EXTENSION GRANTED TO AUGUST 15, 2018

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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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection OCT 1, 2016 and ending SEP 30, A For the 2016 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change CALIFORNIA OCEAN SCIENCE TRUST Name change 65-1261006 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ (510)251-83202201 BROADWAY 101 termin-ated 2,132,857. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return OAKLAND, CA 94612 H(a) Is this a group return Applica-F Name and address of principal officer: ELIZABETH WHITEMAN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.OCEANSCIENCETRUST.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2003 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: MPA MONITORING PLANNING Governance ADMINISTERING OF SCIENCE STUDIES, SCIENCE ADVISOR TO STATE AGENCIES. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 17 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) <u>10</u> Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 2,165,816. 2,121,309.Contributions and grants (Part VIII, line 1h) Revenue 17,680. Ō. Program service revenue (Part VIII, line 2g) 11,548. 8,720. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,132,857 2,192,216. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,277,796. 1,129,212. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 840,015 1,179,744. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,117,811. 2,308,956. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 74,405. -176,099. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 3,691,964. 3,999,137. Total assets (Part X, line 16) 755,045. 271,656. 21 Total liabilities (Part X, line 26) 420,308. 3,244,092. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ELIZABETH WHITEMAN, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed THOMAS O. HATFIELD THOMAS O. HATFIELD 08/07/18 P00184377 Paid MOWAT MACKIE & ANDERSON LLP 94-6357165 Preparer Firm's name Firm's EIN ▶ Firm's address 1999 HARRISON STREET, SUITE 1500 Use Only

X Yes | No

Phone no. 510 - 893 - 1120

May the IRS discuss this return with the preparer shown above? (see instructions)

OAKLAND, CA 94612-3577

Page **2**

Pai	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:
	OST'S MISSION IS TO ADVANCE A CONSTRUCTIVE ROLE FOR SCIENCE IN
	DECISION-MAKING BY PROMOTING COLLABORATION AND MUTUAL UNDERSTANDING
	AMONG SCIENTISTS, CITIZENS, MANAGERS, AND POLICYMAKERS WORKING TOWARD
	SUSTAINED, HEALTHY, AND PRODUCTIVE COASTAL AND OCEAN ECOSYSTEMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 983,943 • including grants of \$) (Revenue \$)
	MPA MONITORING ENTERPRISE - HIGHLIGHTS OF THE MPA MONITORING ENTERPRISE
	PROGRAMS DURING THE PERIOD INCLUDED COMPLETING THE SOUTH COAST STATE OF
	THE REGION REPORT, WHICH WAS PRESENTED OVER A MULTI-WEEK TOUR TO
	COMMUNITIES LOCATED THROUGHOUT THE SOUTH COAST REGION. WORK BEGAN IN
	EARNEST ON THE NORTH COAST BASELINE PROGRAM, AND SEVERAL SNAPSHOT
	REPORTS WERE RELEASED, IN PREPARATION FOR THE COMPLETION OF THAT
	REGION'S STATE OF THE REGION REPORT. WE CONTINUED TO MAKE IMPROVEMENTS
	TO OUR OCEANSPACES WEBSITE, LAUNCHING MULTIPLE SURVEYS, HOSTING
	MULTIPLE BLOGS, AND BEGAN INTEGRATING MORE DATA CAPABILITY.
4b	(Code:) (Expenses \$ 1,001,135. including grants of \$) (Revenue \$)
	SCIENCE INTEGRATION - THE OCEAN ACIDIFICATION AND HYPOXIA PANEL
	CONTINUED TO CONVENE IN PREPARATION FOR THE DEVELOPMENT OF A MAP OF OAH
	HOT SPOTS ON THE CA COAST, AS WELL AS LAYING THE GROUNDWORK FOR THE
	DEVELOPMENT OF AN OAH ACTION PLAN. DURING THIS TIME, OST ALSO DEVELOPED
	AND RELEASED THE SEA LEVE RISE REPORT. OTHER SCIENCE INTEGRATION
	ACTIVITIES INCLUDE THE PUBLICATION OF A GUIDANCE DOCUMENT ON HARMFUL
	ALGAL BLOOMS (HABS), THE RELEASE OF THE ECOLOGICAL RISK ASSESSMENT FOR
	FISHERIES REPORT, AND THE RELEASE OF A REPORT ON FISHERIES IN A
	CHANGING CLIMATE. OST CONTINUED TO SERVE AS THE SCIENCE ADVISOR ON
	COASTAL MATTERS TO THE STATE.
4c	(Code:) (Expenses \$
<i>/</i> / <i>A</i> /	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 1,985,078.
	Form 990 (2016)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501c(a)3 or 4947(a)1 (other than a private foundation)? 1 If Yes, "complete Schedule B, Schedule of Contributors? 2 Is the organization request in direct or indirect political campaign activities, or have a section 501(a) decion in effect of public office? If Yes, "complete Schedule C, Part II" 3 Section 501(c)3 organizations. Dit the organization engage in the brying activities, or have a section 501(h) election in effect during the tax year? If Yes," complete Schedule C, Part II" 4 Section 501(c)3 organizations. Dit the organization engage in bebying activities, or have a section 501(h) election in effect during the tax year? If Yes," complete Schedule C, Part III" 5 Is the organization as offerior in effect of the organization and the organization and the provide advisor as defined in Part III" and anomalism is useful for provide advisor as defined and endounced several transparent organization and the provide advisor on the distribution or investment of anomalism is useful funds or accounts? If Yes, "complete Schedule D, Part II" 5 Did the organization and the provide evidence of the several endounced in the organization and the provide evidence of the distribution of works of art, historical treasures, or other similar assess? If Yes, "complete Schedule D, Part II" 5 Did the organization anomalism in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in such listed in Part X, in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in such listed in Part X, line 124 is engagination, flencibly or though a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-endowments? If Yes, "complete Schedule D, Part V II" 6 Did the organization server to though a related organization, hold assets in temporally restricted endowments, permanent en				Yes	No			
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spublic office? If "Yes," completes Schedule C, Part I Section 501(K3) 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 Is the organization a section 501(c)(4), 501(c)(5), 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Is 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 III Is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Is Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Is Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Is Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V It if the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III 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 X III Did the organization report an amount for othe			2	^				
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	19							
			19		X			

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			х
	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions): A surrent or former officer, director, trustee, or key employee? If "Yee," complete Schedule I. Part IV	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee; in Tes, complete schedule L, Farth	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
٠.	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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

	Check if Schedule O contains a response or note to any line in this Part V				Ш				
		1 1 1 1 1 1		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 15							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v					
	(gambling) winnings to prize winners?	I	1c	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	17							
	filed for the calendar year ending with or within the year covered by this return		-	v					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t		2b	Х					
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				v				
3a			3a 3b		X				
	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No," to line 3b, provide an explanation in Schedule O								
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
	· · · · · · · · · · · · · · · · · · ·	account)?	4a		Х				
D	If "Yes," enter the name of the foreign country:	accurate (FDAD)							
E-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		En		Х				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5a 5b		X				
b			5c		21				
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		50						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6a		Х				
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribut		Ua						
b	were not tax deductible?	•	6b						
7	Organizations that may receive deductible contributions under section 170(c).		OD.						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?								
	to file Form 8282?								
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation 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.								
а			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	اما							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	1440							
a	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	116							
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	120						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	140							
	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.		.ou						
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	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b						
	,			990	(2016)				

632005 11-11-16

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year)								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b)								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did 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 appoint one or									
	more members of the governing body?	7a	х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
~	persons other than the governing body?	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5								
b	a The governing body?b Each committee with authority to act on behalf of the governing body?									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		Х						
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	tion 21. Charles (This cooling 2 regions manned about pointing 10 required by the months are cooling		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104								
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
·	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	х							
	Other officers or key employees of the organization	15b		Х						
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.5.5								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100								
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	and the world with a south a south a south as a south of the south of	16b								
Sec	tion C. Disclosure	100		<u> </u>						
17	List the states with which a copy of this Form 990 is required to be filed ►CA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availak	nle							
.5	for public inspection. Indicate how you made these available. Check all that apply.	a v anak								
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ıcial							
.5	statements available to the public during the tax year.	u miai	Jai							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
20	LORI ZOOK - (510)350-1989									
	2201 BROADWAY, SUITE 101, OAKLAND, CA 94612									

632006 11-11-16

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer p	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) NANCY SUTLEY CHAIR	1.00	X		x				0.	0.	0
(2) MARGARET LEINEN	1.00	125		25					0.	
SECRETARY/TREASURER		x		х				0.	0.	0
(3) KAREN FINN	1.00									
TRUSTEE		Х						0.	0.	0
(4) JONATHAN BISHOP TRUSTEE	1.00	X						0.	0.	0
(5) MARGARET SPRING	1.00	_						0.	0.	0
TRUSTEE	1.00	X						0.	0.	0
(6) JERRY SCHUBEL	1.00	 								
TRUSTEE		Х						0.	0.	0
(7) GARY GRIGGS	1.00	х						0.	0.	0
TRUSTEE (8) PHILLIP TAYLOR	1.00	<u> </u>						0.	0.	0
TRUSTEE	1.00	X						0.	0.	0
(9) DEBORAH HALBERSTADT TRUSTEE	1.00	х						0.	0.	0
(10) THOMAS MALONEY	40.00	<u> </u>						0.	0.	0
EXECUTIVE DIRECTOR		1		x				106,920.	0.	154
(11) CARRIE BLANDING	40.00							,		
INTERIM EXECUTIVE DIRECTOR		1		Х				0.	0.	0
(12) LORI ZOOK	40.00									
DIR OF FINANCE AND ADMINISTRATION				Х				80,400.	0.	7,658
		_								
		_								
		-								
						_		L		C 000 (00

Pal	Section A. Officers, Directors, True	stees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	compensated Employe	es (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable		Es	stimate	∍d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		an	nount	
		week (list any	\vdash	ou al	Jau		517 d uS		from	from related			other	
		hours for	Individual trustee or director				L		the organization	organization (W-2/1099-MIS			pensa om th	
		related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-18113	50)		anizat	
		organizations	truste	Institutional trustee		ee/	mper		(** 2, 1000 111100)			_	d relat	
		below	idual	ution	<u></u>	key employee	est co oyee	ъ					anizati	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
							_							
			-											
		<u> </u>					_							
			-											
		+					-							
			1											
		+					-							
			1											
-		1					\vdash							
			1											
		1												
			1											
		†												
			1											
1b	Sub-total								187,320.		0.		7,8	<u>12.</u>
	Total from continuation sheets to Part V								0.		0.		-	0.
	Total (add lines 1b and 1c)								187,320.		0.		7,8	12.
2	Total number of individuals (including but								eceived more than \$100	,000 of reportab	le			
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer				•	•	•		•					
	line 1a? If "Yes," complete Schedule J for	such individual										3		X
4	For any individual listed on line 1a, is the s			-					<u>-</u>	the organization				
	and related organizations greater than \$15			•								4		X
5	Did any person listed on line 1a receive or													37
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	pers	son .					5		X
	Consolidation to the formula of the block and the state of the state o		-1.						u	# 4.00.000		- 4.5		
1	Complete this table for your five highest co										npens	ation 1	rom	
	the organization. Report compensation for	ine calendar y	ear	endi	ng v	vitn	or w	nnir		year.			<u> </u>	
	(A) Name and business	s address	NO	INC	FC				(B) Description of s	ervices	С)) ompe	ر) nsatio	n
								_				•		
								_						
								\dashv						
								\dashv						
								\exists						
2	Total number of independent contractors	including but r	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization >				(0							
												Form	990 (2	2016)

CALIFORNIA (OCEAN	SCIENCE	TRUST
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Total revenue Columbia Colum			Check if Schedule O conta	ains a response	or note to any lin	ne in this Part VIII			
1 a Federated campaigns 1a b b b c c Fundraising events 1d d least contributions least contributions d least contributio				·	j	(A)	(B) Related or exempt function	(C) Unrelated business	Revenuè éxcluded from tax under
Business Code Description	छछ	1 :	Federated campaigns	112			101011010		012 014
Business Code Description	an								
Business Code Description	٩٤								
Business Code Description	ifts r A								
Business Code Description	nia Big				596 854	-			
Business Code Description	Sin		• ,	· -	370,034.				
Business Code Description	ig ig	т			524 455				
Business Code Description	등								
Business Code Description	io d	_				2 121 300			
2 a b c d d e f All other program service revenue g Total. Add lines 2a-2f	9 0	r	1 Iotal. Add lines 1a-1f						
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other (ii) Other		•	_		Business Code				
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other assets other than inventory	Nice								
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other assets other than inventory	Ser		-		-				
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other assets other than inventory	Wen S				-				
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other assets other than inventory	gra Re				-				
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other assets other than inventory	Pro	•	All all and an area area area area area.		-				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory	_								
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal Ga Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) The proceeds (ii) Personal (iii) Personal (iv) Personal	\rightarrow								
4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory		3				11 548	11 548		
5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory		4				11,540.	11,540.		
(i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory									
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory		5	Hoyaities						
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory		•	0	(I) Real	(II) Personal				
c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory									
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory									
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other									
assets other than inventory					1				
		7 8		(I) Securities	(II) Otner				
b Less: cost or other basis		Ľ							
and sales expenses									
c Gain or (loss)									
d Net gain or (loss)					P				
8 a Gross income from fundraising events (not		8 6							
including \$ of	Ver								
contributions reported on line 1c). See	Be		•	•					
including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b	þe	L			i e				
b Less: direct expenses b c Net income or (loss) from fundraising events	ŏ								
9 a Gross income from gaming activities. See		9 2							
Part IV, line 19 a		L			i e				
b Less: direct expenses b c Net income or (loss) from gaming activities									
10 a Gross sales of inventory, less returns									
		10 6							
and allowances a b Less: cost of goods sold b		L							
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	-								
11.0	ŀ	11 -			Eusiness Code				
			_						
d All other revenue									
e Total. Add lines 11a-11d									
12 Total revenue. See instructions.			Total revenue. See instructions			2,132,857.	11,548.	0.	0.

632009 11-11-16

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Fundraising expenses Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 152,566. 22,805. 9,773. 185,144. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 759,514. 603,362. 109,307. 46,845. 7 Other salaries and wages Pension plan accruals and contributions (include 11,357 9,086. 1,590 681. section 401(k) and 403(b) employer contributions) 119,741. 20,953. 149,674. 8,980. Other employee benefits 9 3,293. 18,819. 23,523. 1,411.Payroll taxes 10 Fees for services (non-employees): a Management 2,422. 1,938. 145. 339. Legal 6,395. 5,116. 895. 384. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 730,227 699,751. 21,333. 9,143. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,309. 38,493. 30,795. 5,389. 13 Office expenses 17,512. 14,010. 2,452. 1,050. 14 Information technology 15 Royalties 185,150. 148,120. 25,921. 11,109. 16 Occupancy 62,792. 59,974. 1,409. 1,409. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 17,282. 7,737. 9,545. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,219. 8,710. 6,968. 523. Depreciation, depletion, and amortization 22 9,156. 7,324. 1,283. 549. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 48,096. 46,000. 948. 1,148. MISCELLANOUS SPONSORSHIPS 45,806. 45,806. PROFESSIONAL DEVELOPMEN 6,780. 5,424. 949. 407. 73. 31. d HIRING EXPENSE 522. 418. 28. 401. 315. 58. e All other expenses Total functional expenses. Add lines 1 through 24e 2,308,956. 1,985,078. 227,953. 95,925. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			435,490.	1	448,934.
	2	Savings and temporary cash investments			2,111,465.	2	2,454,355.
	3	Pledges and grants receivable, net			1,100,864.	3	1,058,392.
	4	Accounts receivable, net			4	2,336.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
Ŋ		employees' beneficiary organizations (see instr)		·		6	
Assets	7	Notes and loans receivable, net		F		7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			13,068.	9	12,234.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	73,943.			
	b	Less: accumulated depreciation		65,726.	16,408.	10c	8,217.
	11	Investments - publicly traded securities		•	· · · · · · · · · · · · · · · · · · ·	11	,
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		14,669.	15	14,669.	
	16	Total assets. Add lines 1 through 15 (must equ			3,691,964.	16	3,999,137.
	17	Accounts payable and accrued expenses		81,121.	17	703,780.	
	18	Grants payable		18			
	19	Deferred revenue			186,506.	19	39,521.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and forme	r office				
≝		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24	. Complete Part X of			
		Schedule D			4,029.	25	11,744. 755,045.
	26	Total liabilities. Add lines 17 through 25			271,656.	26	755,045.
		Organizations that follow SFAS 117 (ASC 958	3), ched	k here X and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
anc	27	Unrestricted net assets			3,420,308.	27	3,244,092.
Fund Balances	28	Temporarily restricted net assets				28	
Б	29					29	
Ξ		Organizations that do not follow SFAS 117 (A	SC 95	3), check here ▶Ш			
þ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			3,420,308.	33	3,244,092.
	34	Total liabilities and net assets/fund balances			3,691,964.	34	3,999,137.

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,13					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	2,30 -17					
3									
4	2								
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 in Schedule O)	9		-11					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	3	3,24	4,0	92.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					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," explain in Schedule	О.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 audited on a separat								
	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 oversight of the	e audi	t,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si								
	Act and OMB Circular A-133?	-		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **2016**

Open to Public Inspection

Name of the organization CALIFORNIA OCEAN SCIENCE TRUST **Employer identification number** 65-1261006

Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	mplete th	is part.) Se	ee instructions.					
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative		· ·			ii).					
4		A medical research organiz					•	the hospital's name				
•		city, and state:	anon operated in co.	njanotion with a moopital	GOOGIIDO			ino noopital o namo,				
5		An organization operated for	or the benefit of a co	llogo or university owner	d or operat	tod by a g	overnmental unit describ	ood in				
3				nege of university owner	u or opera	led by a g	overnmentar unit descrit	Jea III				
_		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
7	X			ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C										
8	\square	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or				
		university:										
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from				
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in				
		lines 12a through 12d that	•									
а		Type I. A supporting orga	• •			-	· · · · · ·	v aivina				
		the supported organization	· ·	· ·	•	•						
		organization. You must o										
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s) by ha	vina				
~		control or management o	•					•				
		organization(s). You mus			arrie perse	nis triat co	ontrol of manage the sup	ported				
_		Type III functionally inte			in connoc	tion with	and functionally intograt	ad with				
·		its supported organization					•	ea with,				
d		Type III non-functionally		•				ization(a)				
u												
		that is not functionally int	-		•		-	iveriess				
		requirement (see instruct	·	-								
е		☐ Check this box if the orga					ı Type I, Type II, Type III					
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.						
f		er the number of supported of										
g		vide the following information i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
	•	organization	(11) 2.11	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)				
				above (see instructions))	163	140	,	, , , , , , , , , , , , , , , , , , ,				
Γ <u>α</u> 4-												
Γota								ı				

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	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2,588,758.	2,524,258.	2,210,764.	2,165,817.	2,121,309.	11,610,906.		
2	Tax revenues levied for the organ-						_		
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	2,588,758.	2,524,258.	2,210,764.	2,165,817.	2,121,309.	11,610,906.		
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)						567,156.		
6							11,043,750.		
	ction B. Total Support						, , ,		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
	Amounts from line 4	2,588,758.	2,524,258.	2,210,764.	2,165,817.	2,121,309.	11,610,906.		
	Gross income from interest,	, ,	. ,	, ,	, ,	, ,			
•	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	1,066.	1,161.	1,311.	8,720.	11,548.	23,806.		
a	Net income from unrelated business	_,			.,	,			
·	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)	5,727.	1,747.				7,474.		
11		377270					11,642,186.		
12	Gross receipts from related activities,	etc (see instruction	ne)			12			
13	First five years. If the Form 990 is for			fourth or fifth tax		1			
	organization, check this box and stor	•				11 30 1(0)(0)			
Sec	ction C. Computation of Publ								
14	Public support percentage for 2016 (I	line 6. column (f) di	vided by line 11. co	olumn (f))		14	94.86 %		
15	Public support percentage from 2015					15	95.78 %		
16a	33 1/3% support test - 2016. If the o					nore, check this bo	x and		
	stop here. The organization qualifies	•		•		•	\triangleright X		
b	33 1/3% support test - 2015. If the c						is box		
	and stop here. The organization qual						ightharpoonup		
17a	10% -facts-and-circumstances tes						or more.		
	and if the organization meets the "fac	-							
	meets the "facts-and-circumstances"			-	=	-			
h	10% -facts-and-circumstances tes								
	more, and if the organization meets the	_							
	organization meets the "facts-and-circ		•						
12									
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2016

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.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6					, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in 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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organi:	zation.
		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2016 (column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	//
	a 33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2015. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9c		
10a		
10b		

Pa	t IV Supporting Organizations (continued)			
	(donumod)		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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sec	tion C. Type II Supporting Organizations			
	<u> </u>		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		
Sec	tion 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				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		ĺ
Sec	tion 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 yea(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 government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
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.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

ı aı	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а	·			
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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, LINE 10, EXPLANATION FOR OTHER INCOME:						
OTHER REVENUE						
2012 AMOUNT: \$5,727						
2013 AMOUNT: \$1,747						

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2016

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CAMPBELL FOUNDATION	800,000.	567,156.
Total Excess Contributions to Schedule A, Part II, Line 5		567,156.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CALIFORNIA OCEAN SCIENCE TRUST

Employer identification number 65-1261006

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2 200
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	*	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organization's accounting for
_	conservation easements.		
Pai		-	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	·	gain, provide
	the following amounts required to be reported under SFAS 1		•
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

632051 08-29-16

Schedule D (Form 990) 2016

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

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Othe	er Simila	ar Asse	ts(conti	nued)	<u>-</u>
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at are a si	ignificant ι	use of its	collectio	n item	ıs
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	on's exe	mpt purpo	se in Pai	t XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, hi	istorical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran								line 9, o	r	
	reported an amount on Form 990, Par	t X, line 21.		_							
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		□No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	cplanation	on has been	n provided on	Part XIII]
Pai	T V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Parl	t IV, line	10.				
		(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:	•			•		
а	Board designated or quasi-endowment	·	%		"						
	Permanent endowment	%	_								
С	Temporarily restricted endowment ▶										
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posse		ation tha	at are held a	and administe	ered for tl	he organiz	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	Schedule R?)				. 3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part I	V, line 11a. 9	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	cumulate	d	(d) Boo	k valu	<u>—</u>
		basis (investr	nent)	basis	(other)	dep	oreciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			7	3,943.		65,72	26.		8,2	17.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line	10c.)					8,2	17.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 CALIFORNIA	OCEAN SCIEN	CE TRUST	65-1261006 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)		+	
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990, Part X, I	line 13.
(a) Description of investment	(b) Book value		: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fart IX Other Assets.			
	on Form 000 Port IV	line 11d See Form 000 Part V	lino 15
Complete if the organization answered "Yes" (a)	Description	IIIIe 11d. See Form 990, Part X, I	(b) Book value
	Bescription		(a) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
「otal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,		Part X, line 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes		11 744	
(2) DEFERRED RENT - LONG TERM	LEASE	11,744.	
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ■ 11,744.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

(7) (8)

	rt XI Reconciliation of Revenue per Audited Financial Stater		Revenue ner B		1201000 Page 1
· u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		nevenue per n	iotai i	•
1	Takahan ayan ayan ayaha ayah atkan ayan ayah ayan ayahta at fira ayah atkan ayah			1	2,106,489.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a		2a			
b				-	
С				-	
d					
е				2e	0.
3	Subtract line 2e from line 1			3	2,106,489.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	26,368.		
С	Add lines 4a and 4b			4c	26,368.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,132,857.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	2,282,588.
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	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			•
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,282,588.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a	, , , ,		26 260	-	
b			26,368.	1 1	26,368.
c	Add lines 4a and 4b			4c	2,308,956.
D ₂	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	2,300,930.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV lines 1h	and Oh: Dort V. line	1. Dort	V line 0: Dort VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			4, Fait	Λ, III le 2, Fait Λi,
111163	20 and 4b, and Part All, lines 20 and 4b. Also complete this part to provide any a	dultional inform	nation.		
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
RE	CLASS OF GRANT REFUNDS				
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
RE(CLASS OF GRANT REFUNDS				

Schedule D (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 16 Open to Public Inspection

Name of the organization

CALIFORNIA OCEAN SCIENCE TRUST

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 65-1261006

FORM 990, PART VI, SECTION A, LINE 7A:

THE SECRETARY OF THE CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY, THE SECRETARY OF THE CALIFORNIA NATURAL RESOURCES AGENCY AND THE STATE OF CALIFORNIA DIRECTOR OF FINANCE EACH APPOINT ONE TRUSTEE. THE NATURAL RESOURCES SECRETARY RECEIVES NOMINATIONS FOR THE REMAINING SEVEN TRUSTEES AND APPOINTS THE TRUSTEES AS FOLLOWS: THREE TRUSTEES REPRESENTING THE CALIFORNIA STATE UNIVERSITY AND THE UNIVERSITY OF CALIFORNIA; TWO TRUSTEES REPRESENTING OCEAN AND COASTAL INTEREST GROUPS OF THE STATE; AND TWO TRUSTEES REPRESENTING THE GENERAL PUBLIC.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON BEHALF THE GOVERNING BODY. AN EXECUTIVE SEARCH WAS CONDUCTED AND A SUBCOMMITTEE WAS FORMED TO CONDUCT INITIAL INTERVIEWS WITH CANDIDATES. THE SCOPE OF THE AUTHORITY WAS TO NARROW DOWN THE POOL AND MAKE RECOMMENDATIONS TO THE FULL BOARD WHICH CANDIDATES SHOULD BE INTERVIEWED BY THE FULL BOARD.

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

THE EXECUTIVE DIRECTOR AND BOARD FINANCE SUBCOMMITTEE REVIEWED THE FORM 990 BEFORE IT WAS FILED WITH THE IRS; A COPY OF THE FILED 990 WILL BE PRESENTED AT THE NEXT FULL BOARD MEETING.

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

CALIFORNIA OCEAN SCIENCE TRUST GOVERNANCE DOCUMENTS INCLUDE A CONFLICT OF INTEREST POLICY REQUIRING ALL MEMBERS OF THE BOARD OF TRUSTEES TO DISCLOSE ANY AFFILIATIONS WITH OUTSIDE ENTITIES THAT HAVE RECEIVED, CURRENTLY

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization **Employer identification number** CALIFORNIA OCEAN SCIENCE TRUST 65-1261006 RECEIVE, OR HAVE PLANS OR ASPIRATIONS TO RECEIVE FUNDING FROM THE TRUST; SUCH MEMBERS ARE REQUIRED TO RECUSE THEMSELVES FROM PARTICIPATING IN DECISION-MAKING THAT IMPACTS THEIR AFFILIATED ENTITIES. THIS POLICY WILL CONTINUE TO BE ENFORCED IN THE CURRENT YEAR AND IN FUTURE YEARS. IN ADDITION, ALL MEMBERS OF THE OST BOARD OF TRUSTEES ANNUALLY FILE A CALIFORNIA FORM 700 STATEMENT OF ECONOMIC INTERESTS, WHICH INCLUDES DISCLOSURES OF ALL BUSINESS INTERESTS, INVESTMENTS, INCOME, PROPERTY, AND/OR GIFTS. FORM 990, PART VI, SECTION B, LINE 15A: THE OST BOARD OF TRUSTEES EVALUATES THE EXECUTIVE DIRECTOR ANNUALLY ON HIS/HER PERFORMANCE TO ENSURE THAT THE ORGANIZATION PROVIDES A FAIR YET REASONABLE AND NOT EXCESSIVE COMPENSATION FOR THE EXECUTIVE DIRECTOR. A RECOMMENDATION OF SALARY AND BENEFIT LEVEL ADJUSTMENT IS MADE TO THE FULL BOARD BY THE BOARD CHAIR AFTER OBTAINING DATA FROM A VARIETY OF SOURCES RELATING TO EXECUTIVE COMPENSATION LEVELS AT OTHER COMPARABLE

DECISIONS ARE DOCUMENTED VIA CORRESPONDENCE FROM THE BOARD CHAIR, WHICH IS THEN PLACED IN THE PERSONNEL FILE.

ORGANIZATIONS. THE BOARD - MADE UP OF INDIVIDUALS WITH NO KNOWN CONFLICTS

OF INTEREST - THEN VOTES ON THE MATTER IN EXECUTIVE SESSION.

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

THE ORGANIZATIONS' GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES - OTHER:

Name of the organization CALIFORNIA OCEAN SCIENCE TRUST	Employer identification number 65-1261006
PROGRAM SERVICE EXPENSES	699,751.
MANAGEMENT AND GENERAL EXPENSES	21,333.
FUNDRAISING EXPENSES	9,143.
TOTAL EXPENSES	730,227.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	730,227.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
OTHER	-117.
FORM 990, PART XII, LINE 2C:	
THE BOARD AUDIT & FINANCE SUBCOMMITTEE ASSUMES RESPONSIBE	LITY FOR
OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AC	COUNTANT.