

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2019

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
OCEANA ADVOCACY RESOURCES, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1025 CONNECTICUT AVENUE, NW 200
 City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

D Employer identification number
31-1814181

E Telephone number
(202) 833-3900

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **1,000.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21											
Revenue	1	Contributions, gifts, grants, and similar amounts received																																						
	2	Program service revenue including government fees and contracts																																						
	3	Membership dues and assessments																																						
	4	Investment income																																						
	5a	Gross amount from sale of assets other than inventory																																						
	b	Less: cost or other basis and sales expenses																																						
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																																						
	6	Gaming and fundraising events:																																						
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																						
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																						
c	Less: direct expenses from gaming and fundraising events																																							
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																							
7a	Gross sales of inventory, less returns and allowances																																							
b	Less: cost of goods sold																																							
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																																							
8	Other revenue (describe in Schedule O)																																							
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																							
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																						
	11	Benefits paid to or for members																																						
	12	Salaries, other compensation, and employee benefits																																						
	13	Professional fees and other payments to independent contractors																																						
	14	Occupancy, rent, utilities, and maintenance																																						
	15	Printing, publications, postage, and shipping																																						
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O																																						
17	Total expenses. Add lines 10 through 16																																							
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																																						
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																						
	20	Other changes in net assets or fund balances (explain in Schedule O)																																						
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																																						

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	72,665.	22	146,147.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	300,000.	24	178,315.
25 Total assets	372,665.	25	324,462.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	7,925.	26	34,634.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	364,740.	27	289,828.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		75,912.
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		75,912.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
VALARIE VAN CLEAVE CHAIR	1.00	0.	0.	0.
KEITH ADDIS PRESIDENT	1.00	0.	0.	0.
TED DANSON VICE-CHAIR	1.00	0.	0.	0.
JAMES SANDLER SECRETARY	1.00	0.	0.	0.
DIANA THOMSON TREASURER	1.00	0.	0.	0.
ANDREW F. SHARPLESS CHIEF EXECUTIVE OFFICER	1.00	0.	0.	0.
JAMES F. SIMON PRESIDENT & GENERAL COUNSEL	1.00	0.	0.	0.
CHRISTOPHER M. SHARKEY CHIEF FINANCIAL OFFICER	1.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

Form 990-EZ (2019) questions 33-45b with Yes/No columns and input fields. Includes questions about significant activity, changes to documents, business income, political expenditures, loans, and controlled entities.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
If "Yes," complete Schedule C, Part I

Table with 3 columns: Question, Yes, No. Row 46: Yes (empty), No (X)

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?
48 Is the organization a school as described in section 170(b)(1)(A)(ii)?
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Rows 47-49b: Yes/No columns are empty or contain X.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Row 1: N/A

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows are empty.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

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

Sign Here: Signature of officer (Christopher M. Sharkey), Date: 5 June 2020, Type or print name and title: CHRISTOPHER M. SHARKEY, CHIEF FINANCIAL OFFICER

Table for Preparer Information: Print/Type preparer's name (AARON M. FOX), Preparer's signature, Date (06/05/20), Check if self-employed, PTIN (P01365820), Firm's name (MARCUM, LLP), Firm's EIN (11-1986323), Firm's address (1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036), Phone no. ((202) 227-4000)

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

*** ELECTRONICALLY FILED ON 06/05/2020 ***

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

OCEANA ADVOCACY RESOURCES, INC.

Employer identification number

31-1814181

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
TRAVEL	2,866.
OFFICE SUPPLIES	177.
BANK AND REGISTRATION FEES	5,288.
INSURANCE	985.
CONFERENCE AND MEETINGS	714.
TELECOMMUNICATIONS	82.
DUES AND SUBSCRIPTIONS	382.
TOTAL TO FORM 990-EZ, LINE 16	10,494.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CONTRIBUTIONS RECEIVABLE	300,000.	178,315.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO AFFILIATE	7,523.	34,634.
ACCOUNTS PAYABLE	402.	0.
TOTAL TO FORM 990-EZ, LINE 26	7,925.	34,634.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - OCEANA ADVOCACY RESOURCES,

INC. (OAR) PROMOTES THE DESIGN AND EFFECTIVE IMPLEMENTATION OF POLICIES

AT BOTH THE NATIONAL AND INTERNATIONAL LEVELS AIMED AT PROTECTING AND

RESTORING MARINE FISHERIES AND OTHER LIVING MARINE RESOURCES AND THE

ECOSYSTEMS IN WHICH THEY EXIST; AND TO ENGAGE THE PUBLIC IN MARINE

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization OCEANA ADVOCACY RESOURCES, INC.	Employer identification number 31-1814181
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ECOSYSTEM EFFORTS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

OAR'S MISSION IS TO PROMOTE THE DESIGN AND EFFECTIVE IMPLEMENTATION OF POLICIES AT BOTH THE NATIONAL AND INTERNATIONAL LEVELS AIMED AT PROTECTING AND RESTORING MARINE FISHERIES AND OTHER LIVING MARINE RESOURCES AND THE ECOSYSTEMS IN WHICH THEY EXIST; AND TO ENGAGE THE PUBLIC IN MARINE ECOSYSTEM ADVOCACY EFFORTS.

FORM 990-EZ PART V, LINE 41, LIST OF STATES RECEIVING COPY OF FORM 990-EZ:

AK,AL,AR,AZ,CA,CT,FL,GA,IL,KS,KY,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.