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Department of the Treasury Internal Revenue Service

For the 2019 colordor year

or toy yoor beginning

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. and anding



AL	OF LITE	and and a search and and and and and and and	enung	_					
B C a	heck if	C Name of organization	D Employer identifie	cation number					
	Addres	ORANGE COUNTY COASTREEPER							
	Name Change	5	33-0	3-0847892					
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 3151 AIRWAY AVENUE, $F-110$	Room/suite	E Telephone number 714-	850-1965				
	termin		G Gross receipts \$ 3,542,808						
	Ameno		H(a) Is this a group re						
	Applic			for subordinates					
	pendir		CA 9						
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)		• • •	list. (see instructions)				
		e: ► WWW.COASTKEEPER.ORG		H(c) Group exemption					
		organization: X Corporation Trust Association Other ►	L Year		State of legal domicile: CA				
	art I	Summary			5				
-	1	Briefly describe the organization's mission or most significant activities: DEDIC	CATED	TO THE PROT	ECTION AND				
Activities & Governance		PRÉSERVATION OF CALIFORNIA MARINE HABITA	TS AND	WATERSHEDS	•				
rna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.				
оvе				3	12				
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			11				
ès é		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			48				
vitie		Total number of volunteers (estimate if necessary)		0					
∖cti	7 a '	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
4		Net unrelated business taxable income from Form 990-T, line 38			0.				
				Prior Year	Current Year				
е	8	Contributions and grants (Part VIII, line 1h)		1,743,570.	3,503,490.				
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.				
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		373.	293.				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		38,387.	15,058.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,782,330.	3,518,841.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm c}$		934,625.	1,176,983.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
xp€	b	Total fundraising expenses (Part IX, column (D), line 25) 63,34	41.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		838,363.	1,510,059.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,772,988.	2,687,042.				
	19	Revenue less expenses. Subtract line 18 from line 12		9,342.	831,799.				
Assets or d Balances			Be	ginning of Current Year	End of Year				
set	20	Total assets (Part X, line 16)		1,457,801.	2,704,734.				
st As	21	Total liabilities (Part X, line 26)		98,883.	514,017.				
Fur		Net assets or fund balances. Subtract line 21 from line 20		1,358,918.	2,190,717.				
102	net II	Signature Block							

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.

Sign Here	Signature of officer GARRY BROWN, PRESIDENT Type or print name and title	& CEO		Date
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	KENNETH H. PUN			self-employed P01443751
Preparer	Firm's name ▶ THE PUN GROUP, L			Firm's EIN 46-4016990
Use Only	Firm's address 200 E. SANDPOINT	E AVENUE SUITE 600		
	SANTA ANA, CA 92	707		Phone no. $949 - 777 - 8800$
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
832001 12-3	LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2018)

orm	990 (2018) ORANGE COUNTY COASTKEEPER	33-0847892	Page
Par	t 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: ORANGE COUNTY COASTKEEPER IS A CALIFORNIA NON-PROFIN ORGANIZATION DEDICATED TO THE PROTECTION AND PRESERV	VATION OF	
	CALIFORNIA MARINE HABITATS AND WATERSHEDS THROUGH PF	OGRAMS OF	
	EDUCATION, ADVOCACY, RESTORATION AND ENFORCEMENT.		
2	Did the organization undertake any significant program services during the year which were not listed or		
	prior Form 990 or 990-EZ?		Х
	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 se	rvices?Yes	Х
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	ices, 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, ar	nd
	revenue, if any, for each program service reported.		
4a) (Revenue \$	
	ENFORCEMENT - THE ORGANIZATION MONITORS, ON LAND AND		
	POLLUTION THAT OCCURS DURING RAIN EVENTS OR THROUGH		
	THROUGHOUT THE REGION. THESE INCLUDE POLLUTED RUNOFE		ON
	/	IEN POLLUTED	
	DISCHARGES ARE CONSISTENTLY OUT OF COMPLIANCE WITH S WATER LAWS, THE ORGANIZATION INITIATES FEDERAL LITIC		
	VIOLATORS.	ATION AGAINST	
	VIOLATORS.		
4b	(Code:) (Expenses \$ 415,029. including grants of \$) (Revenue \$	
	ADVOCACY - URGING REGULATORY AGENCIES AND COMMISSION COUNTY AND LOCAL GOVERNMENTS, THE ORGANIZATION PARTY ADVOCATES FOR STRICTER STORM WATER AND URBAN RUNOFF ENHANCED COASTAL PROTECTION. THE ORGANIZATION ALSO A COLLABORATIVE SOLUTIONS OT THE DRINKING WATER SUPPLY	NERS ON PROJECTS REGULATIONS AND ADVOCATES FOR	
	CALIFORNIA.		
4c		(Revenue \$	
	EDUCATION - THE ORGANIZATION'S EDUCATION PROGRAM INC		
		COUNTY AND INLAND	
	EMPIRE REGION. THE ORAGNIZATION'S CURRICULUM PROVISE		R
	STUDENTS. OTHER EDUCATION PROGRAMS INCLUDE KID'S OCH	P	
	CLEAN UP DAY, KID'S CARE, AND KAT'S EDUCATION IN RIV	VERSIDE.	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 345,438 · including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,480,598.		
		Form 99	U (2
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10	$\frac{2}{2}$		0.0.
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Form 990 (2018)

Part IV Checklist of Required Schedules

ORANGE COUNTY COASTKEEPER

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u>'</u>		
Ŭ	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ũ	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		x
10	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	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," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
	Schedule D, Parts XI and XII	12a	A	<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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		X
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	17		X
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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
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			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		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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No," <i>go to line 25a</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? <i>If "Yes," complete Schedule L, Part I</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," complete Schedule L, Part II	26		x
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 of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		x
82	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
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		x
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
	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		x
	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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
Par	Note. All Form 990 filers are required to complete Schedule O t 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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a22Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x	
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Part V

018) ORANGE COUNTY COASTKEEPER 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 48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).	-		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
юа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		x
h	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	40		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
Ŭ	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40.0		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.			
u	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			
~	Enter the amount of reserves on hand 13c			
		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. +5		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see 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.			
				_

Form **990** (2018)

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Form 990	(2018)
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ORANGE COUNTY COASTKEEPER

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					
Sec	tion A. Governing Body and Management					-
		1.1	1 0		Yes	╞
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			L
	If there are material differences in voting rights among members of the governing body, or if the governing					l
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		1 1			I
	Enter the number of voting members included in line 1a, above, who are independent	·	11			I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with any oth	ner		37	ļ
	officer, director, trustee, or key employee?			2	X	┦
3	Did the organization delegate control over management duties customarily performed by or under					
	of officers, directors, or trustees, or key employees to a management company or other person? \ldots			3		4
4	Did the organization make any significant changes to its governing documents since the prior Form	1 990 was filed?		4		_
	Did the organization become aware during the year of a significant diversion of the organization's a			5		_
	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint one or				
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members					
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the follow	ng:			1
	The governing body?	•	•	8a	Х	1
b	Each committee with authority to act on behalf of the governing body?			8b	Х	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					1
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			<u> </u>		
			/		Yes	1
02	Did the organization have local chapters, branches, or affiliates?			10a	100	-
	If "Yes," did the organization have written policies and procedures governing the activities of such			100		1
D	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1.					X	1
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	bay before ming	the form?	11a	- 23	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	X	1
	· · · · · · · · · · · · · · · · · · ·					-
						-
	in Schedule O how this was done			12c	X X	-
	Did the organization have a written whistleblower policy?			13		-
	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 appro	val by indepen	dent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					l
	The organization's CEO, Executive Director, or top management official			15a	X	4
b	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).					
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a				l
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its particip	ation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's				
	exempt status with respect to such arrangements?			16b		
ect	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,	and 990-T (Sec	tion 501(c)(3)	s only) availa	2
	for public inspection. Indicate how you made these available. Check all that apply.					
		in in Schedule))			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or		,	d finan	cial	
-	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and reco	rds 🕨			
	ELLEN ORANGE-BROWN, ASSOCIATE DIRECTOR - 714-850-	1965				-
	3151 AIRWAY AVENUE, F-110, COSTA MESA, CA 92626					-
				Form	990	11
×2000	§ 12-31-18			1 0111		1
	6					

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	mployees,	Highest	Compensate
	Employees, and Independe	ent Contra	ctors				

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.

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

(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average hours per week	box	(do not che box, unless		Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) GARRY BROWN	40.00								0	0		
PRESIDENT & CEO		X		X				0.	0.	0.		
(2) STEVE BONE	1.50			37				0	0	0		
BOARD CHAIR		X		X				0.	0.	0.		
(3) FRANK TOLERICO BOARD VICE-CHAIR	1.50	x		x				0.	0.	0.		
(4) JAMES PARKHURST	1.50				<u> </u>			0.	0.	0.		
BOARD TREASURER	1.50	x		x				0.	0.	0.		
(5) BOB KING	1.50								0.			
BOARD SECRETARY	1.30	x		x				0.	0.	0.		
(6) KARA ADAMS	1.50											
BOARD MEMBER		x						0.	0.	0.		
(7) ALAN FREEMAN	1.50											
BOARD MEMBER		x						0.	Ο.	0.		
(8) MANDANA MASSOUMI	1.50											
BOARD MEMBER		X						0.	0.	0.		
(9) RICHARD NICHOLSON	1.50											
BOARD MEMBER		Х						0.	0.	0.		
(10) JOHN WEISPFENNING	1.50											
BOARD MEMBER		Х						0.	0.	0.		
(11) VINCE ZIMMERER	1.50											
BOARD MEMBER	1 50	X						0.	0.	0.		
(12) MARK DRAPER	1.50								0	0		
BOARD MEMBER		X						0.	0.	0.		
			\vdash			\vdash						
		<u> </u>		<u> </u>			<u> </u>					
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Form **990** (2018)

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7 2018.03040 ORANGE COUNTY COASTKEEPER

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Form 990 (2018) ORANGE COUNTY COASTKEEPER 33-0847									892	Pa	age 8			
Pa	t VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									es (continued)				
	(A) Name and title	Desition						h an	compensation compensation			(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizatie	e ion ed
1b	Sub-total								0.		0.			0.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A			· · · · · · · ·		 		0.0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	lose	liste			e) wr	10 r	eceived more than \$100	J,000 of reportab			Yes	1 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual							-			3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	e J f	for such individual			4		Х
	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or si	uch	pers	son .					5		Х
1	Complete this table for your five highest co the organization. Report compensation for		· ·								npens	ation 1	from	
	(A) (B) Name and business address NONE Description of services							(C) Compensation			n			
								_						
2	Total number of independent contractors (i	0	iot lii	mite	d to		-	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz)					Form	990 (2	2018)

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Par	rt VII							
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII	(D)		
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c f g h 2 a b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e ts, and 1f ve 1f 1a-1f: \$	Business Code	3,503,490.			
	g	Total. Add lines 2a-2f						
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	dividends, intere x-exempt bond p	est, and proceeds	293.			293
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)		(ii) Personal				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses		(ii) Other				
		Gain or (loss) Net gain or (loss)						
Other Revenue	8 a	Gross income from fundraisin	g events (not 10. of 1c). See a	33,796.				
0		Net income or (loss) from fund			9,829.			9,829.
	9 a	Gross income from gaming ac Part IV, line 19 Less: direct expenses	tivities. See a					
		Net income or (loss) from gam						
	10 a b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a					
		Miscellaneous Revenu		Business Code				
	11 a b c	OTHER REVENUE		900099	5,229.			5,229
	d	All other revenue						<u> </u>
	е	Total. Add lines 11a-11d			5,229.			
	12	Total revenue. See instructions		🕨	3,518,841.	0.	0.	15,351. Form 990 (2018

ORANGE COUNTY COASTKEEPER

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ORANGE COUNTY COASTKEEPER 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).

	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	236,195.	236,195.		
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	774,451.	681,537.	58,709.	34,205.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.6 . 6 . 0.0			F 000
9	Other employee benefits	86,630.	67,445.	11,277.	7,908.
10	Payroll taxes	79,707.	72,503.	4,277.	2,927.
11	Fees for services (non-employees):				
а	Management				
b		6,000.		6,000.	
	Accounting	6,000.		0,000.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	1,194,304.	1,187,638.		6,666.
40		1,191,301.	1,107,050.		0,000.
12 13	Advertising and promotion				
13 14	Office expenses Information technology				
14 15	Royalties				
16	Occupancy	98,024.	68,127.	23,710.	6,187.
17	Travel	21,130.	21,130.		
18	Payments of travel or entertainment expenses	,	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,217.		28,217.	
23	Insurance	12,287.	5,543.	6,744.	
24	Other expenses. Itemize expenses not covered				
	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 0.)				
а	SUPPLIES AND EQUIPMENT	95,684.	88,944.	1,921.	4,819.
b	AUTOMOBILE MILEAGE	28,994.	28,461.	424.	109.
С	PRINTING	9,279.	9,239.	40.	240
d	UTILITIES	7,051.	6,426.	276.	349.
е	All other expenses	9,089.	7,410.	1,508.	171.
25	Total functional expenses. Add lines 1 through 24e	2,687,042.	2,480,598.	143,103.	63,341.
26	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)				

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					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			908,369.	2	2,184,999.
	3	Pledges and grants receivable, net			•	3	
	4	Accounts receivable, net			130,544.	4	100,658.
	5	Loans and other receivables from current and for			•	<u> </u>	,
		trustees, key employees, and highest compensation					
		Part II of Schedule L		-		5	
	6	Loans and other receivables from other disquali				-	
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	•	•			
Ś		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	616,720.			
	b	Less: accumulated depreciation		205,693.	410,838.	10c	411,027.
	11	Investments - publicly traded securities		-	•	11	,
	12	Investments - other securities. See Part IV, line 1		F		12	
	13	Investments - program-related. See Part IV, line		F		13	
	14	Intangible assets		E E E E E E E E E E E E E E E E E E E		14	
	15	Other assets. See Part IV, line 11			8,050.	15	8,050.
	16	Total assets. Add lines 1 through 15 (must equa	1,457,801.	16	2,704,734.		
	17	Accounts payable and accrued expenses	88,242.	17	494,303.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I			21		
S	22	Loans and other payables to current and former					
litie		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 unrelated		24			
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D	10,641.	25	19,714.		
	26	Total liabilities. Add lines 17 through 25	98,883.	26	514,017.		
		Organizations that follow SFAS 117 (ASC 958), checł	here 🕨 🗴 and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
anc	27	Unrestricted net assets			1,049,930.	27	1,848,245.
Bala	28	Temporarily restricted net assets			308,988.	28	342,472.
l pu	29	Permanently restricted net assets		29			
Fui		Organizations that do not follow SFAS 117 (A	, check here 🕨 📃				
o		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds		r		30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		F		32	0 100 515
2	33	Total net assets or fund balances			1,358,918.	33	2,190,717.
	34	Total liabilities and net assets/fund balances			1,457,801.	34	2,704,734.
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Pa	rt 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)		3,51		
2	Total expenses (must equal Part IX, column (A), line 25)		2,68'	<u>/,0</u>	42.
3	Revenue less expenses. Subtract line 2 from line 1	3			99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1,358	3,9	18.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		- 1.0		4 🗖
	column (B))	10	2,19),7	17.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		
				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				v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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			х	
b	Were the organization's financial statements audited by an independent accountant?		2b	^	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 oversight of the		2c		x
	review, or compilation of its financial statements and selection of an independent accountant?		20		
20	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Ja		igie Audit	3a		x
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	irod audit	38		
a	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	or addits, explain why in Schedule O and describe any steps taken to undergo such addits		JUC		L

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