Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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. 2022 Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

AF	or th	e 2022 calendar year, or tax year beginning and ending				
_		C Name of organization		D Employe	er identification	number
Bo	Check if a	OCEANIC PRESERVATION SOCIETY				
	Addre	ss change Doing business as		38-38	91081	
	Name	change Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Telephor	ne number	
	Initial	return 336 BON AIR CENTER, #384		(415)	236-0686	
	Final r	eturn/terminated City or town, state or province, country, and ZIP or foreign postal code		G Gross re	ceipts \$	
	Ameno	GREENBRAE, CA 94904			635,	357.
	Applic	ation pending F Name and address of principal officer: LOUIE PSIHOYOS		is a group return		
		336 BON AIR CENTER, #384, GREENBRAE, CA 94904		ordinates? all subordinates i	included? Ye	
I	Tax-ex	xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	7 11	"No," attach a	list. See instruction	ıs.
J	Webs		H(c) Gro	up exemption r	number	
κ	Form	of organization: X Corporation Trust Association Other L Year of	formation: 201	2 M State	of legal domicil	e: CO
	art I					
	1	Briefly describe the organization's mission or most significant activities: EXPOSE THE THE	RUTH. PRO	ГЕСТ ТН	E PLANET	. WE
e		EXPOSE COMPLEX, GLOBAL ENVIRONMENTAL ISSUES AND PROMOTE A				
anc		THROUGH THE USE OF FILM, PHOTOGRAPHY, SOCIAL MEDIA, AND (TION.		
/err	2	Check this box if the organization discontinued its operations or disposed of m	nore than 259	% of its r	net assets.	
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)				5
ళ	4	Number of independent voting members of the governing body (Part VI, line 1b)				4
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)				4
Activities & Governance	6	Total number of volunteers (estimate if necessary)				6
Ă	7a	Total unrelated business revenue from Part VIII, column (C), line 12				NONE
		Net unrelated business taxable income from Form 990-T, Part I, line 11				NONE
			Prior \		Current	Year
ø	8	Contributions and grants (Part VIII, line 1h)	1,26	57 , 452.	39	0,258.
Revenue	9	Program service revenue (Part VIII, line 2g)	35	50,418.	24	3,352.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		125.		78.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		NONE		1,669.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,61	7,995.	63	5,357.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18	87 , 950.	23	0,832.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE		NONE
ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	32	28,107.	41	3,405.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE		NONE
zbe		Total fundraising expenses (Part IX, column (D), line 25) 47, 579.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	89	95,332.	51	2,422.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,41	1,389.	1,15	6,659.
	19	Revenue less expenses. Subtract line 18 from line 12	20)6,606.	-52	1,302.
Net Assets or Fund Balances			Beginning of C	urrent Year	End of Y	ear
sets alan	20	Total assets (Part X, line 16)	1,81	7,044.	1,43	1,858.
dBs	21	Total liabilities (Part X, line 26)	20)3,470.	33	9,586.
Pune.	22	Net assets or fund balances. Subtract line 21 from line 20.	1,61	3,574.	1,09	2,272.
Pa	art II	Signature Block				
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statem ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer ha			knowledge and	belief, it is
	5, COIN		s any knowledge.			
010		Jamie (ainger)		11/15/	2023	
Sig He		Signature of officer	Da	ite		
пе	le	LOUIE PSIHOYOS CEO				
		Type or print name and title				
Paid	4	Print/Type preparer's name Preparer's signature Date	Che		PTIN	
	, parer	MARY JANE PIERONI , CPA MARY JANE PIERONI , C 11/15	/2023 self	-employed	P0053877	2
	Only	Firm's name BDO USA	Firm's El	N 1	3-538159	0
		Firm's address 4999 PEARL E CIRCLE STE 300 BOULDER, CO 80301	Phone no	o. 3	03-440-0	399
		IRS discuss this return with the preparer shown above? See instructions			. X Yes	No
For	Pape	rwork Reduction Act Notice, see the separate instructions.			Form 9	90 (2022)

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Pa	art III 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:	
	EXPOSE THE TRUTH. PROTECT THE PLANET. WE EXPOSE COMPLEX, GLOBAL	
	ENVIRONMENTAL ISSUES AND PROMOTE ADVOCACY THROUGH THE USE OF FILM,	
	PHOTOGRAPHY, SOCIAL MEDIA, AND COLLABORATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3		
	services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mease expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:)(Expenses \$ 1,032,724. including grants of \$ 230,832.)(Revenue \$ 243,352.)
	THE ORGANIZATION USES SPECIAL, UNDERCOVER OPERATIONS TO SHOW	,
	PEOPLE THINGS THEY CANNOT SEE WITH THEIR OWN EYES. USING SPECIAL	
	FILMING TECHNIQUES THAT ARE AUDACIOUS AND AT SCALE, THE	
	ORGANIZATION EXPOSES COMPLEX, GLOBAL ENVIRONMENTAL ISSUES AND	
	PROMOTES ADVOCACY THROUGH THE USE OF FILM, PHOTOGRAPHY, SOCIAL	
	MEDIA, AND COLLABORATION.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4 d	Other program services (Describe on Schedule O.)	
Ŧu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,032,724.	
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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a		
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			X
C		44.4		37
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u> </u>
	If "Yes," complete Schedule G, Part III	19		X
202	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Х	
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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	<u> </u>
24 a	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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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		Х
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	Х	L
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
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		Х
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	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 16			
	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			
19.4	reportable gaming (gambling) winnings to prize winners?	1c	000	<u> </u>
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Par	t 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. 2a 4								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	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		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
с	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								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
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).								
а	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		Х					
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		X					
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		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•							
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]								
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.								
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).								
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
u	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								
c	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b							
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		Х					
	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		Х					
	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? If "Yes," complete Form 6069.	17							

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Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b bel	ow, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	n A. Governing Body and Management			
			Yes	No
1a	Inter the number of voting members of the governing body at the end of the tax year	5		
	there are material differences in voting rights among members of the governing body, or			
	the governing body delegated broad authority to an executive committee or similar ommittee, explain on Schedule O.			
b	Inter the number of voting members included on line 1a, above, who are independent	4		
2	oid any officer, director, trustee, or key employee have a family relationship or a business relationship wit	ו 📃		
	ny other officer, director, trustee, or key employee?	2		Х
3	oid the organization delegate control over management duties customarily performed by or under the dire	rt		
	upervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4)id the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoi	nt		
	ne or more members of the governing body?			Х
b	are any governance decisions of the organization reserved to (or subject to approval by) member	3,		
	tockholders, or persons other than the governing body?			Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken durir	g		
	he year by the following:			
а	he governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			
	he organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			Х
Secti	n B. Policies (This Section B requests information about policies not required by the Internal Reven	ie Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	"Yes," did the organization have written policies and procedures governing the activities of such chapter	3,		
	ffiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	1 4 4 4		
11a	as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Х	
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	Х	
b	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could giv	е		
	ise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	."		
	lescribe on Schedule O how this was done		Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?		X	
15	Did the process for determining compensation of the following persons include a review and approval b			
	ndependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-		
а	he organization's CEO, Executive Director, or top management official		Х	
b	Dther officers or key employees of the organization	15b		Х
	"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 arrangeme	nt		
	vith a taxable entity during the year?			Х
b	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate i			
	articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard th			
	rganization's exempt status with respect to such arrangements?	16b		
Secti	n C. Disclosure			
17	ist the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	0-T (sec	tion 5	01(c)
-	3)s only) available for <u>pu</u> blic inspection. Indicate <u>how</u> you made these av <u>ailable</u> . Check all that apply.	,		- (-)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic	t of inte	rest r	olicv
	and financial statements available to the public during the tax year.		1	. ,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords		
	SAMARA STEIN 336 BON AIR CENTER, #384 GREENBRAE, CA 94904			
	15-236-0686	Form	9 90	(2022)
JSA 2E1042	000			

Page **7**

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

. . .

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional trustee or director		Position (do not check more than one box, unless person is both an officer and a director/trustee)				Position (do not check more than one box, unless person is both an officer and a director/trustee)				Position (do not check more than one box, unless person is both an officer and a director/trustee)				Position (do not check more than one box, unless person is both an officer and a director/trustee)				Position (do not check more than one box, unless person is both an officer and a director/trustee)				Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
						<u> </u>																									
(1) LOUIE PSIHOYOS	30.00																														
EXECUTIVE DIRECTOR/CEO	30.00	Х		Х				225,346.	NONE	NONE																					
(2) SAMARA STEIN	30.00																														
CHIEF OPERATING OFFICER	30.00			Х				81,292.	108,093.	5,681.																					
(3) MATTHEW STAMM	40.00																														
ASSOCIATE EDITOR	40.00					Х		18,028.	87,895.	3,150.																					
(4) WILDER KNIGHT	5.00																														
TREASURER	5.00	Х		Х				NONE	NONE	NONE																					
(5) LEILANI MUNTER	2.00																														
SECRETARY	2.00	Х		Х				NONE	NONE	NONE																					
(6) JENN NOLAN	2.00																														
BOARD CHAIR	2.00	Х		Х				NONE	NONE	NONE																					
(7) DEB ADAMS	1.00																														
VICE CHAIR	1.00	Х		Х				NONE	NONE	NONE																					
(8)		-																													
(9)		-																													
(10)		_																													
(11)		-																													
(12)		-																													
(13)		-																													
(14)		-																													

Form 990 (2022)

OCEANIC PRESERVATION SOCIETY

Form 990 (2022) Part VII Section A. Officers, Directors, Tr	ustees. Ke	v Em	pla	over	-s. 7	and H	liał	nest Compensat	ed Employees	(continue		Page 8
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box,	iot cl unles	(C Pos heck ss pe	C) iition more erson	e than c is both or/trust employee	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISC	om an com C) fr org an	(F) stimated nount o other ppensati om the panization d related anization	of ion on d
		-										
		-										
		-										
		-										
		-										
		-										
		-										
		-										
		-										
 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not 	limited to t		iste	d al	bove	e) who	A	324,666. NONE 324,666. ceived more than	195,988	NE		831. NONE 831.
 reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Scheden For any individual listed on line 1a, is the 	cer, directo lule J for suc sum of rep	ch ind portab	ividu le c	<i>ual</i> com	 pen	satior	n ar	nd other compens	sation from the	3	Yes	No X
organization and related organizations gr individual			• •		• •		• •			4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i> Y												X
 Section B. Independent Contractors Complete this table for your five highest con compensation from the organization. Report or year. 												
(A) Name and business ad	dress							(B) Description of se	rvices	(C) Compens		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE NONE

OCEANIC PRESERVATION SOCI.	Ľ.
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Form 990 (2022)

OCEANIC PRESERVATION SOCIETY Part VIII Statement of Revenue

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		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
	c	Fundraising events					
	d	Related organizations 1d					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants,					
		and similar amounts not included above . 1f	390,258.				
		Noncash contributions included in	,				
	g	lines 1a-1f	\$				
aŭ	h	Total. Add lines 1a-1f		390,258.			
			Business Code	000,200.			
e		FILM PRODUCTION REVENUE	512000	231,077.	231,077.		
Program Service Revenue	2a		512000	8,500.	8,500.		
Ser	b	PHOTO PROJECT REVENUE					
ЕŇ	С	FILM PRODUCTION SUPPORT REVENUE	512000	3,775.	3,775.		
gra Re	d						
õ	е						
D	f	All other program service revenue					
	g	Total. Add lines 2a-2f		243,352.			
	3	Investment income (including dividends,		20			7.0
		other similar amounts)		78.			78
	4	Income from investment of tax-exempt bond	· .	NONE			
	5	Royalties	(ii) Personal	NONE			
			(II) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE	-				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
Sev	с	Gain or (loss) 7c					
	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses	NONE				
	с	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	c	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	1,669.				
	b	Less: cost of goods sold	NONE				
	D C	Net income or (loss) from sales of inventory		1,669.			1,669
<i>(</i>)	-	,	Business Code	_,			_,,
Miscellaneous Revenue	11-						
nu	11a ⊾						
scellaneo Revenue	b						
Resc	c d	All other revenue					
Ξ	e e	Total. Add lines 11a-11d		NONE			
	<u>е</u> 12	Total revenue. See instructions		635,357.	243,352.		1,747
					L 1J, JJL.		±, ' ± '

Form **990** (2022)

Check if Schedule O contains a respo		In this Part IX		<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				·
and domestic governments. See Part IV, line 21	230,832.	230,832.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	312,319.	247,730.	33,357.	31,232
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	35,105.	33,302.	NONE	1,803
8 Pension plan accruals and contributions (include	3,150.	2,879.	NONE	271
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	38,612.	31,270.	3,674.	3,668
10 Payroll taxes	24,219.	19,614.	2,304.	2,301
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	4,036.	4,036.		
c Accounting	4,550.		4,550.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
(A), amount, list line 11g expenses on Schedule O.)	150,520.	150,520.	NONE	NON
12 Advertising and promotion	19,349.	19,273.		76
13 Office expenses	51,915.	24,119.	24,967.	2,829
14 Information technology	NONE			_, •_•
15 Royalties	NONE			
16 Occupancy	39,842.	39,842.		
	48,808.	39,453.	4,681.	4,674
17 Travel	10,000.		1,0011	1,0,1
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	60,739.	60,739.		
22 Depreciation, depletion, and amortization	15,755.			
23 Insurance	15,/55.	15,755.		
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.)				
	C2 100	62,100		
a <u>FILM DISTRIBUTION EXPENSES</u>	63,102.	63,102.		
b EQUIPMENT REPAIRS	2,926.	2,926.		
c <u>OTHER EXPENSES</u>	50,880.	47,332.	2,823.	725
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,156,659.	1,032,724.	76,356.	47,579
· · · · · ·				
26 Joint costs. Complete this line only if the				
· · · · · ·				

following SOP 98-2 (ASC 958-720)

. . .

OCEANIC PRESERVATION SOCIETY

n 990	OCEANIC PRESERVATION SOCIETY		38-3	3891081 Page 11
art X				Page II
	Check if Schedule O contains a response or note to any line in this Pa	art X		
	· · · · ·	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	993 , 519.	1	876 , 825
2	Savings and temporary cash investments.	330,006.	2	390 , 547
3	Pledges and grants receivable, net	NONE	3	NON
4	Accounts receivable, net	202,299.	4	23 , 557
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
7	Notes and loans receivable, net	NONE	7	NON
7 8	Inventories for sale or use	NONE	8	NON
9	Prepaid expenses and deferred charges	NONE	9	NON
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 474,746.			
b	Less: accumulated depreciation	172,013.	10c	140,929
11	Investments - publicly traded securities	NONE	11	NON
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	119,207.	15	NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,817,044.	16	1,431,858
17	Accounts payable and accrued expenses	203,470.	17	107,886
18	Grants payable	NONE	18	NON
19	Deferred revenue	NONE	19	NON
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NON
23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE		231,700
26	Total liabilities. Add lines 17 through 25	203,470.	26	339,586
	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	1,304,295.	27	803,036
28	Net assets with donor restrictions.	309,279.	28	289,236
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	1,613,574.	32	1,092,272
52	Total liabilities and net assets/fund balances			

	OCEANIC	PRESERVATION	SOCIETY
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) J T O O T			
-	90 (2022)			Pa	ge 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)	1	6	;35,	357.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	56,	<u>659</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	-5	21,	<u>302</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,6	13,	<u>574</u> .
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	<u>32,</u> column (B))	10	1,0	92,	272.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII.				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain on			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	lited on a			
	separate basis, consolidated basis, or both:				
	X 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 ow	ersight of			
	the audit, review, or compilation of its financial statements and selection of an independent account	ant? 	2c		X
	If the organization changed either its oversight process or selection process during the tax year, e	explain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2022)

SCHE	DU	LE	Α
(Form	990)	

Public Charity Status and Public Support

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

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ.						Open to Public				
		Go to www.irs.gov	//Form990 for instruction	ons and t	he latest i	nformati	on.	Inspection				
Name	e of the organization							Employer identifi	cation number			
OCE	EANIC PRESERV								891081			
Par			•	organizations must			/		IS.			
The	<u> </u>	•		is: (For lines 1 through				,				
1				tion of churches desc			70(b)(1)(A)(i).				
2				. (Attach Schedule E	-							
3		-		rganization described				-				
4		-	-	conjunction with a ho	spital de	scribed ir	n sectio	n 170(b)(1)(A)	(iii). Enter the			
_	hospital's nan											
5				a college or universit	ty owne	a or ope	rated b	y a governme	ental unit described in			
e			Complete Part II.)	rnmental unit describe	d in ee e	tion 170/	h)/4)/A					
6 7		-	-			-			om the general public			
'			(1)(A)(vi). (Compl		ipport in	oni a yo	vernine		on the general public			
8				o)(1)(A)(vi). (Complete	Part II)							
9	<u> </u>		•	ed in section 170(b)(1	,		l in coni	unction with a	land-grant college			
•			-	riculture (see instruct		-	-					
	university:		5 5 5		,		,	,	5			
10	An organizatio	on that norma	Ily receives (1) mo	ore than 331/3 % of its	support	from cor	ntributio	ns, membersh	ip fees, and gross			
	receipts from	activities rela	ted to its exempt f	unctions, subject to c nrelated business tax	ertain e	ceptions	s; and (2	2) no more than	1 331/3 % of its			
	acquired by the	ne organizatio	n after June 30, 1	975. See section 509	(a)(2). (0	Complete	Part III.)	Dusiliesses			
11		•	•	usively to test for publ	-							
12		-		-					ry out the purposes of			
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check										
		-		es the type of suppor				-	-			
а				, supervised, or contr	-							
		-		regularly appoint or e		ajority of	the dir	ectors or truste	es of the			
		-	-	e Part IV, Sections A								
b				ed or controlled in co				-				
				rganization vested in , Sections A and C.	the sam	le person	is that t		age the supported			
с				ng organization opera	ated in c	onnectio	n with	and functional	lly integrated with			
U			- · ·	is). You must comple					ny integrated with,			
d		-		porting organization of					ted organization(s)			
		-		nization generally mus	-							
				mplete Part IV, Sect								
е	Check this I	box if the orga	nization received	a written determinatio	on from t	he IRS th	nat it is a	а Туре I, Туре I	I, Type III			
				ionally integrated sup			ion.					
f									•••••			
g				orted organization(s).	1				(
	(i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	• • •	ount of monetary	(vi) Amount of other support (see			
				above (see instructions))	docu	ment?		structions)	instructions)			
					Yes	No						
(A)												
(B)												
(C)												
(D)												
(E)												

Total

Schedule A (Form 990) 2022

Page **2**

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.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	406,936.	1,780,829.	1,701,003.	1,267,452.	390,258.	5,546,478.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	406,936.	1,780,829.	1,701,003.	1,267,452.	390,258.	5,546,478.
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) SEE SUPP PAGE						2,784,777.
6	Public support. Subtract line 5 from line 4						2,761,701.
	tion B. Total Support					1	
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	406,936.	1,780,829.	1,701,003.	1,267,452.	390,258. 78.	5,546,478.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						5,546,556.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	1,529,188.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2022 (lir					14	49.79 %
15	Public support percentage from 2021 \$						49.79 %
	33 1/3 % support test - 2022. If the org box and stop here. The organization qu 33 1/3 % support test - 2021. If the org	Jalifies as a pub	licly supported	organization.			X
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		🗌
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets to organization	meets the fac the facts-and-c	cts-and-circumst ircumstances te	ances test, che st. The organiz	eck this box ar ation qualifies	nd stop here. E as a publicly su	xplain in ipported
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organiz in Part VI how the organization meets	021. If the org ation meets the the facts-and-	ganization did ne e facts-and-circe -circumstances t	ot check a box umstances test, est. The organi	on line 13, 16 check this boy zation qualifies	a, 16b, or 17a, (and stop here , as a publicly st	and line Explain ipported
18	organization Private foundation. If the organization instructions	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
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 disgualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6.						
10 a	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						
	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						
4.0	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	the organizati	on's first ssaan	d third fourth	or fifth tox vo	l	501(0)(2)
14	-	-			•		
Sec	organization, check this box and stop here. tion C. Computation of Public Supp						••••
15	Public support percentage for 2022 (line 8,		•	ımn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investment						,0
17	Investment income percentage for 2022 (lir			13 column (f))		17	%
18	Investment income percentage for 2022 (in Investment income percentage from 2021 S					18	%
	331/3% support tests - 2022. If the or						
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2021. If the orga	-	-	•	• •	•••••	
-	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	• •			
JSA							A (Form 990) 2022
20122	11.000 6310Q0 R59G						18

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

Section A. All Supporting Organizations

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

19

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Р

Page 5

Yes No

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
с	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		

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.	·

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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? <i>If "Yes," describe in Part VI</i> the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).							
а	The organization satisfied the Activities Test. Complete line 2 below.							
b	The organization is the parent of each of its supported organizations. Complete line 3 below.							
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental ent	ty (see inst	ruction	s).				
2	Activities Test. Answer lines 2a and 2b below.		Yes	N				

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b

3a

Schedule A (Form 990) 2022 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, column A) 1 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 5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022						
	(reasonable cause required - <i>explain in Part VI</i>). See						
	instructions.						
3	Excess distributions carryover, if any, to 2022						
а	From 2017						
b	From 2018						
C	From 2019						
d							
e	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2018						
b	Excess from 2019						
С	Excess from 2020						
d	Excess from 2021						
е	Excess from 2022						

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Page **8**

EXCESS

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

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

TOTAL	LESS 2% OF	CONTRIBUTION
CONTRIBUTION	LINE 11(F)	AMOUNT
232,458.	110,931.	121,527.
150,000.	110,931.	39,069.
500,000.	110,931.	389,069.
1,560,000.	110,931.	1,449,069.
508,338.	110,931.	397,407.
156,000.	110,931.	45,069.
404,000.	110,931.	293,069.
125,000.	110,931.	14,069.
147,360.	110,931.	36,429.
3,783,156.		2,784,777.
	CONTRIBUTION 232,458. 150,000. 500,000. 1,560,000. 508,338. 156,000. 404,000. 125,000. 147,360. 	CONTRIBUTION LINE 11 (F) 232,458. 110,931. 150,000. 110,931. 500,000. 110,931. 1,560,000. 110,931. 1,560,000. 110,931. 166,000. 110,931. 156,000. 110,931. 125,000. 110,931. 147,360. 110,931. 3,783,156. 100,931.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to *www.irs.gov/Form990* for the latest information. OMB No. 1545-0047

2022

Employer identification number

OCEANIC PRESERVATION	38-3891081					
Organization type (check one):						
Filers of: Section:						
Form 990 or 990-EZ X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private fou	Indation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	tion				
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Page 2
Employer identification number

me of o	rganization OCEANIC PRESERVATION SOCIETY		Employer identification number 38-3891081
art I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	HOLTZMAN WILDLIFE FOUNDATION		Person X
	31700 MIDDLEBELT ROAD, SUITE 140	\$125,000.	Payroll Noncash
	FARMINGTON HILLS, MI 48334		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PURA VIDA BRACELETS		Person X
	7979 IVANHOE AVENUE, SUITE 400	\$18,929.	Payroll Noncash
	LA JOLLA, CA 92037		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOHN SIEROTKO & JANINE SHIOTA CHARITABLE		Person X
	520 ASPEN ROAD, #205	\$\$	Payroll Noncash
	BOLINAS, CA 94924		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE SAN FRANCISCO FOUNDATION		Person X
	ONE EMBARCADERO CENTER, SUITE 1400	\$\$	Payroll Noncash
	SAN FRANCISCO, CA 94111		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ROCKEFELLER PHILANTHROPY ADVISORS		Person X
			Payroll
	6 WEST 48TH STREET 10TH FLOOR	\$10,000.	Noncash
	6 WEST 48TH STREET 10TH FLOOR NEW YORK, NY 10017	\$10,000.	
(a) No.		(c) Total contributions	Noncash (Complete Part II for
	NEW YORK, NY 10017 (b)	(c)	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
No.	NEW YORK, NY 10017 (b) Name, address, and ZIP + 4	(c)	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution

	OCEANIC PRESERVATION SOCIETY		38-3891081
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ONDA FOUNDATION 50 LAKESIDE AVENUE BURLINGTON, VT 05401	\$100,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JOSHUA PENMAN 52 FIRE ROAD WOODCARE, CA 94973	\$11,760.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization Page **2**

Employer identification number

anization OCEANIC PRESERVATION SOCIETY		Employer identification number 38-3891081			
	of Part II if additional space is ne	eded.			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	OCEANIC PRESERVATION SOCIETY Noncash Property (see instructions). Use duplicate copies (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given	OCEANIC PRESERVATION SOCIETY 38- Noncash Property (see instructions). Use duplicate copies of Part II if additional space is ne (e) Description of noncash property given (f) (b) (f) Description of noncash property given (f) (b) (f) Description of noncash property given (f) (f) (f) (f) (f) Description of noncash property given (f) (f) (f) (f)			

Schedule B (Form 990) (2022)

Schedule B	(Form 990) (2022)			Page 4			
Name of o	organization			Employer identification number			
	OCEANIC PRESERVATION			38-3891081			
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this ir	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,			
(a) No. from		(c) Use		(d) Description of how gift is held			
<u>Part I</u>							
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relations		ship of transferor to transferee				
				1			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, a	and ZIP + 4	Relation:	ship of transferor to transferee			

SCHEE	DULE D
(Form	990)

L Financial Statements

SCHEDULE D		Supplem	OMB No. 1545-0047			
(Form 990)		Complete if t	2022			
		Part IV, line 6, 7,				
	artment of the Treasury nal Revenue Service	Go to www.irs.gov/	Attach to Form 990. Form990 for instructions and	d the latest informa	ation.	Open to Public Inspection
	e of the organization				Employer identific	
OCI	EANIC PRESERVA	TION SOCIETY			38-3891	.081
Pa		tions Maintaining Donor Adv			Accounts.	
	Complete	if the organization answered	"Yes" on Form 990, Pa	rt IV, line 6.		
			(a) Donor advised f	unds	(b) Funds an	d other accounts
1		nd of year				
2		f contributions to (during year)				
3		of grants from (during year)				
4 5		it end of year on inform all donors and donor		the execte hold	in donor advisod	
5	-	nization's property, subject to the				
6	-	on inform all grantees, donors, a	-	-		
-	-	purposes and not for the bene				
		issible private benefit?				
Pa	art II Conserva	tion Easements.				
		if the organization answered				
1		servation easements held by the				
		n of land for public use (for example	 recreation or education) 		-	nportant land area
		of natural habitat n of open space			of a certified histo	oric structure
2		through 2d if the organization h	eld a qualified conservatio	n contribution in	the form of a co	nservation
-	-	ast day of the tax year.				e End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easement			2b	
С	Number of conser	vation easements on a certified	historic structure included	in (a)	2c	
d	Number of conser	vation easements included in (c) acquired after July 25, 20	006, and not on		
		e listed in the National Register .			2d	
3		rvation easements modified, tra	insferred, released, extingi	uished, or termi	inated by the org	janization during the
	tax year		nuction accoment is leasts	d		
4 5		where property subject to conse ation have a written policy re			ion handling of	
5		orcement of the conservation ea				Yes No
6		hours devoted to monitoring, insp				
				, C		0 7
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations,	and enforcing co	onservation easer	nents during the year
8		vation easement reported on line				
٥	and section 1/0(h)(4)(B)(ii)? cribe how the organization re	norte concervation cases	monto in ito ro	vonue and aver	Yes No
9		d include, if applicable, the tex				
		ounting for conservation easeme		nganizations in		
Pa		tions Maintaining Collections		sures, or Other	r Similar Assets	
		if the organization answered				
1a	If the organizatior of art, historical t service, provide in	elected, as permitted under F/ reasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to repo ts held for public exhibit to its financial statements	ort in its revenue ion, education, that describes th	e statement and or research in f nese items.	balance sheet works urtherance of public
b	If the organization art, historical treas	n elected, as permitted under F sures, or other similar assets he ing amounts relating to these ite	ASB ASC 958, to report i d for public exhibition, ed	in its revenue st	tatement and bal	
		ded on Form 990, Part VIII, line <i>′</i>			9	6
		d in Form 990, Part X				
2		n received or held works of a				

Schedule D (Form 990) 2022

-		ANIC PRES									891081	
Ра	rt III Organizations Maintainin	-										,
3	Using the organization's acquisition collection items (check all that apply		n, and oth	her record	ds, checł	k any c	of the	follow	ing that n	nake sign	ificant u	se of its
а	Public exhibition			d	Loan	or exch	ange	prograr	n			
b	Scholarly research			e	Other							
с	Preservation for future genera	ations			-							
4	Provide a description of the organi XIII.		llections a	and expla	in how t	they fu	rther	the org	ganization'	s exempt	purpose	e in Part
5	During the year, did the organization	a solicit or r	eceive do	nations o	fart hist	orical tr	reasu	res or d	other simil	ar		
U	assets to be sold to raise funds rathe										Yes	No
Da	rt IV Escrow and Custodial Ar					organiz	ation	3 00100			103	
T a	Complete if the organizat 990, Part X, line 21.	•		" on Forr	n 990, F	Part IV,	line	9, or re	eported a	n amour	it on For	m
1a	Is the organization an agent, truste	ee. custodia	an or oth	er interm	ediarv fo	or cont	ributio	ons or	other ass	ets not		
	included on Form 990, Part X?				-					Γ	Yes	No
b	If "Yes," explain the arrangement in						• • •					
					- ···· 3 ····					Amount		
с	Beginning balance						1c					
d	Additions during the year											
6	Distributions during the year											
f	Ending balance						1f					
2a	Did the organization include an amo							stodial	account lia	bility?	Yes	No
	If "Yes," explain the arrangement in											
	rt V Endowment Funds.				planation		, ch ph	oviaca				
га	Complete if the organizat	tion answe	red "Yes	" on Forr	n 990 F	Part IV	line	10				
		(a) Current		(b) Prior			/o years		(d) Three y	ears back	(e) Four y	ears hack
			you	(6)11101	you	(0) 11	,		(u) 11100 y		(0) 1 our y	
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
	Grants or scholarships											
е	Other expenditures for facilities											
_	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of Board designated or quasi-endowned		nt year en %	nd balance	e (line 1g,	columr	ו (a))	held as:				
a	0		%									
b	Permanent endowment%	%										
С				00/								
•	The percentages on lines 2a, 2b, ar				1					4		
3a	Are there endowment funds not in the	ne possess	ion of the	organiza	tion that	are nei	id and	admin	istered for	the		es No
	organization by:											es NO
	(i) Unrelated organizations										3a(i)	
_	(ii) Related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the related	0		•			R?	• • • •			3b	
4	Describe in Part XIII the intended us		organizatio	on's endo	vment fur	nds.						
Pa	rt VI Land, Buildings, and Equi Complete if the organiza	ition answe										
	Description of property	(a	 a) Cost or ot (investm) 		(b) Cost ((o	or other ba other)	asis		umulated eciation	(d)) Book valu	е
1a	Land			,	(0	•7						
b	Buildings											
c	Leasehold improvements											
d	Equipment				2	474,74	46	۲.	33,817.		140	,929.
	Other					- / - / / -						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Tota	I. Add lines 1a through 1e. (Column	(d) must eq	ual Form	990, Part	X, columi	n (B), lir	ne 10	c.)			140	,929.

Schedule D (Form 990) 2022

Investments - Other Securities.

Part VII

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE TO FOUNDATION 174,094 (3)DUE TO REP 57,606 (4)(5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 231,700.

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

Schedu	le D (Form 990) 2022 OCEANIC PRESERVATION SOCIETY	38-	·3891081 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,230,625.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b	1	
c	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.) 2d 595,268.	1	
e	Add lines 2a through 2d	2e	595,268.
3	Subtract line 2e from line 1	3	635,357.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-	
- a	Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)	1	
c		4c	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	635,357.
Part		-	00070071
i ait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,543,624.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	386,965.
3	Subtract line 2e from line 1	3	1,156,659.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	1,156,659.
Part	XIII Supplemental Information.		· · ·

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

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART XI, LINE 2D

EXPENSE REIMBURSEMENTS REPORTED ON FORM 990 PART IX 595,346 INTEREST INCOME REPORTED ON FORM 990 PART VIII 78

SCHEDULE D, PART XII, LINE 2D

EXPENSE REIMBURSEMENTS REPORTED ON FORM 990 PART IX 386,965

SCHEDULE D, PART X, LINE 2

THE OCEANIC PRESERVATION SOCIETY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI). HOWEVER, INCOME FROM ACTIVITIES NOT DIRECTLY RELATED TO OPS'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

THE ORGANIZATION BELIEVES THAT IT HAS CONDUCTED ITS OPERATIONS IN ACCORDANCE WITH, AND HAS PROPERLY MAINTAINED, ITS TAX-EXEMPT STATUS, AND THAT IT HAS TAKEN NO MATERIAL UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2020.

SCHEDULE I (Form 990)	G	Grants ar overnmer		OMB No. 1545-0047				
Department of the Treasury Internal Revenue Service		Go to	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization							Employer identification	tion number
OCEANIC PRESERVA							38-3891081	-
	ormation on Grants a							
the selection criteri 2 Describe in Part IV	ion maintain records to a used to award the grad the organization's proce	nts or assistanc edures for mon	e?	of grant funds in the	e United States.			X Yes No
	Other Assistance to 21, for any recipient							/es" on Form 990,
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PLASTICS FUTURE								TO SUPPORT THE
644 BROADWAY SAN FRANCIS	SCO, CA 94133	85-0672332		225,000.				DOCUMENTARY
(2) SHECHANGE LLC								TO SUPPORT THE
1626 GREAT HGHY #2 SAN F	RANCISCO, CA 94122	82-5527313		5,832.				DOCUMENTARY
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
		1	1	1	1	1		
2 Enter total number	of section 501(c)(3) and	d government o	organizations lis	ted in the line 1 tak	ble			NONE

JSA 2E1288 1.000

Part III	Grants and Other Assistance Part III can be duplicated if add	to Domestic Individuals itional space is needed.	. Complete if t	the organization	answered "Yes" on Forr	m 990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
_1							
2							
3							
4							
5							
6							
7							
Part IV	Supplemental Information. Proinformation.	ovide the information re	quired in Part I	, line 2, Part III, o	column (b); and any othe	er additional	

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS

EACH GRANT IS MADE FOR AN OUTSIDE PROJECT. FINANCIAL STATEMENTS ARE PROVIDED FROM THE PROJECT AND REVIEWED TO SEE HOW THE PROJECT IS DOING AND THAT THE GRANT MONEY IS SPENT ACCORDINGLY ON THE PROJECT.

JSA 2E1504 1.000 Schedule I (Form 990) (2022)

SCHE	EDULE J	Compen	sation Information	0	/IB No. ′	1545-0	047
(Forn	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬ଲ	9 9)
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 2	3.	<u>K</u>		
	ient of the Treasury Revenue Service	A	Attach to Form 990. 90 for instructions and the latest information.	C	pen to Inspe		
	of the organization			Employer identification			
OCEA	ANIC PRESE	RVATION SOCIETY		38-3891083	L		
Part		ns Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a pers				
			provide any relevant information regarding	-			
		ss or charter travel	Housing allowance or residence for	•			
		or companions	Payments for business use of perso				
		emnification and gross-up payments	Health or social club dues or initiation				
	Discretio	onary spending account	Personal services (such as maid, ch	autteur, cnet)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to	4		
2	explain	nization require substantiation prior	to reimbursing or allowing expenses	incurred by all	1b		
2	-		D/Executive Director, regarding the items	-			
				S CHECKED ON THE	2		
3			on used to establish the compensation of	the	-		
5			at apply. Do not check any boxes for metho				
			e CEO/Executive Director, but explain in P				
	Comper	nsation committee	X Written employment contract				
	Indepen	dent compensation consultant	Compensation survey or study				
	Form 99	00 of other organizations	X Approval by the board or compensation	ation committee			
4			Part VII, Section A, line 1a, with respect t	o the filing			
	•	or a related organization:					
_			ayment?		4a		X
b			tal nonqualified retirement plan?		4b		X
С			sed compensation arrangement? rovide the applicable amounts for each it		4c		X
	ii res to an	y of lifes 4a-c, list the persons and pr	Tovide the applicable arrounts for each in				
	Only section	501(c)(3) $501(c)(4)$ and $501(c)(29)$ or	rganizations must complete lines 5-9.				
5	-		on A, line 1a, did the organization pa	av or accrue any			
•	•	n contingent on the revenues of:		.,			
а	The organizat	ion?			5a		Х
					5b		Х
	-	e 5a or 5b, describe in Part III.					
6			on A, line 1a, did the organization pa	ay or accrue any			
		n contingent on the net earnings of:					
а					6a		X
b					6b		X
		e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov		7		v
8			escribe in Part III paid or accrued pursuant to a contract th				X
U	-		Regulations section 53.4958-4(a)(3)?	-			
			Regulations section 53.4956-4(a)(5)?		8		Х
9			low the rebuttable presumption proced				- 23
5		-			9		
For Pa		ction Act Notice, see the Instructions for Fo		Schedu	-	orm 990) 2022

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

Schedule J (Form 990) 2022	OCEANIC PRESERVATION SOCIETY	38-3891081	Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

I EXECUTIVE DIRECTOR (II) NONE NONE NONE NONE NONE NONE NONE NONE NONE SAMARA STEIN (I) 108,093. NONE NONE NONE NONE NONE 86,973. NONE CHEF OFERATING OFFICER (II) 108,093. NONE NONE NONE NONE NONE 108,093. NONE 3 (II) (III) IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
I EXECUTIVE DIRECTOR (II) NONE NONE NONE NONE NONE NONE NONE NONE NONE SAMARA STEIN (I) 108,093. NONE NONE NONE NONE NONE 86,973. NONE CHEF OFERATING OFFICER (II) 108,093. NONE NONE NONE NONE NONE 108,093. NONE 3 (II) (III) IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	(A) Name and Title				reportable		benefits	(B)(i)-(D)	as deferred on prior
SAMARA STEIN 0 81,292. NONE NONE 5,681. NONE 86,973. NONE 2 CHEF OFEATING OFFICER 0 <th>LOUIE PSIHOYOS</th> <th>(i)</th> <th>225,346.</th> <th>NONE</th> <th>NONE</th> <th>NONE</th> <th>NONE</th> <th>225,346.</th> <th>NONE</th>	LOUIE PSIHOYOS	(i)	225,346.	NONE	NONE	NONE	NONE	225,346.	NONE
2 CHIEF OPERATING OFFICER 0 108,093. NONE NONE NONE NONE 108,093. NONE 3 0 NONE NONE NONE NONE 108,093. NONE 3 00 NONE	1 EXECUTIVE DIRECTOR/CEO	(ii)		NONE	NONE	NONE	NONE	NONE	NONE
3 0 Image: sector	SAMARA STEIN	(i)		NONE	NONE	5,681.	NONE		NONE
360Image: sector	2 CHIEF OPERATING OFFICER	(ii)	108,093.	NONE	NONE	NONE	NONE	108,093.	NONE
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0 $$ $$ $$ $$ $$ $$ $$ $$ $ $									
5 (i) $ $	4								
0 $$ $$ $$ $$ $$ $$ $$ $$ 7 0 $$									
6(i)(ii)(iiii)(iiii)	5	_							
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7 (i) (i)	6								
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$									
8 (i) (i)	7								
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	-								
9(i)(i)(ii)(iii) <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	8								
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(i)	13								
14 (i) I I I I (i) I <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
i)	14								
15 (ii)		_							
	15								
		(i)							
	_16	(ii)							

JSA 2E1291 1.000 Schedule J (Form 990) 2022

SCHEDULE O (Form 990 or 990-EZ)

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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

38-3891081

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY A MEMBER OF MANAGEMENT AND THE EXECUTIVE DIRECTOR

BEFORE IT IS FILED WITH THE IRS.

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

DIRECTORS MUST DISCLOSE POTENTIAL CONFLICTS OF INTEREST TO THE REMAINING MEMBERS OF THE BOARD WHEN THEY BECOME APPARENT. THE DIRECTOR MAY NOT BE INVOLVED IN DISCUSSIONS ABOUT THE CONFLICT OR PARTICIPATE IN ANY VOTE REGARDING THE CONFLICTING INTEREST.

IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE A POTENTIAL CONFLICT HAS NOT BEEN DISCLOSED, IT SHOULD INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE PERSON AN OPPORTUNITY TO EXPLAIN THE FAILURE TO DISCLOSE. AFTERWARDS THE BOARD MAY TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.

FORM 990, PART VI, SECTION B, LINE 15B:

MEMBERS OF MANAGEMENT RESEARCH, REVIEW AND DETERMINE THE EXECUTIVE DIRECTOR'S SALARY. THE LAST REVIEW OCCURRED IN SPRING 2015. IN 2021 THE EXECUTIVE DIRECTOR RECEIVED COMPENSATION DETAILED IN THE FILM PRODUCTION CONTRACTS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION SAVES ITS FINANCIAL STATEMENTS, 990 AND OTHER DOCUMENTS ON ITS WEBSITE AND ALSO MAKES THEM AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE O (Form 990 or 990-EZ)

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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

OCEANIC PRESERVATION SOCIETY

Employer identification number 38-3891081

FORM 990, PART XI, LINE 8

TO RECONCILE BEGINNING NET ASSETS TO AUDITED FINANCIAL STATEMENTS 1

(B) (C) (D)
(B) (C) (D)
(B) (C) (D)
(B) (C) (D)
PROGRAM MANAGEMENT FUNDRAISING
SERVICE EXP. AND GENERAL EXPENSES
0. 150,520. NONE NONE
0. 150,520. NONE NONE
_

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization	Complete if the organiza	anizations an ation answered "Yes" Attach to s.gov/Form990 for inst	on Form 990, Part l' Form 990.	V, line 33, 34, 35b, 3		Employer ide	OMB No. 11 20 Open to Inspec	22 Public
Ū						38-389		umber
	RVATION SOCIETY					30-309	1001	
Part I Identif	cation of Disregarded Entities. Complete if th	e organization ans	wered "Yes" on I	Form 990, Part N	/, line 33.			
_	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cor enti	ntrolling
_(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
Part II Identif	cation of Related Tax-Exempt Organizations. more related tax-exempt organizations during t	Complete if the or	ganization answ	ered "Yes" on Fo	orm 990, Part IV,	line 34, because	e it had	
	(a) ime, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (stat or foreign country)		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr ent	
							Yes	No
(1) OPS FOUNDATION	20-3570498	-		504 (5) (0)		/-		
336 BON AIR CEN	TER, #384 GREENBRAE, CA 94904	DOCUMENTARIES	CO	501(C)(3)	PRIV FOUND	N/A		Х
		1						
(3)		_						
(4)		-						
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(7)		-						
(1)								

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

Schedule R (Form 990) 2022

JSA 2E1307 1.000

Schedule R	Form 990) 2022				RVATION							8910					P	age 2
Part III	Identification of Rela because it had one or	ted Organization more related org	s Taxable anization	e as a Is trea	Partners	hip. Co artner	omplete if ship during	the the	e organizatio e tax year.	on a	answered "Ye	s" on	Forn	n 990, Part IV,	line	34,		
	(a) me, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) t controlling entity	inc ex	(e) Predominant come (related, unrelated, kcluded from tax under ions 512 - 514)	(f) Share of tota income	al	(g) Share of end-of year assets	- Disp	(h) oportionate acations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man	j) eral or aging ner?	(k) Percen owner	itage
(1)			,,,									Ye	s No		Yes	No		
		-																
(2)		-																
(3)		-																
(4)		_																
(5)																		
(6)													-					
		-											_					
(7)		-																
Part IV	Identification of Rela line 34, because it ha	ted Organization	s Taxable ated org	e as a aniza	Corporat	i on or ed as a	Trust. Co	mp on (lete if the or or trust duri	rgai ng t	nization ansv the tax vear.	/ered	"Yes	" on Form 990	, Pa	rt IV,		
	(a) Name, address, and EIN)	<u> </u>		(b) Primary a		(C) Legal domicile (state or foreign country)	Dii	(d) rect controlling entity	-	(e) Type of entity orp, S corp, or trust)		(f) e of tota come	al (g) al Share of end-of-year as		(h Percer owner	ntage 51 rship co	(i) Section 2(b)(13 ntrolled entity?
							,,,											s No
(1)																		
(2)																		
(3)																		
(4)																		
(5)																		
(6)										-								
(7)																		

Schedule R (Form 990) 2022

JSA 2E1308 1.000

edule R ((Form 990) 2022	OCEANIC PRESERVATION SOCIETY	38	8-3891081		Pa
art V	Transactions With Related	Organizations. Complete if the organization answered	"Yes" on Form 990, Pa	rt IV, line 34, 35b, or 36.		
ote: Co	omplete line 1 if any entity is listed	I in Parts II, III, or IV of this schedule.				Yes
Duri	ing the tax year, did the organizati	ion engage in any of the following transactions with one or m	ore related organizations li	sted in Parts II-IV?		
a Rec	eipt of (i) interest, (ii) annuities, (iii	i) royalties, or (iv) rent from a controlled entity				
	•	elated organization(s)				-
		n related organization(s)				-
d Loar	ns or loan guarantees to or for rel	lated organization(s)			1d 1e	_
e Loar	ns of loan guarantees by related o	organization(s)				·
f Divid	dends from related organization(s))			1f	
		s)				1
		, nization(s)				1
i Exch	hange of assets with related orgar	nization(s)			1i	
j Leas	se of facilities, equipment, or othe	er assets to related organization(s)			<mark>1</mark> j	
					41	
		er assets from related organization(s)				
		ship or fundraising solicitations for related organization(s)				-
m Perr	formance of services or members	ship or fundraising solicitations by related organization(s)			<u> 111</u>	•
n Sha	ring of facilities equipment mailir	ng lists, or other assots with related organization(s)			1n	
	•	ng lists, or other assets with related organization(s)				
	•	ng lists, or other assets with related organization(s) ed organization(s)				
o Shai	ring of paid employees with relate	ed organization(s)			10	•
o Shai p Rein	ring of paid employees with relate mbursement paid to related organ				10 1p))
o Shai p Rein	ring of paid employees with relate mbursement paid to related organ	ed organization(s)			10 1p))
o Shai p Rein q Rein r Othe	ring of paid employees with relate mbursement paid to related organ mbursement paid by related organ er transfer of cash or property to i	ed organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	10 1p 1q 1r	
 o Shai p Rein q Rein r Othen s Othen 	ring of paid employees with relate mbursement paid to related organ mbursement paid by related organ er transfer of cash or property to er transfer of cash or property fro	ed organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	10 1p 1q 1r 1s	
 o Shai p Rein q Rein r Othen s Othen 	ring of paid employees with relate mbursement paid to related organ mbursement paid by related organ er transfer of cash or property to er transfer of cash or property fro	ed organization(s)	ete this line, including cov	ered relationships and trans	10 1p 1q 1q 1r 1s saction threshol) X ; ds.
 o Shai p Rein q Rein r Othen s Othen 	ring of paid employees with relate mbursement paid to related organ mbursement paid by related organ er transfer of cash or property to er transfer of cash or property fro e answer to any of the above is "	ed organization(s)	ete this line, including cov (b) Transaction	· · · · · · · · · · · · · · · · · · ·	10 	X
o Shai p Rein q Rein r Othe <u>s Othe</u>	ring of paid employees with relate mbursement paid to related organ mbursement paid by related organ er transfer of cash or property to er transfer of cash or property fro e answer to any of the above is "	ed organization(s)	te this line, including cove	ered relationships and trans	10 1p 1g 1g 1g 1s saction threshol (d)	X
o Shai p Rein q Rein r Othe <u>s Othe</u>	ring of paid employees with relate mbursement paid to related organ mbursement paid by related organ er transfer of cash or property to er transfer of cash or property fro e answer to any of the above is "	ed organization(s)	ete this line, including cov (b) Transaction	ered relationships and trans	10 	X
o Shan p Rein q Rein r Othe <u>s Othe</u> If the	ring of paid employees with relate mbursement paid to related organ mbursement paid by related organ er transfer of cash or property to er transfer of cash or property fro e answer to any of the above is "	ed organization(s)	ete this line, including cov (b) Transaction	ered relationships and trans	10 	X
o Shar p Rein q Rein r Othe s Othe e If the	ring of paid employees with relate mbursement paid to related organ mbursement paid by related organ er transfer of cash or property to er transfer of cash or property fro e answer to any of the above is "	ed organization(s)	ete this line, including cov (b) Transaction	ered relationships and trans	10 	X
o Shar p Rein q Rein r Othe s Othe i If the	ring of paid employees with relate mbursement paid to related organ mbursement paid by related organ er transfer of cash or property to er transfer of cash or property fro e answer to any of the above is "	ed organization(s)	ete this line, including cov (b) Transaction	ered relationships and trans	10 	X
o Shar p Rein q Rein r Othe s Othe c If the	ring of paid employees with relate mbursement paid to related organ mbursement paid by related organ er transfer of cash or property to er transfer of cash or property fro e answer to any of the above is "	ed organization(s)	ete this line, including cov (b) Transaction	ered relationships and trans	10 	X
o Shar p Rein q Rein r Othe s Othe lifthe	ring of paid employees with relate mbursement paid to related organ mbursement paid by related organ er transfer of cash or property to er transfer of cash or property fro e answer to any of the above is "	ed organization(s)	ete this line, including cov (b) Transaction	ered relationships and trans	10 	X
o Shar p Rein q Rein r Othe s Othe l If the) c)	ring of paid employees with relate mbursement paid to related organ mbursement paid by related organ er transfer of cash or property to er transfer of cash or property fro e answer to any of the above is "	ed organization(s)	ete this line, including cov (b) Transaction	ered relationships and trans	10 	X
 o Shai p Rein q Rein r Othe s Othe 	ring of paid employees with relate mbursement paid to related organ mbursement paid by related organ er transfer of cash or property to er transfer of cash or property fro e answer to any of the above is "	ed organization(s)	ete this line, including cov (b) Transaction	ered relationships and trans	10 	X

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Schedule R (Form 990) 2022	OCEANIC PRESERVATION SOCIETY	38-3891081	Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

N	(a) ame, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501	tion (c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) oortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(Gene man part	ij) eral or aging ner?	(k) Percentage ownership
				sections 512 - 514)	Yes	No			Yes	No	(1011111000)	Yes	No	
(1)														
(2)														
(3)														
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									-					
· · ·														
(11)														
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Schedule R (Form 990) 2022

JSA 2E1310 1.000

Schedule R (Form 990) 2022

OCEANIC PRESERVATION SOCIETY

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

DEPRECIATION														
Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation		Conv.	Life	ACRS class	Current-year 179 expense	Current-year depreciation
3&H PHOTO-EYEDIREC	04/18/2019	2,245.	100.000			2,245.	1,197.	1,646.	SL		5.000	0.000	 	44
SONY HANDYCAM FDR	05/29/2019		100.000			1,145.	592.	821.	SL		5.000			22
ATOMOS NINJA HDMI	12/14/2019	756.	100.000			756.	315.	466.	SL		5.000			15
PHASE ONE IQ4 150M	08/24/2020	79,980.	100.000			79,980.	41,590.	57,586.	SL		5.000			15,99
PHASE ONE XF CAMER	08/24/2020	37,040.	100.000			37,040.	19,261.	26,669.	SL		5.000			7,40
PHASE ONE XT CAMER	08/24/2020	31,849.	100.000			31,849.	16,561.	22,931.	SL		5.000			6,37
2 X NAUTICAM NA-50	09/29/2020	3,862.	100.000			3,862.	2,008.	2,780.	SL		5.000			77
30MM LENS F/2.8 LS	01/09/2021	5,601.	100.000			5,601.	1,120.	2,240.	SL		5.000			1,12
MATRICE 600 DRONE	01/18/2021	15,704.	100.000			15,704.	2,879.	6,020.	SL		5.000			3,14
SONY ALPHA A7R IV	02/02/2021		100.000			4,633.	849.	1,776.	SL		5.000			92
STEEL FIXTURE MFG	09/09/2021	7,631.	100.000			7,631.	509.	2,035.	SL		5.000			1,52
VIDE-RS 180HR DIGA	09/10/2021	9,293.	100.000			9,293.	620.	2,479.	SL		5.000			1,85
GTI GRAPHIC TECHNO	09/10/2021	13,292.	100.000			13,292.	886.	3,544.	SL		5.000			2,65
2014 APPLE MAC PRO	11/03/2014	8,624.	100.000			8,624.	8,624.	8,624.	SL		5.000			
FIGER SERVE DUAL N	12/09/2014	21,030.	100.000			21,030.	21,030.	21,030.	SL		5.000			
SERVER LEASE/ OWN	01/01/2015	75,383.	100.000			75,383.	75,383.	75,383.	SL		5.000			
ACBOOK PRO 15"	11/09/2015	2,939.	100.000			2,939.	2,939.		SL		5.000			
SMART-UPS 3000VA L	11/20/2015	3,110.	100.000			3,110.	3,110.	3,110.	SL		5.000			
ACBOOK PRO 2.8GHZ	01/12/2016	3,267.	100.000			3,267.	3,267.	3,267.	SL		5.000			
ess: Retired Assets														
Subtotals			1]					
isted Property														
• •														
ess: Retired Assets													 · · · · · ·	
Subtotals			1]					
OTALS			1						1					
AMORTIZATION													 II	
	Date	Cost						Ending						
Asset description	placed in service	or basis					Accumulated amortization	Accumulated	Code	Life				Current-year amortization
			1										-	
			1											
			1										-	
			1										-	
			1											
OTALS	1		1											
Assets Retired							•							
A (9024 1.000														

OCEANIC PRESERVATION SOCIETY

2022

38-3891081

DEPRECIATION	Date placed in	Unadjusted Cost	Bus.	179 exp. reduction	Basis	Basis for	Beginning Accumulated	Ending Accumulated depreciation	Me-			ACRS		Current-year 179	Current-year
Asset description	service	or basis	%	in basis	Reduction	depreciation				Conv.		class	class	expense	depreciation
MAC PRO 2.7GHZ 12-	01/21/2016		100.000			9,790.	9,790.	9,790.	SL		5.000				
IMAC - 27"-INCH W/	01/22/2016		100.000			4,185.	4,185.	4,185.	SL		5.000				
LG 65" 4K ULTRA HD	02/05/2016		100.000			5,423.	5,423.	5,423.	SL		5.000				
APPLE 27" MONITOR	02/18/2016		100.000			1,023.	1,023.	1,023.	SL		5.000				
DOT HILL POWER SUP	03/03/2016	1,231.	100.000			1,231.	1,231.	1,231.	SL		5.000				
QUANTUM QXS-X12ES	04/30/2017	10,322.	100.000			10,322.	9,634.	10,322.	SL		5.000				6
QUANTUM 4 TB 3.5"	04/30/2017	12,384.	100.000			12,384.	11,558.	12,384.	SL		5.000				8
SANITY SOLUTIONS R	04/30/2017	2,055.	100.000			2,055.	1,918.	2,055.	SL		5.000				1
MAGSTOR LTO-6 DECK	12/01/2018	1,700.	100.000			1,700.	1,103.	1,346.	SL		7.000				2
ADORAMA - THUNDERL	02/22/2019	1,919.	100.000			1,919.	1,087.	1,471.	SL		5.000				3
HARD DRIVES FOR SE	04/11/2019	3,623.	100.000			3,623.	1,993.	2,718.	SL		5.000				7
SWEETWATER SOUND M	06/09/2019	1,402.	100.000			1,402.	724.	1,004.	SL		5.000				2
THUNDERLINK FC 208	07/01/2019	810.	100.000			810.	405.	567.	SL		5.000				1
GLYPH RAID-4TB X 2	12/10/2019	1,927.	100.000			1,927.	803.	1,188.	SL		5.000				3
16" MACBOOK PRO -2	12/24/2019	6,654.	100.000			6,654.	2,662.	3,993.	SL		5.000				1,3
THUNDERBOLT 3 ARCH	02/03/2020	5,748.	100.000			5,748.	2,989.	4,139.	SL		5.000				1,1
RAID FOR SERVER	02/07/2020	3,378.	100.000			3,378.	1,757.	2,433.	SL		5.000				6
MAC PRO	08/31/2020		100.000			9,167.	4,767.	6,600.	SL		5.000				1,8
MACBOOK PRO	08/31/2020		100.000			5,005.	2,603.	3,604.	SL		5.000				1,0
Less: Retired Assets		.,				-,	_,	.,				-		1	-,-
Subtotals			1						1						
Listed Property														11	
							-					-			
Defined Accests														II	
Less: Retired Assets			-						1						
Subtotals			-						-						
TOTALS															
AMORTIZATION	Date	Cost						Ending							
	placed in	or					Accumulated	Accumulated							Current-year
Asset description	service	basis	-				amortization	amortization	Code	Life	<u> </u>			F	amortization
											_			Ļ	
											_			Ļ	
TOTALS															
Assets Retired															
SA K9024 1.000															
6310Q0 R59G									47						

OCEANIC PRESERVATION SOCIETY Description of Property

2022

38-3891081

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation		Conv.	Life	ACRS	MA CRS class	Current-year 179 expense	Current-year depreciation
EPSON PRINTER SURE	12/19/2020		100.000	III Dasis	Reduction	4,916.	2,556.	3,539.	SL	COIIV.	5.000	class	ciass	expense	98
LG ULTRAFINE 5K DI	08/30/2021		100.000			6,363.	424.	1,697.	-		5.000				1,27
MAC PRO, .2GHZ 16	09/02/2021	12,158.				12,158.	811.	3,243.			5.000				2,43
UPGRADE MAC PRO	09/02/2021		100.000			2,256.	150.	601.	-		5.000				45
PROMISE PEGASUS R4	09/02/2021		100.000			2,236.	183.	732.	-		5.000				43
CHIMERA PANEL LTG	09/11/2021		100.000			1,523.	562.	867.	-		5.000				3(
EMBOSSER	02/14/2022		100.000			5,083.	502.	932.	-		5.000				93
GREMSY T7 GIMBAL F	09/27/2022		100.000			2,513.		126.	-		5.000				12
SAMSUNG SCREEN MO	02/10/2022		100.000			5,177.		949.	SL		5.000				94
ENTERPRISE-CLASS 2	10/22/2022		100.000			1,836.		61.	-		5.000				6
	12/10/2022	1,030.				1,838.		251.	-		5.000				25
BACK UP SERVER	12/10/2022	15,045.	100.000			15,045.		251.	SL		5.000				2:
Less: Retired Assets															
Subtotals		474,747.	1			474,747.	273,081.	333,820.	1						60,73
Listed Property		1/1,/1/.					275,001.	555,620.							00,7
Elsted Froperty											1				
									<u> </u>						
									-						
									I						
Less: Retired Assets			-						1					<u>г</u>	
Subtotals			-						4						
TOTALS		474,747.				474,747.	273,081.	333,820.							60,73
AMORTIZATION															
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life	,			_	Current-year amortization
			-											-	
														-	
TOTALS	-		1											F	
									-						
Assets Retired															
SA X9024 1.000															

OCEANIC PRESERVATION SOCIETY

Description of Property

2022