990 **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

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

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

Open to Public Inspection

Α	For the 2	2023 calend	dar year, or tax year beginning	01/01/2023	and ending		12/31/2	2023				
В	Check if a	pplicable:	C Name of organization INNOCEA	NA .				D Emplo	oyer identification nu	mber		
	Address of	hange	Doing business as						84-4780735			
	Name cha	ange	Number and street (or P.O. box if	mail is not delivered to street addr	ress)	Room	/suite	E Teleph	none number			
$\overline{\Box}$	Initial retu	rn	85 Lancaster Ave					510-918-9758				
$\overline{\Box}$		n/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal co	ode							
П	Amended		Kentfield, CA 94904	, , , , , , , , , , , , , , , , , , , ,				G Gross	receipts \$	07,187		
П		n pending	F Name and address of principal offi	cer: Ben Cain			H(a) Is this a gro	oup return fo		✓ No		
			85 Lancaster Ave, Kentfield, C				.,		es included? Yes	□ No		
$\overline{}$	Tax-exem	pt status:	✓ 501(c)(3) 501(c) () (insert no.) 4947(a)((1) or 527	,			ee instructions.			
			oceana.org	7 (33 3 7 🗀 3 (3))			H(c) Group ex					
			Corporation Trust Associat	tion Other	L Year of for					CA		
_	art I	Summa					2020			<u> </u>		
			cribe the organization's missi	on or most significant activ	/ities: Inno	ceana	's mission i	s to nre	serve the ocean fo			
ø			erations by creating a global ne									
auc	-		I on Schedule O, Statement 1)	work of marine conservation	on contors to	ilut co	ilidaet ililiot	divere	.scarcii ana caaca			
ĩ	-		box if the organization di	scontinued its operations (or disposed	of m	ore than 25	% of its	s net assets			
ŏ	l .		voting members of the gover		-			3	3 1101 433013.	12		
<u>დ</u>			independent voting members					4		12		
es			per of individuals employed in			,		5		0		
ξ	l .		per of volunteers (estimate if r	·				6				
Activities & Governance	l .		•	• •				7a		15		
4			ated business revenue from F ted business taxable income					7b		0		
	b	vet urireiai	Prior Year		Current Year	0						
	. ,	Contributio	one and grants (Dart VIII line :									
Revenue			ons and grants (Part VIII, line	1	97,517		64,383					
Ven	l .	_	ervice revenue (Part VIII, line 2		4,598	13	36,875					
Be			t income (Part VIII, column (A)	-				0		5,929		
			nue (Part VIII, column (A), line					-4,345				
			ue—add lines 8 through 11 (m	<u> </u>				97,770		07,187		
			l similar amounts paid (Part I)					31,394	27	74,800		
				to or for members (Part IX, column (A), line 4)								
ses	l .		her compensation, employee b		-			77,863	19	93,080		
Expenses	l .		al fundraising fees (Part IX, co					0		0		
Ϋ́			raising expenses (Part IX, colu		9,443							
	l .		enses (Part IX, column (A), line					34,020		69,675		
			nses. Add lines 13–17 (must e					43,277		37,555		
- 10	19	Revenue le	ess expenses. Subtract line 18	8 from line 12				54,493		69,632		
Net Assets or Fund Balances			(=			Beg	inning of Curr		End of Year			
sset 3ala	20		ts (Part X, line 16)				1	10,252	38	80,266		
et A	21		ties (Part X, line 26)					0		0		
			or fund balances. Subtract li	ne 21 from line 20			1	10,252	38	30,266		
	art II		re Block									
			, I declare that I have examined this r e. Declaration of preparer (other than						my knowledge and be	lief, it is		
liu	c, concot, 1	and complete	e. Bediaration of preparer (other than	omeer) is based on all imormation	or willon prop	arci na	s arry knowice	igo.				
o:												
Si	-	Signature	of officer				Dat	е				
He	ere		, Treasurer									
			int name and title									
Pa	id	Print/Type	preparer's name	Preparer's signature		Date Check if PTIN						
	eparer	Stephani	ie Skryzowski					self-emp	P020177	53		
Use Onl			ne 100 Degrees Consulting				Firm's	EIN	30-1058648			
	.c Omy	Firm's add	dress PO Box 222, Clarence Co	enter, NY 14032			Phone	no.	678-632-4534			
Ma	v +ha ID9	S dicourse t	this return with the preparer s	hown above? See instruct	ione				✓ Voc	¬ No		

Cat. No. 11282Y

Form 990 (2023) Page **2**

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:	_
•	Innoceana's mission is to preserve the ocean for future generations by creating a global network of marine conservation centers	
	that conduct innovative research and educate coastal communities. Innoceana works towards inspiring active change with the	
	global community through education, research, storytelling, and participation.	
	grown community an ought cusculous reaction, story terming and participation.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	_
	If "Yes," describe these new services on Schedule O.	-
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	5
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	the total expenses, and revenue, if any, for each program service reported.	٥,
	the total expenses, and revenue, if any, for each program solvies reported.	
4a	(Code:) (Expenses \$ 406,634 including grants of \$ 274,800) (Revenue \$ 136,875)	_
	Innoceana's mission is to preserve the ocean for future generations by creating a global network of marine conservation centers	
	that conduct innovative research and educate costal communities. Innoceana works towards inspiring active change with the	
	global community through education, research, storytelling, and participation.	
	9	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	—
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	—
+0	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses 406,634	_

Part	IV Checklist of Required Schedules
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If complete Schedule A
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 oppos

5

6

7

8

9

10

11

а

b

С

d

е f

12a

b

13 14a b

15

16

17

18

19

20a

21

			Yes	No
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? complete Schedule A	If "Yes,"		,	
Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	2	~	
Did the organization engage in direct or indirect political campaign activities on behalf of or in opportunity of the candidates for public office? If "Yes," complete Schedule C, Part I		3		_
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section in effect during the tax year? If "Yes," complete Schedule C, Part II	on 501(h)			
Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membersl assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	nip dues,			
Did the organization maintain any donor advised funds or any similar funds or accounts for which have the right to provide advice on the distribution or investment of amounts in such funds or accuracy "Yes," complete Schedule D, Part I	h donors			
Did the organization receive or hold a conservation easement, including easements to preserve ope the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				
Did the organization maintain collections of works of art, historical treasures, or other similar assets? complete Schedule D, Part III				
Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; so custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit debt negotiation services? If "Yes," complete Schedule D, Part IV	erve as a			
Did the organization, directly or through a related organization, hold assets in donor-restricted end or in quasi-endowments? If "Yes," complete Schedule D, Part V		0		_
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, VII, VIII, IX, or X, as applicable.	Parts VI,			
Did the organization report an amount for land, buildings, and equipment in Part X, line 10? complete Schedule D, Part VI	If "Yes,"	а		,
Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		b		_
Did the organization report an amount for investments—program related in Part X, line 13, that is 5% of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		С		_
Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its tot reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX </i>		d		,
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule	D, Part X 11	е		~
Did the organization's separate or consolidated financial statements for the tax year include a footnote that a the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D		lf		/
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Schedule D, Parts XI and XII	complete	2a		~
Was the organization included in consolidated, independent audited financial statements for the tax "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is		2b		~
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .	1	3		~
· · · · · · · · · · · · · · · · · · ·	14	la	~	
Did the organization have aggregate revenues or expenses of more than \$10,000 from grar fundraising, business, investment, and program service activities outside the United States, or a foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	ggregate			
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistator any foreign organization? If "Yes," complete Schedule F, Parts II and IV	nce to or		<i>y</i>	
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	or other			_
Did the organization report a total of more than \$15,000 of expenses for professional fundraising se				·
Did the organization report more than \$15,000 total of fundraising event gross income and contribute Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	utions on			<u>, </u>
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lir "Yes," complete Schedule G, Part III	ne 9a?			<u>, </u>
Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	-	-		~
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return		-		
Did the organization report more than \$5,000 of grants or other assistance to any domestic organidomestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	zation or			~

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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	23		٧
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		· ·
b 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		
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? <i>If "Yes," complete Schedule L, Part II</i>	26		V
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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
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? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		\ \ \ \ \ \
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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
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		V
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	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
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 0			
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		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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).	F-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		V
b C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
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		
С	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		
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 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ü	sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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: Gross income from members or shareholders			
a b	Gross income from members or shareholders			
b	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 14а	Enter the amount of reserves on hand	14a		~
14a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	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.			

Form 990 (2023) Page **6**

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 12 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. 100 Degrees Consulting, (678)632-4534

Part VI

Form 990 (2023) Page **7**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 no	r any relate	d org	aniz			ompe	nsa	ted any current	otticer, director,	or trustee.
		(C)								
(A)	(B)	(do n	not of		sition		ano	(D)	(E)	(F)
Name and title	Average	box,	(do not check more t box, unless person is officer and a director			person is both an		Reportable	Reportable	Estimated amount
	hours per week							compensation from the	compensation from related	of other compensation
	list any	Individual trustee or director	Inst	Officer	Ke _y	Hig	Former	organization (W-2/	organizations (W-2/	from the
	hours for related	vidu	it	cer	Key employee	hest	mer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and
	organizations	tor all	ona		blo	8 cq		1099-NEC)	1099-NEC)	related organizations
	below	rust	tra		/ee	npei				
	dotted line)	96	Institutional trustee			Highest compensated employee				
			Ľ.			<u>e</u>				
Carlos Mallo Molina	4.00			١.						
Executive Director	0.00	~		~				45,689	0	0
Benjamin Cain	6.00			١.						
Treasurer	0.00	~		~				0	0	0
Eric Larsen	6.00			١.						
President	0.00	~		~				0	0	0
Lisa Sholley	6.00			١.						
Vice President	0.00	~		~				0	0	0
Rebecca Friendly	6.00			١.						
Secretary	0.00	~		~				0	0	0
Benjamin Novotny	2.00									
Director	0.00	~						0	0	0
Maggie Seida	4.00									
Director	0.00	~						0	0	0
Stuart Fraenkel	2.00									
Director	0.00	~						0	0	0
Taylor Coccari	4.00									
Director	0.00	~						0	0	0
Branwyn Lee	2.00	-								
Director	0.00			~				0	0	0
Chris Parker	4.00									
Director	0.00			~				0	0	0
Nicholas Rowley	2.00									
Director	0.00			~				0	0	0
		-								
			_							
		-								
	1		1	1	1		1		I	1

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Empl	oyees (continued)
						C)					
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)	(F)
	Name and title	Average hours	box,	box, unless per officer and a d			is both	n an	Reportable compensation	Reportable compensation	Estimated amount of other
		per week			_	_		<u> </u>	from the	from related	compensation
		(list any hours for	ndivi r dir	nstitu	Officer	ey e	lighe mplo	Former	organization (W-2/ 1099-MISC/	organizations (W-2 1099-MISC/	/ from the organization and
		related	Individual to	tion	, T	Key employee	st co	욕	1099-NEC)	1099-NEC)	related organizations
		organizations below	ndividual trustee or director	al tru		эуее) mpe				
		dotted line)	tee	Institutional trustee			Highest compensated employee				
							ed				
			1								
			-								
			_								
			1								
1b	Subtotal		٠						45,689	(0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section	n A	٠					45.689	(
	Total number of individuals (including	but not	limite	ed 1	to t	hos	e lis	ted			-
_	reportable compensation from the organi								0		
	D. I. II	· · · · · · · · · · · · · · · · · · ·									Yes No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> 3										3 /
4	For any individual listed on line 1a, is the										
•	organization and related organizations										
	individual							•			4 🗸
5	Did any person listed on line 1a receive of for services rendered to the organization										5
Secti	on B. Independent Contractors								•		
1	Complete this table for your five high					•					
	compensation from the organization. Repo	ort compen	sation	n to	r the	ca	lenda	r ye ⊺		within the orga	
	(A) Name and business add	ress							(B) Description of serv	vices	(C) Compensation
None											
	Total number of independent contractor	rs (includir	na bi	ıt n	ot	limit	ed to	 th	ose listed abov	e) who	
	received more than \$100,000 of compens								0	,	

Page 8

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Š, Š	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
ဇ် ဠ∣	С	Fundraising events			1c	0				
fts, rA	d	Related organization	ns .		1d	0				
ੂੰ ਤੋਂ	е	Government grants			1e	0				
ns,	f	All other contribution	ns, git	fts, grants,						
e ë		and similar amounts not included above 1f				664,383				
혈된	g									
늘		lines 1a-1f			1g	\$ 0				
ු පු	h	Total. Add lines 1a-	-1f .				664,383			
						Business Code				
e c	2a	Expedition Revenue				541710	136,875	136,875	0	0
اه ≧َ	b									
gram Ser Revenue	С									
E S	d									
20 20	е									
Program Service Revenue	f	All other program se					0	0	0	0
_	g	Total. Add lines 2a-					136,875			
	3	Investment income					·			
		other similar amoun	its) .				5,929	0	0	5,929
	4	Income from investr	nent d	of tax-exem	npt bo	nd proceeds	0	0	0	0
	5	5			-	-	0	0	0	0
		,		(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	C	Rental income or (loss)			0	0				
	d	Net rental income o		s)						
	7a	Gross amount from		(i) Securit		(ii) Other				
		sales of assets								
		other than inventory	7a							
o	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
e e	С	Gain or (loss)	7c		0	0				
		Net gain or (loss)								
Other		=								
ŏ	-	events (not including		0						
		of contributions rep		d on line						
		1c). See Part IV, line			8a					
	b	Less: direct expens	es .		8b					
	С	Net income or (loss)) from	n fundraisin	g eve	nts				
		Gross income f	rom	gaming						
		activities. See Part I	IV, lin	e 19 .	9a					
	b	Less: direct expens	es .		9b					
		Net income or (loss)			ctivitie	es				
		Gross sales of ir								
		returns and allowan	ces		10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)			vento	ory				
<u>v</u>						Business Code				
e go	11a									
Miscellaneous Revenue	b									
eli ÿe	С									
ည်း	d	All other revenue								
Σ	е	Total. Add lines 11a	a–11d	1			0			
	12	Total revenue. See					807,187	136,875	0	5,929

Part IX Statement of Functional Expenses

section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete co	эштг	1 (A)).		
Check if Schedule O contains a response or note to any line in this Part IX				 \Box	

	Check if Schedule O contains a response	or note to any line	e in this Part IX .		📙
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0	0		
2		0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	274,800	274,800		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	45,688	18,275	20,560	6,853
6	Compensation not included above to disqualified	·	,		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0	0
7 8	Other salaries and wages Pension plan accruals and contributions (include	147,392	75,904	71,488	0
0	section 401(k) and 403(b) employer contributions				
	11 11 11 11 11 11 11 11 11 11 11 11 11	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	6,708	0	6,708	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0	Ŭ	Ü	0
f	Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column	U	U	0	0
9	(A), amount, list line 11g expenses on Schedule O.)	_	_	_	_
	- · ·	0	0	0	0
12	Advertising and promotion	4,703	1,194	3,439	70
13	Office expenses	5,343	767	4,576	0
14	Information technology	6,688	2,221	4,467	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	6,768	3,322	3,446	0
18	Payments of travel or entertainment expenses	·	,		
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	3,330	760	50	2,520
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	
22					0
	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	0
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.)				
а	Program Equipment & Supplies	29,339	29,339	0	0
b	Licenses, Fees & Taxes	6,517	52	6,465	0
С					
d					
e	All other expenses	279	0	279	0
25	Total functional expenses. Add lines 1 through 24e	537,555	406,634	121,478	9,443
26	Joint costs. Complete this line only if the	J37,J35	400,034	121,470	7,443
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				
					Form 990 (2023)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X		🔲
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	110,252	1	368,638
	2	Savings and temporary cash investments	·	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, directo	or,		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define	ed		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	11,628
As	9	Prepaid expenses and deferred charges		9	,020
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	110,252	16	380,266
	17	Accounts payable and accrued expenses	110,202	17	000/200
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
s	22	Loans and other payables to any current or former officer, directo	or.		
ij		trustee, key employee, creator or founder, substantial contributor, or 359			
Liabilities		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related thir	rd		
		parties, and other liabilities not included on lines 17-24). Complete Part			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0		0
ű		Organizations that follow FASB ASC 958, check here			
ဥ		and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	110,252	27	380,266
Ba	28	Net assets with donor restrictions	0	28	0
nd		Organizations that do not follow FASB ASC 958, check here			
교		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
λA	32	Total net assets or fund balances	110,252	32	380,266
ž	33	Total liabilities and net assets/fund balances	110,252		380,266
			-1		

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)			807	7,187		
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4						
5	Net unrealized gains (losses) on investments				0		
6	Donated services and use of facilities				0		
7	Investment expenses				0		
8	Prior period adjustments				382		
9	Other changes in net assets or fund balances (explain on Schedule O)				0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))			380	0,266		
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	<u></u>					
	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	b Were the organization's financial statements audited by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or	n 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						
	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 Schedule O.	on					
3a		the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		~		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u>· </u>	3b	200			

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to F

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

INNC	INNOCEANA 84-4780735								
Par	tΙ		Reason for Public Cha	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instruction	ons.
The c	orga	niza	ation is not a private founda	ation because it i	s: (For lines 1 through	12, ched	k only or	ne box.)	
1			hurch, convention of churc					0(b)(1)(A)(i).	
2			chool described in section						
3			ospital or a cooperative ho						
4			nedical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_			spital's name, city, and stat						
5	_		organization operated for ction 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7	•	An	ederal, state, or local gover organization that normally scribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8		Αc	community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9		or u	agricultural research organ university or a non-land-gra versity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10		rec sup acc	organization that normally eipts from activities related oport from gross investmen quired by the organization a	to its exempt fu t income and un lfter June 30, 197	nctions, subject to ce related business taxal 75. See section 509(a	rtain exce ble incom a)(2) . (Cor	eptions; a ne (less so nplete Pa	and (2) no more than ection 511 tax) from art III.)	33 ¹ / ₃ % of its
11		An	organization organized and	l operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
12			organization organized and						
			or more publicly supported						
			box on lines 12a through 12		*			•	
а			Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	ijority of t		
b		П	Type II. A supporting orga	nization supervis	ed or controlled in co	nnection	with its s	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 integits supported organization						ally integrated with,
d			Type III non-functionally that is not functionally interrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е			Check this box if the organ functionally integrated, or	Гуре III non-func	tionally integrated sup				e II, Type III
f			r the number of supported o	-					
g			ide the following information	n about the supp	orted organization(s).				
	(ii) Name of supported organization (iii) Type of organization (described on lines 1–10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions)					other support (see			
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 664,383 48,203 197,517 910,103 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 **Total.** Add lines 1 through 3 4 0 0 48,203 197,517 910,103 664,383 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) 563,894 **Public support.** Subtract line 5 from line 4 346,209 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 0 0 48,203 197,517 664,383 910,103 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 910,103 Gross receipts from related activities, etc. (see instructions) 12 0 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 % 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

18

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	in the organization rails to quality	under the te	ists listed bei	ow, please co	implete Fart	II. <i>)</i>	
	on A. Public Support			T	1	Γ	
	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						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Coot:	on B. Total Support						
		(=) 0010	(l-) 0000	(-) 0001	(4) 0000	(-) 0000	(f) Tatal
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9							
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	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,						
	and 12.)						
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 Suppor	t Percentag	je				
15	Public support percentage for 2023 (line 8	3, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2023 (-			%
18	Investment income percentage from 2022					18	%
19a	331/3% support tests—2023. If the organ						
_	17 is not more than 331/3%, check this box	_	_	-		=	_
b	331/3% support tests—2022. If the organiz						
00	line 18 is not more than 33 ¹ / ₃ %, check this l	_	=				_
20	Private foundation If the organization di	ri not check a	DOX ON LINE 14	149 Or 14h	THECK THIS HAY	and see instru	ctions \square

Schedule A (Form 990) 2023 Page 4

Supporting Organizations Part IV

(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.)

S

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	10		
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).	4c		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9c		
l0a	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.	10a		
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.)	10a		

10b

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No 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? 11a **b** A family member of a person described on line 11a above? 11b 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. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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

3b

Schedule A (Form 990) 2023

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Sect	
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional	ally	integrated Type III suppor	ting organization
	(see instructions).	-		

Schedule A (Form 990) 2023 Page **7**

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 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. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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.)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

20**23**Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

INNOCEANA

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

Inspection
Employer identification number

84-4780735

Par	General Information Form 990, Part IV, line		ies Outside	the United States. Com	nplete if the organization ar	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistant	es' eligibility	for the gran	ts or assistance, and the	selection criteria used to	☑ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorir	ng the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(4)	Francis of the should be a local conditional and of			Dua mana Camata a	Data and the state of the state	40.400
(1)	Europe (including Iceland and C	1	1	Program Services	Data collection, citizen scie	43,639
(2)	Central America and the Caribb	1	6	Program Services	Data collection, citizen scie	210,841
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17) 3a	Subtotal					
	Total from continuation					
	sheets to Part I					
С	Totals (add lines 3a and 3b)	2	7			254,480

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code (a) Name of (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN organization grant cash grant cash noncash of noncash assistance valuation (book, FMV, (if applicable) disbursement assistance appraisal, other) (1) Europe (including Ic Assistance for Data C 43,639 Wire Transfer 0 **FMV** (2) Central America and Data collection, citizer 210.841 Wire Transfer **FMV** 0 (3) (4) (5) (6) (7) (8) (9)(10)(11) (12)(13)(14)(15)(16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

0

Schedule F (Form 990) 2023

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2023 Page **4**

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	☐ Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	☐ Yes	✓ No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F, Part I, Line 2 - Due Diligence: Prior to awarding the grant, the organization can conduct due diligence on the grantee to assess their financial stability, track record, and capacity to manage the funds effectively. Budget Approval: Prior to disbursing funds, the
organization can require the grantee to submit a detailed budget outlining how the funds will be used. This budget can be reviewed and
approved by the organization to ensure alignment with the grant's intended purpose. Site Visits: Periodic step visits by representatives of the organization to the grantee's location in Spain and Costa Rica can provide firsthand insights into the progress of the project, verify the
appropriate use of funds, and assess the impact of the grant. Document Verification: The organization can request and verify invoices,
receipts, and other supporting documentation related to expenses incurred by the grantee. This can help confirm that the funds are being
spent as intended. Regular Communication: Establishing regularly communication channels with the grantee, including progress reports,
updates, and ongoing discussions about the project's status, can help identify any issues early and ensure that the project aligns with the
organization's goals. Documentation Retention: Both the organization and the grantee should maintain thorough records of all financial
transactions, correspondence, reports, and any other relevant documents for future reference and compliance checks. Financial Reporting:
The organization can require regular financial reports from the grantee organizations in Spain and Costa Rica. These reports should detail
how the funds are being used, including a breakdown of expenses, receipts, and any financial documentation.
Tion the failed are being used, morauming a broakdom of expenses, recorpts, and any manifest accommendation.

SCHEDULE O (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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

INNOCEANA

Employer identification number
84-4780735

INNOCEANA Form 990, Part VI, Section B, Line 11b - A full copy of the Form 990 is provided to the entire board prior to filing with the Internal Revenue Form 990, Part VI, Section B, Line 12c - The organization's conflict of interest policy covers any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest. In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. Each covered person shall annually sign a statement which affirms such person: has received a copy of the conflicts of Interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the corporation is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. Form 990, Part VI, Section B, Line 15 - The organization looks at financial information across similar organizations to set salary benchmarks with similar skill-sets. Form 990, Part VI, Section C, Line 19 - The organization makes its governing documents, conflict of interest policy, and financial statements available upon request.

Schedule O, Statement 1 INNOCEANA

Form: Form 990 (2023) EIN: 84-4780735

Page: 1 Part I, Line 1

Activity Or Mission Description

Description

coastal communities. Innoceana works towards inspiring active change with the global community through education, research, storytelling, and participation.