supported organization's provided to act to the organization's provided the supported organization's provided the supported organization's provided the supported organization's provided to substantially and the organization of the organization's supported organization's supported organ	a				. :
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide details in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official cepscity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a najority of the organization officers, directors, or trustees of the supported organizations have the power to regularly appoint or elect at least a najority of the organization officers, directors, or trustees were allocated among the supported organization so what contillors or restrictions, if any, applied to such powers during the tax year. 2 Did the organization and what contillors or restrictions, if any, applied to such powers during the tax year. 2 Did the organization show that contillors or restrictions, if any, applied to such powers during the tax year. 3 Person or trustees of each of the powers to supported organization officers, directors, or trustees of each of the organization of the supporting organization. 4 Were a majority of the organization's supported organization or runangement of the supporting organization was vested in the same persons that controlled or managed the supported organization of the supported organization's tax year, (i) a copy of the Form 900 that was most recently filed as of the date of notification, and (iii) copies of the organization or governing documents in effect on the date of notification, and (iii) copies of the organization maintained a close and continuous working relationship with the supported organization's under the properties of the organization is any supported organization and the relationship described on line 2, above, del de organization is supported organization as supported organizations and the relationship described on line 2, above, del de organization is purported organization's and propertical organization's supported organization's investment policies a		· · · · · · · · · · · · · · · · · · ·	_		
Section B. Type I Supporting Organizations 1 Did the governing body, membors of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or fusieses it all times during the tax year? If "No," describe in Part VI how the supported organizations of incerts, or fusies were ellocated among the supported organization, describe how the powers to appoint anotice remove officers, directors, or fusieses were ellocated among the supported organization operate for the benefit of any supported organization observed any appoint anotice remove officers, directors, or fusieses were ellocated among the supported organization operate for the benefit of any supported organization observed and what conditions or crestrictions. If any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization, and the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organization and the support provided organization provided to each of its supported organizations, by the last day of the fifth month of the organization's provided organization provided to each of its supported organizations, by the last day of the fifth month of the organization's provided organization's officers, and services and the controllation, and life organization's provided during the prior tax year. (If year, year, (If a copy of the organization's officers, of trustees either (I) appointed organization's income or assets at all times during the tax year? I			11b		<u></u>
1 Did the governing body, members of the governing body, officers acting in their official capacity, or mambership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at a times during the tax year? If *No,* describe in Part VI how the supported organization's officers, directors, or trustees at a times during the tax year? If *No,* describe in Part VI how the supported organization's organization organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization's which the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations) that operated, supervised, or controlled the supporting organization of the organization benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization of the supported organization of the supported organization of the supporting organization or trustees during the tax year also a majority of the directors or trustees of the supported organization(s)? If *No,* describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization of tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a copy of the Form 990 that was most recontly filed as of the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s), or (ii) serving on the governing body of a supported organization's supported organization have a significant voice in the organizat	C				
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а				<i>i</i>
	h	·	За		
	~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3h		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	gan	izations		
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.					
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	on B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C—Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	6			
7	emergency temporary reduction (see instructions).	_	ntograted Tune III averaged	a avantanting	
1	Check here if the current year is the organization's first as a non-functional (see instructions).	апу І	ntegrated Type III supportir	ig organization	

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of supp	orted	
	organizations, in excess of income from activity		2	
_ 3_	Administrative expenses paid to accomplish exempt purp	anizations 3		
4_	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Par	t <i>VI</i>) 5	
6_	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	h the organization is re	sponsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	, , , , , , , , , , , , , , , , , , , 	10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			-
	From 2020			
d	From 2021			
	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			<u> </u>
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from	and the second		No. of Salphania Control
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			T 70. 1. 8 87 8 8 1
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			
				· · · · · · · · · · · · · · · · · · ·

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

Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of	the organization	Employer identification number	
<u>Ocea</u>	nic Society Ex	xpeditions	94-3105570
Organiz	zation type (check o	ne):	
Filers o	of:	Section:	
Form 99	90 or 990-EZ	∑ 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private	foundation
		☐ 527 political organization	
Form 99	90-PF	☐ 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private four	ndation
		501(c)(3) taxable private foundation	
Note: C instruct)nly a section 501(c)(ions.	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Ru	le and a Special Rule. See
Genera	l Rule		
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, cor property) from any one contributor. Complete Parts I and II. See in ontributions.	
Special	Rules		
	regulations under s	described in section 501(c)(3) filing Form 990 or 990-EZ that met the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form ed from any one contributor, during the year, total contributions of the on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Comp	n 990), Part II, line 13, 16a, or the greater of (1) \$5,000; or
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.			
contributor, during to contributions totale during the year for a		described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the year, contributions exclusively for religious, charitable, etc., purped more than \$1,000. If this box is checked, enter here the total contran exclusively religious, charitable, etc., purpose. Don't complete an est to this organization because it received nonexclusively religious, and the second contraction is the second contraction of the second contraction is the second contraction of the second contraction is the second contraction of the second contractio	oses, but no such ributions that were received y of the parts unless the

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

Name of organization
Oceanic Society Expeditions

Employer identification number

94-3105570

Part I	Contributors (see instructions). Use duplica	ate copies of Part I if additional space is	needed.
(0)	(h)	1-1	1

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	ANONYMOUS 5275 VA-7 FALLS CHURCH VA 22041	\$46,667.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	ANONYMOUS 201 PROGRESS PARKWAY MARYLAND HEIGHTS MO 63043	\$ 82,518.	Person 🗵 Payroll 📑 Noncash 🗀 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	ANONYMOUS 5 HAMILTON LANDING NOVATO CA 94949	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	ANONYMOUS 82 COURT ST KEENE NH 03431	\$ 32,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	ANONYMOUS 1800 Purdy Avenue Miami Beach FL 33139	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	ANONYMOUS 251 Central Park West, Apt 11C	\$5,000.	Person 🗵 Payroll 🔲 Noncash 🗍 (Complete Part II for

Employer identification number 94-3105570

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ANONYMOUS 8910 PURDUE RD INDIANAPOLIS IN 46268	\$5,050.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ANONYMOUS 1414 Via Terrassa Encinitas CA 92024	\$ 50,000.	Person 🗵 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ANONYMOUS PO BOX 1873 RACINE WI 53401	\$ 45,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	ANONYMOUS 1111 MacArthur Blvd. Mahwah NJ 07430	40.000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(0)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 ANONYMOUS PO BOX 59060	Total contributions	Person Payroll Noncash (Complete Part II for

Employer identification number

94-3105570

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
13	ANONYMOUS c/o Oceanic Society ROSS CA 94957	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14	ANONYMOUS 5321 NE 33rd Avenue Fort Lauderdale FL 33308	\$\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
15	ANONYMOUS 9615 NE WATCH HILL DR BAINBRIDGE ISLAND WA 98110	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
16	ANONYMOUS 1055 N. Kingley Drive Los Angeles CA 90029	\$ 19,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
17	ANONYMOUS 575 MADISON AVENUE Warwick RI 10222	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
18	ANONYMOUS 155 E 44 STREET, 27TH	\$\$	Person ⊠ Payroll □ Noncash □			

Name of organization

Employer identification number

Ocean:	c Society Expeditions	94	1-310557 0
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ANONYMOUS c/o Oceanic Society Ross CA 94957	\$ 11,355.	Person
(a) <u>No</u> .	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	ANONYMOUS c/o Oceanic Society Hudson OH 44236	\$\$	Person 🗵 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	ANONYMOUS 717 General Booth Boulevard Virginia Beach VA 23451	\$ 15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Anonymous 19200 Von Karman Avenue, #700 Irvine CA 92612	\$ 50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	ANONYMOUS 165 TOWNSHIP LINE RD HUDSON OH 44236	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	ANONYMOUS 140 Paerl Street, Suite 100 Buffalo NY 14202	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
Oceanic Society Expeditions

Employer identification number

94-3105570

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	ANONYMOUS 6 KIMBALL LANE	\$	Person 🗵 Payroll 🗍 Noncash 🗍
	LYNNFIELD MA 01940		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	ANONYMOUS		Person ⊠ Payroll □
	PO BOX 770001	\$6,000.	Noncash (Complete Part II for
	CINCINNATI OH 45277		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	ANONYMOUS		Person ☒ Payroll ☐
	803 FLORAL DR	\$ 5,000.	Noncash (Complete Part II for
	TERRACE PARK OH 45174		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	ANONYMOUS PO BOX 1517		Person ⊠ Payroll □ Noncash □
	PENNINGTON NJ 08534		Noncash [] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	ANONYMOUS		Person 🗵
	PO BOX 844	\$\$,000.	Payroll Noncash
	ROSS CA 94957		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
Oceanic Society Expeditions

Employer identification number

94-3105570

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

Schedule B (Form 990) (2023) Name of organization Employer identification number Oceanic Society Expeditions 94-3105570 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000** or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift fŕom (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift from (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

Open to Public Inspection

OMB No. 1545-0047

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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

	of the organization		Employer identification number
	anic Society Expeditions		94-3105570
_Pa	t I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fund	s or Accounts
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(b) I dilas and other accounts
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 hel	d in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Par	Conservation Easements	 -	
	Complete if the organization answered	"Voc" on Form 000 Dort IV line 7	
_			
1	Purpose(s) of conservation easements held by the	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recri	,	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 he	eld 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
а	Total number of conservation easements		
b	Total acreage restricted by conservation easement		·
C	Number of conservation easements on a certified h		
ď	Number of conservation easements included on lin		
-	on a historic structure listed in the National Registe		
_	•		= 0
3	Number of conservation easements modified, transfer vacar	sterred, released, extinguished, or term	inated by the organization during the
	tax year		
4	Number of states where property subject to conser	vation easement is located	
5	Does the organization have a written policy reg	garding the periodic monitoring, inspe	ection, handling of
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
		-	,
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	onservation easements during the year
	•		
8	Does each conservation easement reported on line	2d above satisfy the requirements of se	ection 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue a	nd expense statement and balance
	sheet, and include, if applicable, the text of the foot	tnote to the organization's financial state	ements that describes the
	organization's accounting for conservation easeme	nts.	omorno mar addonidos mo
Part			Manager A and A
ratt			ther Similar Assets
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under FAS	SB ASC 958, to report in its revenue sta	atement and balance sheet works of
	art, historical treasures, or other similar assets held	for public exhibition, education, or rese	arch in furtherance of public service,
	provide the following amounts relating to these iten (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
	(ii) Assets included in Form 990. Part X		φ
2	If the organization received or held works of art,	historical tragguras or other similar a	costs for financial sain and the
~	following amounts required to be reported under FA	mistorical liteasures, or Other Similar &	ssets for financial gain, provide the
_			
a	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Assets included in Form 990, Part X	 	\$

Par	t III Organizations Maintaining	Collections of .	Art, His	storical	Treasures,	or Ot	ther Similar Ass	sets (con:	tinued)
3	Using the organization's acquisition, collection items (check all that apply).	accession, and ot	her reco	ords, chec	ck any of the	follov	ving that make si	gnificant u	se of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progr	am		
b	Scholarly research		е	☐ Other	r				
C	Preservation for future generations								
4	Provide a description of the organiza XIII.	tion's collections a	and expl	ain how t	they further t	the org	janization's exem	pt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather	r than to be mainta	donatio	ns of art, part of th	historical tre e organizatio	easure: on's co	s, or other simila	r □ Yes	□ No
Par	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.		' on Fo	rm 990, I	Part IV, line	9, or	reported an am	ount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?	custodian, or oth	er inter	mediary f	or contributi	ons or	other assets no	Yes	□ No
b	If "Yes," explain the arrangement in P							ount	
С	Beginning balance					10		iount	
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun							□ Voc	□ No
b	If "Yes," explain the arrangement in P								
	t V Endowment Funds	art Ami. Oncok nere	, ii tile e	лріанапо	irrias been p	JOVIGE	diff at Air .	<u> </u>	<u> </u>
	Complete if the organization	answered "Yes"	on For	m 990 F	Part IV line	10			
	Complete ii the organization	(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four yea	are book
1a	Beginning of year balance	(a) Garrent year	(5) 11.	or year	(c) Two years	Dack	(u) Three years back	(e) i our yea	ars Dack
b	Contributions			·	-				
c	Net investment earnings, gains, and losses								<u></u>
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 t	he current vear en	d haland	e (line 1a	L column (a))	hold a	ne.	<u></u>	
a	Board designated or quasi-endowmer			o (iii o ig	,, coldinii (a))	TICIO E			
b	Permanent endowment	%	•						
c	Term endowment %	- ' '							
_	The percentages on lines 2a, 2b, and	2c should equal 10	n%						
3а	Are there endowment funds not in the organization by:			zation tha	at are held a	nd adr	ministered for the	Ye	s No
	•								SINO
	(ii) Related organizations?							3a(i)	-
b	If "Yes" on line 3a(ii), are the related or							3a(ii)	
4	Describe in Part XIII the intended uses							3b	<u> </u>
Part			n s enac	willent it	ands.				
r ai i			on For	∞ 000 F	Dort IV/ line	11. 0	200 F0400 000 F	Name V III.	. 10
	Complete if the organization								
	Description of property	(a) Cost or oth (investme	nt)	• •	r other basis ther)		ccumulated preciation	(d) Book va	
1a	Land		0.						0.
b	Buildings								
C	Leasehold improvements			<u> </u>					
d	Equipment			;	22,970.		18,311.	4	659.
е.	Other			<u></u>					
Total.	Add lines 1a through 1e. (Column (d) m	iust equal Form 99	0, Part 2	, line 10c	c, column (B))		4	659.

Part VII	Investments – Other Securities		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 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) Financia	I derivatives		
	neld equity interests		
(3) Other			
(A)			
(B)			
(E) (F)			
(G)			
(H)			
	mn (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments-Program Related	, l	•
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 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)			
	mn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form 990, Part X. line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
	mn (b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities		· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
1.	line 25. (a) Description of liability		(b) Book value
(1) Federal in			(b) Book value
	red compensation		0.
(3)	- Ca Compensación		0.
(4)	,		
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, line 25, col. (B))		0.
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote liability for uncertain tax positions under FASE ASC 749. Check	ote to the organization	s financial statements that reports the
organization s	s liability for uncertain tax positions under FASB ASC 740. Check	tiere if the fext of the	footnote has been provided in Part XIII . 🔲

Par			r Return	
	Complete if the organization answered "Yes" on Form 990,		1.	4 052 227
1	Total revenue, gains, and other support per audited financial statements		1	4,053,227.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مم ا		
a	Net unrealized gains (losses) on investments	2a 2b		
b	Donated services and use of facilities	2c 2c	\dashv .	
C	Other (Describe in Part XIII.)	2d	\dashv . \vdash	
d	Add lines 2a through 2d		- _{2e}	
e	Subtract line 2e from line 1		3	4,053,227.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	4,033,227.
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			4,053,227.
Part				<u></u>
ı aı	Complete if the organization answered "Yes" on Form 990,		JOI 11010	
1	Total expenses and losses per audited financial statements	rarery, into rear	1	3,750,427.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			3/130/12/1
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	╡	
C	Other losses	2c	7	
d	Other (Describe in Part XIII.)	2d	\dashv	
e	Add lines 2a through 2d		7 2e	
3	Subtract line 2e from line 1		3	3,750,427.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	7	
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5	3,750,427.
Part				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
				·

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
		•••
		••••
		^^
	······································	
		

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

94-3105570

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Oceanic Society Expeditions

Employer identification number

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence	-		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	<u> </u>			
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study	1.5		
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
				W
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		×
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		×
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		ľ	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		×
b	Any related organization?	5b		×
	If "Yes" on line 5a or 5b, describe in Part III.			
^	For payrous listed as Form 000 Dark VIII. Continue A live to did the eventiation was a second			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_		_		~
a b	The organization?	6a		×
D	Any related organization?	6b		^
	in res on line on ob, describe in rarriii.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		×
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	┢╧┪		
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		ĺ	
	in Part III	8		×
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6/c\2	ا ما		

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

.00 (F) Compensation in column (B) reported as deferred on prior Form 990 For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 197,689. (E) Total of columns (B)(I)–(D) 00 (D) Nontaxable benefits +.0 (C) Retirement and other deferred compensation (iii) Other reportable compensation instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. 00 (ii) Bonus & incentive compensation 197,689. (i) Base compensation (E) € € E Œ ≘≘ 1 President & Co-CEO (A) Name and Title Mast Roderic B ო 4 N

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BAA		REV 09/17/24 PRO	Schedule J (Form 990) 2023

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Oceanic Society Expeditions	94-3105570
Pt VI, Line 11b: Oceanic Society engages an accounting firm to prepare	are the federal
Form 990. Upon completion, the CEO and the accounting staff review	the Form 990
in detail. Prior to filing with the Internal Revenue Service, Ocean	ic Society
provides a copy of the draft federal Form 990 to all members of the	governing
body.	
Pt VI, Line 15a: Compensation is set by the independent board member	rs and recorded
in the board minutes.	
Pt VI, Line 15b: Same procedures as for 15a.	
Pt VI, Line 19: Request may be made through organization's website.	
Pt VI, Line 8b: The organization document the meetings held through	its board
minutes.	
Pt VI, Line 12c: Oceanic Society conflict of interest policy require	es (a) those
with a conflict to disclose the conflict or potential conflict, and	(b) prohibit
interested board members from voting on any matter in which there is	s a conflict.
All personel and board members are annually required to review the	conflict-of-interest
policy and provide disclosure forms which are then reviewed for comp	oliance. It
is the intention of Oceanic Society to raise awareness, encourage pr	coper disclosure
and discuss any issues that may be a conflict.	

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

אועונ	NO.	1040-0047	

For calendar year 2023, or fiscal year beginning $\[Jul\] 1$, 2023, and ending $\[Jun\] 30$, 2024

2023

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer 94-3105570 Oceanic Society Expeditions Name and title of officer or person subject to tax Nicole Bouharb, VP of Finance and Operations Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here . . . X **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . Form 990-EZ check here . . . **b Total revenue**, if any (Form 990-EZ, line 9) Form 1120-POL check here . . . 3a Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4a Form 8868 check here **b** Balance due (Form 8868, line 3c) 5a **b** Total tax (Form 990-T, Part III, line 4) Form 990-T check here . . . 6a Form 4720 check here **b Total tax** (Form 4720, Part III, line 1) 7b 7a b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here . . . Form 5330 check here . . . **b Tax due** (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the of entity) 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only to enter my PIN as my signature ☐ I authorize ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🗵 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date 02/17/2025 Signature of officer or person subject to tax Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature

Form 8879-TE (2023)

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

FORM

California Exempt Organization Annual Information Return

202	3 Annual Informa	ation Return				199
Calendar Ye	ear 2023 or fiscal year beginning (mm/dd/yyyy		, and endi)/2024
Corporation	/Organization name OCEANIC SOCIA	TY EXPEDITIONS		California co	•	number
·				151147	4	
Additional ti	nformation. See instructions.			FEIN	E E T A	
Street addr	ess (suite or room)			94-310		
P.O.BC	,					
City	V 044			Stat	te ZIP	code
ROSS				CA	949	957
Foreign cou	ntry name	Foreign province/state	e/county	 -	Fore	ign postal code
	urn		Did the organization I	nave any changes t	to its gui	delines
B Amende	d return		пот геропеа то тпе FI	B? See Instruction C Costion 227014	lS bactha	
C IRC Sec	tion 4947(a)(1) trust	□Yes ☒No	engaged in political a	ctivities? See instr	uctions.	● □ Yes ×No
P Final inf	ormation return?	_ K				23701g? ● ☐ Yes 🖾 No
	issolved Surrendered (Withdrawn)	-	If "Yes," enter the gro	•		
	tte: (mm/dd/yyyy) ● / / ccounting method: (1) □ Cash (2) 図 /	Accessed (2) Dollars				● □ Yes ເ× No
	return filed? (1) ● □ 990T (2) ● □ 9	` ' IM	Did the organization t	file Form 100 or Fo	rm 109 t	to report ● □ Yes ⊠ No
	ther 990 series		taxable income? Is the organization ur			
. ,	group filing? See instructions,		audited in a prior yea	r?		,
	rganization in a group exemption		ls federal Form 1023	/1024 pending?		□Yes ⊠No
If "Yes,"	what is the parent's name?		Date filed with IRS _			
Part I C	omplete Part I unless not required to file	this form. See General Inform	ation B and C.			
	1 Gross sales or receipts from other so	ources. From Side 2, Part II, line	8			
	2 Gross dues and assessments from m	nembers and affiliates		. , ,	● _2	
_	3 Gross contributions, gifts, grants, and				● _3	681,189 00
Receipts and	4 Total gross receipts for filing requirer This line must be completed. If the			3		4,053,227 00
Revenues	5 Cost of goods sold			<u> </u>	00	1,000,000
	6 Cost or other basis, and sales expens	ses of assets sold			00	
	7 Total costs. Add line 5 and line 6					00
	8 Total gross income. Subtract line 7 fr					
Expenses	9 Total expenses and disbursements. F	rom Side 2, Part II, line 18				3,500,081 00
	10 Excess of receipts over expenses and					
	11 Total payments				• • • • • • • • • • • • • • • • • • • •	
	13 Payments balance. If line 11 is more					
Payments		an line 11, subtract line 11 from	line 12			00
	15 Penalties and interest. See General In	nformation J			15	
	16 Balance due. Add line 12 and line 15 Under penalties of perjury, I declare that I hav	. Then subtract line 11 from the	e result	od etatemente, and to	16	f my knowledge and helief it is
Cian	true, correct, and complete. Declaration of pre	eparer (other than taxpayer) is based	on all information of which	ch preparer has any kr	nowledge.	
Sign Here	Signature	Title		Date	● Tele	ephone
	of officer	VP OF FINA!	NCE AND OPERATIONS			15)256-9604
	Preparer's		Date	Check if self-	● PTII	
Doid	signature >		_1	employed ▶ 📙		2385825 n's FEIN
Paid Preparer's	Firm's name (or yours,	- OD & NOOOGTAMBO D	C			
Use Only	and address	LOR & ASSOCIATES P				-1196225 ephone
	1420 N S	STREET NW SUITE 1 FON DC 20005	υu			02)898-0008
	May the ETR discuss this return with	• •	ee instructions		•	Yes □ No

REV 06/05/24 PRO

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.

	regardless of amount of gross receipts — comp	lete Part II or furnish sul	bstitute information.		
	1 Gross sales or receipts from all business acti	ivities. See instructions.			00
	2 Interest			,	. 00
Receipts		*		. , , , . , . , ● 3	00
from	4 Gross rents				00
Other	5 Gross royalties			• 5	00
Sources	6 Gross amount received from sale of assets (S				00
	7 Other income. Attach schedule				3,372,038 00
	8 Total gross sales or receipts from other source				3,372,038 00
	9 Contributions, gifts, grants, and similar amou	_			00
	10 Disbursements to or for members	•			00
	11 Compensation of officers, directors, and trus	tees. Attach schedule	S∈	e Stmt • 11	581,451 00
	12 Other salaries and wages				1,013,014 00
Expenses	· ·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		● 13	00
and	14 Taxes			• 14	00
Disburse	15 Rents			● 15	00
ments	16 Depreciation and depletion (See instructions)			● 16	00
	17 Other expenses and disbursements. Attach s	chedule		e Stmt • 17	1,905,616 00
	18 Total expenses and disbursements. Add line	9 through line 17. Enter I	here and on Side 1. Part I.	line 9 18	3,500,081 00
Schedu			taxable year	End of taxa	
Assets		(a)	(b)	(c)	(d)
	<u> </u>	(-)	2,128,721	(-)	2,284,794
			2,120,121		
	accounts receivable				46,668
	notes receivable				
	ntories	•	23		23
5 Fede	ral and state government obligations				<u> </u>
6 Inves	stments in other bonds				<u> </u>
7 Inves	stments in stock)
8 Mort	gage loans)
	r investments. Attach schedule				
	epreciable assets	18,771		22,970	
	ess accumulated depreciation	16,079	2,692	18,311	4,659
	•	10,013	0		0
	SEE STMT				
	r assets. Attach schedule SEE . STMT		351,292		368,130
	l assets		2,482,728		2,704,274
	s and net worth				
14 Acco	ounts payable		102,366	(101,444
15 Cont	ributions, gifts, or grants payable				
16 Bond	is and notes payable				<u> </u>
17 Mort	gages payable				D
18 Othe	r liabilities. Attach schedule SEE STMT		1,141,342		1,061,010
					•
20 Paid	tal stock or principal fundSEE STMT -in or capital surplus. Attach reconciliation		1,239,020		1,541,820
	ined earnings or income fund				<u> </u>
	I liabilities and net worth		2,482,728		2,704,274
Schedu		ith income ner return	27 1027720		271017211
Concaa	Do not complete this schedule if the an		e 13, column (d), is less tha	an \$50,000.	
		882,271	· · · · · · · · · · · · · · · · · · ·		
		002,271	7 Income recorded on b	*	
	ral income tax	•	1	turn. Attach schedule)
3 Exce	ss of capital losses over capital gains	•	8 Deductions in this retu	urn not charged	
4 Incor	me not recorded on books this year.		against book income t	his year.	
		•	_)
	enses recorded on books this year not		9 Total. Add line 7 and li	Г	
•			10 Net income per return		
			i iii warinzome ner refiirh		
	I. Add line 1 through line 5	● 882,271) '	ne 6	882,271

Form	า 199
Sched	dule L

Other Assets

2022

Name as Shown on Return DCEANIC SOCIETY EXPEDITIONS		California Corporation No.	
Other Investments:	Beginning of Tax Year	End of Tax Year	
Totals to Form 199, Schedule L, line 9	-		
Other Assets:	Beginning of Tax Year	End of Tax Year	
PREPAID EXPENSES AND DEFERRED CHARGES	351,292.	368,130.	
Totals to Form 199, Schedule L, line 12	351,292.	368,130.	

cacw2901.SCR 01/06/22

Other Liabilities and Equity

2022

Name as Shown on Return OCEANIC SOCIETY EXPEDITIONS		California Corporation N 1511474		
Other Liabilities:	Beginn of Tax Y	- 1	End of Tax Year	
DEFERRED COMPENSATION	1,081,	342.	1,061,010.	
Totals to Form 199, Schedule L, line 18	1,141,	342.	1,061,010.	

Paid-in or Capital Surplus:	Beginning of tax year	End of tax year
UNRESTRICTED NET ASSETS	1,239,020.	1,541,820.
Totals to Form 199, Schedule L, line 20 ▶	1,239,020.	1,541,820.

cacw3001.SCR 01/14/22

Date A	ccep	ted
--------	------	-----

TAXABLE YEAR California e-file Return Authorization for Exempt Organizations

8453-FO

LVL	o Exe	ınıpı Organizatii	JII9			,	UTJJ-EU
Exempt Orga	nization name		<u> </u>		Ide	ntifying number	
OCEANIC	SOCIETY EX	(PEDITIONS			94	1-3105570	
Part I E	lectronic Return Ir	iformation (whole dollars only)				
2 Total gro 3 Total exp 4 Tax due	oss income or total penses and disburs (Form 109, line 23	elated business taxable income tax (Form 199, line 8 or Form sements (Form 199, line 9))	109, line 14)			2 3 4	4,053,227. 3,500,081.
Part II	Settle Your Accoun	nt Electronically for Taxable Ye	ear 2023				
6 ☐ Dire 7 ☐ Elec	ct Deposit of refun- tronic funds withdr	d (Form 109 only.) rawal 7a Amount			date (mm/dd/yyy		
Part III	Schedule of Estimate	d Tax Payments for Taxable Year 20	124 (These are NOT installment	payments for the c	current amount the	exempt organizatio	on owes.)
		First Payment	Second Payment	Thi	rd Payment	Fourt	h Payment
8 Amount							
9 Withdra	wal Date						
Part IV	Banking Informati	ion (Have you verified the exen	npt organization's banking i	nformation?)			
-							
11 Account			12 Тура	of account: [Checking	☐ Savings	
	Declaration of Offic						
Part IV for the amoud the amoud the amoud the amoud the amoud the amoud the exempt organization arocessing reason(s) for the amoud the a	he direct deposit re unt listed on line 7a ties of perjury, I dec smitter, or intermed i's 2023 California e organization is filin anization's tax liabili oreturn and accomp of the exempt orga	cation's account to be settled a cation's account to be settled a card and any estimated payment a clare that I am an officer of the a diate service provider and the calectronic return. To the best of g a balance due return, I unde ty, the exempt organization will panying schedules and stateme anization's return or refund is date when the refund was sent	tion stated on my return. It mounts listed on Part III, it bove exempt organization at amounts in Part I above aging knowledge and belief, rstand that if the Franchise remain liable for the tax liabnts be transmitted to the Fidelayed, I authorize the Fidelayed, I	I check Part II, ne 8 from the b nd that the infor ree with the ar the exempt org Tax Board (FTE lity and all appl B by the ERO, 1 TB to disclose	box 7, I authoricank account spemation I provided mounts on the coanization's return by does not receitable interest antransmitter, or interest and transmitter,	ze an electronic cified in Part IV I to my electroni orresponding li i is true, correct ve full and time d penalties. I au termediate serv itermediate ser	funds withdrawal ic return originator nes of the exempt t, and complete. If the payment of the thorize the exempt ice provider the rvice provider the
Here	Signature of office		Date	Title	11111102 11112	OI DIGITIE	-110
declare that knowledge. nowever, that ransmitting followed all years from to the FTB ut and accomp	at I have reviewed the (If I am only an interest form FTB 8453-E this return to the It other requirements the due date of the It pon request. If I are paying schedules a	ctronic Return Originator (ERI) ne above exempt organization's ermediate service provider, I ur O accurately reflects the data or ETB. I have provided the organi is described in FTB Pub. 1345, 2 return or four years from the da m also the paid preparer, under and statements, and to the bes ich I have knowledge.	return and that the entries derstand that I am not responderstand that I am not responders the return.) I have obtaine zation officer with a copy of 2023 Handbook for Authoricate the exempt organization penalties of perjury, I decist of my knowledge and be	on form FTB 84 onsible for revidenced in the organization of the o	iewing the exempt on officer's signa information that ders. I will keep f whichever is late examined the ab de, correct, and c	ot organization's ture on form FT I will file with th orm FTB 8453- r, and I will mak ove exempt org	s return. I declare, B 8453-EO before ne FTB, and I have EO on file for four te a copy available ganization's return
ERO Must Sign	ERO's signature Firm's name (or you if self-employed) and address	T 5 TATEON & A	SSOCIATES P C NW SUITE 100, WA	Check if also paid preparer			
Jnder penal my knowled Paid Preparer - Must Sign	ge and belief, they Paid preparer's signature Firm's name (or your if self-employed)	clare that I have examined the are true, correct, and complete	above organization's return a. I make this declaration ba Date	sed on all infor	mation of which Check Paic f self- employed P0 Firm's FEIN 52-1196	nd statements, I have knowled I preparer's PTIN 2385825	lge.
Jiyii	and address	1420 N STREET N	W SUITE 100 WASH	INGTON. I		11P code 20005	

Additional Information From 2023 California Exempt Organization Business

Form 199: CA Exempt Organization Annual Information

Part II, Line 7 - Other Income

Continuation Statement

Description		Amount
PROGRAM INCOME		2,722,835
MISCELLANEOUS INCOME		51,129
GRANT REVENUE		597,689
PRODUCT SALES		385
	Total	3,372,038

Form 199: CA Exempt Organization Annual Information

Part II, Line 11 - Compensation

Continuation Statement

Description	Amount
ZACHARY D RABINOR	0
DR. CHARLES BETLACH 11	0
FINN TORGRIMSEN LONGINOTTO	0
MARILYN A. PEARSON	0
DR. SYLVIA EARLE	0
HARI BALASUBRAMANIAN	0
MARK STANLEY	0
RODERIC B MAST	197,689
BRIAN HUTCHINSON	137,116
NICOLE BOUHARB	134,263
WAYNE SENTMAN	112,383
Tota	581,451

Form 199: CA Exempt Organization Annual Information

Part II, Line 17 - Expenses

Continuation Statement

Description	Amount	
OTHER EMPLOYEE BENEFITS	117,119	
BANK/MERCHANT FEES	53,800	
DONATIONS	44,855	
PROGRAM COSTS	1,688,869	
MERCHANDISE	973	
То	tal 1,905,616	

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

Oceanic Society Expeditions 94-3105570 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **区** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor, Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific. literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address). II. and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

94-3105570 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person ANONYMOUS X _1___ Payroll \$ 46,667. 5275 VA-7 Noncash (Complete Part II for FALLS CHURCH VA 22041 noncash contributions.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 ANONYMOUS Person X **Payroll** П 201 PROGRESS PARKWAY \$ 82,518. Noncash (Complete Part II for noncash contributions.) MARYLAND HEIGHTS MO 63043 (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person ANONYMOUS |X|Payroll 5 HAMILTON LANDING \$ 10,000. Noncash (Complete Part II for NOVATO CA 94949 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 ANONYMOUS Person **Payroll** 82 COURT ST \$ 32,500. Noncash (Complete Part II for KEENE NH 03431 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution ANONYMOUS Person X 5 Payroll 1800 Purdy Avenue \$ 10,000. Noncash (Complete Part II for Miami Beach FL 33139 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 ANONYMOUS Person |X|**Payroll** 251 Central Park West, Apt 11C **\$** 5,000. Noncash (Complete Part II for New York NY 10024 noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies o	Part I if additional space is	needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
.7	ANONYMOUS 8910 PURDUE RD INDIANAPOLIS IN 46268	\$5,050.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	ANONYMOUS 1414 Via Terrassa Encinitas CA 92024	\$50,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9	ANONYMOUS PO BOX 1873 RACINE WI 53401	\$45,000.	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
10	ANONYMOUS 1111 MacArthur Blvd. Mahwah NJ 07430	\$ 40,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
11	ANONYMOUS PO BOX 59060 MINNEAPOLIS MN 55459	\$ 127,219.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12	ANONYMOUS P.O. Box 770001 Cincinnati OH 45277	\$ 20,000.	Person X Payroll	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13	ANONYMOUS c/o Oceanic Society ROSS CA 94957	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14	ANONYMOUS 5321 NE 33rd Avenue Fort Lauderdale FL 33308	\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	ANONYMOUS 9615 NE WATCH HILL DR BAINBRIDGE ISLAND WA 98110	\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16	ANONYMOUS 1055 N. Kingley Drive Los Angeles CA 90029	\$19,750.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17	ANONYMOUS 575 MADISON AVENUE Warwick RI 10222	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		

Name of organization
Oceanic Society Expeditions

Employer identification number

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ANONYMOUS c/o Oceanic Society Ross CA 94957	\$ 11,355.	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	ANONYMOUS c/o Oceanic Society Hudson OH 44236	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	ANONYMOUS 717 General Booth Boulevard Virginia Beach VA 23451	\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Anonymous 19200 Von Karman Avenue, #700 Irvine CA 92612	\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	ANONYMOUS 165 TOWNSHIP LINE RD HUDSON OH 44236	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	ANONYMOUS 140 Paerl Street, Suite 100 Buffalo NY 14202	\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
25	ANONYMOUS 6 KIMBALL LANE LYNNFIELD MA 01940	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26	ANONYMOUS PO BOX 770001 CINCINNATI OH 45277	\$ 6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27	ANONYMOUS 803 FLORAL DR TERRACE PARK OH 45174	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28	ANONYMOUS PO BOX 1517 PENNINGTON NJ 08534	\$\$.	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29	ANONYMOUS PO BOX 844 ROSS CA 94957	\$\$	Person X		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

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

Name of organization

Oceanic Society Expeditions

94-3105570

OCCAHIL	. Society Expeditions			24 3103370
Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a		fer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	(e) Transf Transferee's name, address, and ZIP + 4		sfer of gift Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
(a) No.			of gift	(d) Description of how gift is held
Part I	(a), dipose of gift			(L) Possible of the second of
1		(a) Trans	for of aift	

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee