Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2017

Open to Public

U Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2017 calendar year, or tax year beginning $10/01/\overline{17}$, and ending 09/30/18D Employer identification number C Name of organization Check if applicable: Whale and Dolphin Conservation, Inc. Address change Doing business as 02-0749188 Name change Number and street (or P.O. box if mail is not delivered to street address) 508-746-2522 Initial return 7 Nelson Street Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Plymouth MA 02360 725,847 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Chris Butler-Stroud 38 St.Paul Street H(b) Are all subordinates included? If "No," attach a list. (see instructions) Chippenham UK X 501(c) (501(c)(3)) t (insert no.) 4947(a)(1) or 527 http://us.whales.org Website: U H(c) Group exemption number U Year of formation: 2005 X Corporation Trust Association Form of organization: M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: TO PRESERVE, PROTECT, RESCUE AND REHABILITATE AQUATIC ANIMALS AND Governance 2 Check this box u if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 Current Year 8 Contributions and grants (Part VIII, line 1h) 665,783 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 74 799 41,727 46,015 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 512,917 712,597 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) ... 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 272,590 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) \mathbf{u}_{\ldots} 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 305,163 279,646 552,236 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 551,040 160,361 -38,12319 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 239,965 383,541 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 38,532 21,825 22 Net assets or fund balances. Subtract line 21 from line 20 . 201,433 361**,**716 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 Sian President Here Chris Butler Type or print name and title Print/Type preparer's name Preparer's signature Check Paid 01/22/19 self-employed Michael J Walsh, CPA Michael J Walsh, CPA P00239736 **Preparer** Sanders, Walsh & Eaton, Firm's EIN } 04-3128198 Firm's name **Use Only** PO Box F Osterville, 508-428-0790 MΑ 02655 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2017) Whale and Dolphin Conservation, Inc. 02-0749188	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	O PRESERVE, PROTECT, RESCUE, AND REHABILITATE AQUATIC MAMMALS A	
	IABITATS THROUGH VARIOUS FUNCTIONS SUCH AS SCIENTIFIC RESEARCH,	PUBLIC
E	DUCATION, INFORMATION PUBLICATIONS AND PROGRAMS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	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	
3		Yes X No
	services?	Yes 🗚 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 \$ 445,769 including grants of \$) (Revenue \$	<u> </u>
	O PRESERVE, PROTECT, RESCUE, AND REHABILITATE AQUATIC MAMMALS A	AND THETR
	ABITATS THROUGH VARIOUS FUNCTIONS SUCH AS SCIENTIFIC RESEARCH,	
		РОВПІС
E	DUCATION, INFORMATION PUBLICATIONS AND PROGRAMS.	
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4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4 -	(Code: \(\sum_{\text{Conseq}}\) (Expenses \(\partial_{\text{Conseq}}\)	<u> </u>
4C	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses u 445,769	

	art to Oriodinist of Required Conceaned		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		162	NO
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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 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 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,"	44-	х	
h	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		
b	of its total assets reported in Dort V. line 400 K. Illyco II assemblets Calcadide D. Dort VIII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
·	of the total accords are and the Boot V. For ACC 15 Nove II accorded to Octobridge D. Boot 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	<u> </u>		
<u> </u>	reported in Dart V. line 162 If "Voc." complete School In D. Dart IV	11d		x
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a				
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, 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			٦,
	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			.
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	х	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
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
	II 100, compete ouredure o, r art III	1 13		

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		X
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 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
b	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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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? 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 contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		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		<u> </u>
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	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			l
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

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 **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ______ 0 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? \mathbf{x} 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 **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If "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 X account)? **b** If "Yes," enter the name of the foreign country: **u** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **c** If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 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 Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Page 6 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

Section A. Governing Body and Management

<u>360</u>	tion A. Governing Body and Management								
		ا ما	_		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	_5	\dashv					
	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.		1						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	\dashv					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					37			
_	any other officer, director, trustee, or key employee?			2		<u> </u>			
3	Did the organization delegate control over management duties customarily performed by or under the direct					37			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed'	?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			<u>5</u>		X			
6	• • • • • • • • • • • • • • • • • • • •								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			7a		х			
	one or more members of the governing body?								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7b		х			
	stockholders, or persons other than the governing body?								
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at								
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>			
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal F	<u>Revenue C</u>	ode.)	ı				
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a		_X_			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris-	e to co	onflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe in Schedule O how this was done			12c		_X_			
13	Did the organization have a written whistleblower policy?			13	X				
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		_X_			
b	Other officers or key employees of the organization			15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
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		_X_			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed u MA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	1(c)(3	s only)						
available for public inspection. Indicate how you made these available. Check all that apply.									
	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	est poli	cy, and						
	financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds: u							
Re	egina Asmutis-Silva 7 Nelson Street								
P.	Lymouth MA 0236	0	50	8-74	6-2	522			

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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

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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	o not o x, unle icer ai Institutional trustee	Pos check ess pe	more rson is directo	s both	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) Chris Butler-St	roud					_					
President	1.00 35.00	x		x				0	86,999	15,736	
(2) Chris Vick	1.00										
Vice President	20.00	\mathbf{x}		x				0	35,748	5,593	
(3) Jane Bryan									•		
Treasurer	2.00	X		x				0	29,756	4,294	
(4) Sian Davies-Ham		^		^					29,730	4,234	
Director	1.00	\mathbf{x}						0	23,283	3,114	
(5) Gil Breiman	2 22										
Clerk	2.00	X		x				o	0	0	
(6) Regina Asmutis-	Silva	1									
Errogutivo Dimogton	40.00			x				69,000	0	2 400	
Executive Director (7)	0.00			^				69,000	0	2,400	
(0)											
(8)											
(9)											
		-									
(10)											
(11)		\vdash									

DC 01/22/2019 12.33 FW					
Form 990 (2017) W	hale	and	Dolphin	Conservation, Inc.	02-0749188

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle icer a	Pos check ess pe nd a	erson i directo	than dis both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	, ,		organization and related organizations		
1b	Sub-total							u u	69,000	175,786		31,137		
d	Total (add lines 1b and 1c)			<u>.</u>				u	69,000	175,786		31,137		
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	abov	ve) who received more than	\$100,000 of				
3	Did the organization list any fo	ormer officer dire	actor	· or	truct	99	kov (amn	lovee or highest compensa	ated	[Yes	No
	employee on line 1a? If "Yes,"	complete Sched	dule	J foi	suc	h ind	divid	ual .				3		Х
4	For any individual listed on line organization and related organ	nizations greater	thar	\$15	50,00	00? /	f "Ye	es,"	complete Schedule J for su					37
5	individual	Ia receive or acc	crue	com	 pens	 atio	 1 froi	 m a	ny unrelated organization or	· individual		4		X
Socti	for services rendered to the orion B. Independent Contractor		'es,"	com	plete	Sc.	hedu	le J	for such person			5		<u> </u>
1	Complete this table for your five	ve highest comp												
	compensation from the organiz	Zation. Report co (A) I business address	тре	nsa	lion i	OI LI	ie Ca	T		in the organizations tax ye (B) ion of services	Jar.	Car	(C)	ion .
									3334					
-														
2	Total number of independent of	contractors (inclu	ding	but	not	limite	ed to	tho	se listed above) who					

Part \	VIII Stater	nent of Reve			esponse or	-	in this Part VIII		1 age
					·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u> </u>	a Federated ca	mpaigns	1a				Toveride		012 014
lan i	b Membership of		1b						
E M	c Fundraising e		1c						
ar /	d Related organ		1d						
.,E	e Government grants		1e						
⊂ທ	f All other contribution		1f	(665,783				
	g Noncash contribution	ns induded in lines 1a	a-1f: \$.						
၂ နှင့်	h Total. Add lin	es 1a–1f			u	665,783			
E E					Busn. Code				
S 2a	a								
ا ایم	b								
، اقج	C								
<i>\$</i> &	A								
<u>ا</u> ۾	•								
Ď	f All other prog								
ي ∣≛م	g Total. Add lin			•	u				
3		come (including							
						799			79
4	and other similar amounts) u Income from investment of tax-exempt bond proceeds u								
5			•						
ľ	rtoyanico	(i) Real			ersonal				
6.	a Gross rents	(i) real		()	Crocriai				
	Less: rental exps.								
	Rental inc. or (loss)								
78	Net rental income Gross amount from								
	sales of assets	(i) Securities	5	(11)	Other				
	other than inventory								
	Less: cost or other								
	basis & sales exps.								
l l	Gain or (loss)								
	Net gain or (lo				u				
<u>o</u> 8a	a Gross income f	rom fundraising ev	ents						
eur	(not including \$								
Ş		reported on line 1							
<u>~</u>		18			40,312				
Other Revenue	b Less: direct e	xpenses	b		13,250				
ا ا	Net income o	r (loss) from fun	draising e	vents	u	27,062			
98	a Gross income f								
		19							
k	Less: direct e								
(Net income o	r (loss) from gar	ning ac <u>tivi</u>	ties	u				
10a	a Gross sales o	f inventory, less							
	returns and a	llowances	а						
k	Less: cost of		b						
	Net income o		es of inver	ntory	u				
		cellaneous Revenue			Busn. Code				
112	a Merchandi	.se				11,626	11,626		
k						6,838	6,838		
						489	489		
	d All other reve								
	Total Add lin			[18.953			

0

799

18,953

712,597

12 Total revenue. See instructions.

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			plete column (A).	
	Check if Schedule O contains a respons	 		(C)	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	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,				
Ŭ	trustees, and key employees				
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	272,590	233,065	19,790	19,735
8	Pension plan accruals and contributions (include	,	,	- ,	. ,
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	35,457	29,513	2,035	3,909
14	Information technology	12,519	671	745	11,103
15	Royalties				
16	Occupancy	24,528	20,516	2,058	1,954
17	Travel	12,360	11,838	313	209
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	3,716	3,716		
23	Insurance	4,229	3,568	471	190
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 O.)	00.101	22 121		
а	Grant and contract expens	90,121	90,121	4.5	00 550
b	Fundraising fees	39,282	10,676	2 625	28,559
C	Professional services	16,611	11,905	2,635	2,071
d	Bank and processing	11,262	8,497	750	2,015
e	All other expenses	29,561	21,683	1,340	6,538
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	552,236	445,769	30,184	76,283
26	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here u if following SOP 98-2 (ASC 958-720)				
	101104VII IY 001 3072 (1700 3007/20)				

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year 220,606 160,221 Cash—non-interest bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 2,976 7,368 **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred chargesr.... 3,136 4,973 10a Land, buildings, and equipment: cost or 30,781 other basis. Complete Part VI of Schedule D 10a 11,044 19,737 13,247 b Less: accumulated depreciation 10b 10c 199,935 Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 239,965 383,541 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 30,870 Accounts payable and accrued expenses 6,943 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 7,662 of Schedule D 14,882 38,532 21,825 Total liabilities. Add lines 17 through 25 ... Organizations that follow SFAS 117 (ASC 958), check here u X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 68,720 Unrestricted net assets 201,772 27 27 132,713 159,944 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here u and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 361,716

> 383,541 Form **990** (2017)

201,433

239,965

33

orm	990 (2017) Whale and Dolphin Conservation, Inc. 02-0749188			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)			12,	597
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	52,	236
3	Revenue less expenses. Subtract line 2 from line 1	3	1	60,	361
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	01,	433
5	Net unrealized gains (losses) on investments	5			-78
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			
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	61,	716
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>.</u>	
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
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 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2017)

3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Whale and Dolphin Conservation, Inc. 02-0749188

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, o	check only	one box	(.)					
1		A church, con	nvention of churches, or ass	ociation of churches described	in sectior	170(b)(1)(A)(i).					
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	990-EZ).)						
3		A hospital or	a cooperative hospital servi-	ce organization described in se	ction 170	(b)(1)(A)	(iii).					
4		A medical res	search organization operated	d in conjunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name,				
		city, and state	e:									
5		An organizati		of a college or university owned			governmental unit described in					
		section 170	(b)(1)(A)(iv). (Complete Part	II.)								
6		A federal, sta	ate, or local government or g	overnmental unit described in s	ection 17	70(b)(1)(<i>A</i>	\)(v).					
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
		described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
			or a non-land grant college of	of agriculture (see instructions).	Enter the	name, ci	ty, and state of the college or					
		university:										
10	X	_) more than 33 1/3% of its sup				OSS				
		•		npt functions—subject to certain nd unrelated business taxable in	•		<i>'</i>					
			•	0, 1975. See section 509(a)(2)	`		•					
11			•	exclusively to test for public safe			•					
12		•	•	exclusively for the benefit of, to	•			ses				
	ш	of one or mo	re publicly supported organize	zations described in section 50	9(a)(1) or	section	509(a)(2). See section 509(a)(3).				
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the											
	supporting organization. You must complete Part IV, Sections A and B.											
	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having											
	control or management of the supporting organization vested in the same persons that control or manage the supported											
	organization(s). You must complete Part IV, Sections A and C.											
	c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.											
	d		• ,,,	I. A supporting organization ope				on(s)				
	_		•	e organization generally must sa				• •				
			• •	nust complete Part IV, Section	-		•					
	е	Check thi	is box if the organization rec	eived a written determination fro	m the IRS	S that it is	s a Type I, Type II, Type III					
				n-functionally integrated suppor	ting orgar	nization.						
	f		mber of supported organizati									
	g	Provide the f	ollowing information about the	ne supported organization(s).	1		T					
(i		ne of supported	(ii) EIN	(iii) Type of organization	1 ` '	organization	(v) Amount of monetary	(vi) Amount of				
	orç	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)				
				(**************************************	Yes	No	,	,				
(A)												
` '												
(B)												
(-)												
(C)												
(0)												
(D)												
(-)												
(E)												
` '												
Tota	<u></u>											

Pa	rt II Support Schedule for O							
	(Complete only if you ched						y under	
	Part III. If the organization	fails to qualify	under the tests	s listed below,	please complet	e Part III.)		
	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
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)							
6	Public support. Subtract line 5 from line 4.							
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)				12		
13	First five years. If the Form 990 is for the	-		•				
	organization, check this box and stop her	e					▶	
Sec	tion C. Computation of Public S	upport Percen	tage					
14	Public support percentage for 2017 (line 6	, column (f) divided	d by line 11, colum	n (f))		14	%	
15	Public support percentage from 2016 Sche						%	
16a	33 1/3% support test—2017. If the organ							
	box and stop here. The organization qual	ifies as a publicly	supported organiza	ation			▶ ∟	
b	33 1/3% support test—2016. If the organ							
	this box and stop here. The organization	qualifies as a publ	icly supported orga	anization			▶ ∟	
17a	this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test—201							
	15 is 10% or more, and if the organization	=						
	Explain in Part VI how the organization m							
	supported organization			-			▶ □	
18	Private foundation. If the organization did	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	е		
	instructions						▶ □	

Schedule A (Form 990 or 990-EZ) 2017

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.)

Sac	tion A. Public Support	quality under the	e tests listed be	elow, please co	impiete Part II.)	!	
	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership	(a) 2013	(b) 2014	(6) 2013	(u) 2010	(6) 2017	(i) Total
•	fees received. (Do not include any "unusual grants.")	596,874	531,450	583,462	471,116	665,783	2,848,685
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	325	815	7,069	51,487	59,265	118,961
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	597,199	532,265	590,531	522,603	725,048	2,967,646
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
<u></u>	line 6.)						2,967,646
	tion B. Total Support	(-) 0040	(1-) 004.4	(-) 0045	(-1) 0040	(-) 0047	(f) T-1-1
	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	597,199	532,265	590,531	522,603	725,048	2,967,646
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,482	4,531	4,059	3,637	799	17,508
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	4,482	4,531	4,059	3,637	799	17,508
11	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 assets (Explain in Part VI.)	7,536	7,536	7,536	7,536		30,144
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	609,217	544,332	602,126	533,776	725,847	3,015,298
14	First five years. If the Form 990 is for the						
	organization, check this box and stop here					<u></u>	<u></u> ▶ ∟
	tion C. Computation of Public Su			· (\$\)		45	
15 16	Public support percentage for 2017 (line 8, Public support percentage from 2016 Sche	, column (t) alviaea	by line 13, column	ı (t))		15	98.42 %
16 Sec	tion D. Computation of Investme					16	97.94%
17	Investment income percentage for 2017 (li			column (f))		17	1%
18	Investment income percentage from 2016		L line 17			40	1%
19a	33 1/3% support tests—2017. If the orga						
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2016. If the orga	ox and stop here. 7	Γhe organization q	ualifies as a public	ly supported organ	nization	> X
D	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did		=			=	. —

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

- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- 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.
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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		
30		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b	90 or 990-	E7) 2047
(Form 9	an or 880.	-62) 2017

Page 4

of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

- Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rganizati	ons	1 age 0
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			iee
instructions. All other Type III non-functionally integrated supporting organizations r	•	` '	
Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
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		
Section 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		1

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

Schedule A (Form 990 or 990-EZ) 2017

Schedu	t V Type III Non-Functionally Integrated 509(a)(3			100 Page 7
	ion D - Distributions	, Supporting Organiza	uona (conunueu)	Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rooses		- Curront rour
	Amounts paid to perform activity that directly furthers exempt purpose	•		
_	organizations, in excess of income from activity	>:		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets	<u> </u>		
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 organ	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
_10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2017	Amount for 2017
1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
a	Excess distributions carryover, if any, to 2017:			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 Whale and Dolphin Conservation, Inc. 02-0749188	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; P	
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,	
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.)	
Part III, Line 12 - Other Income Detail	
Part III, Line 12 - Other Income Detail	
\$ 30,144	
Supplemental Information	
In Kind Donations	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2017

Employer identification number

Whale and Dolphin Conservation, Inc. 02-0749188 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Whale and Dolphin Conservation, Inc.

Employer identification number 02-0749188

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	Litowitz Foundation 11401 SW 40th Street, Ste 370 Miami FL 33165	\$ 60,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Acton Family Fund 855 El Camino Real, Bld.4,Ste.250 Palo Alto CA 94301	\$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4 The Jessica Rekos Foundation 5 Sweetbriar Lane Sandy Hook CT 06482	Total contributions \$ 24,611	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Patagonia 259 W. Santa Clara St Ventura CA 93002	\$ 11,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Nantucket Organization 1400 Centerpark Blvd Ste 200 West Palm Beach FL 33401	\$ 12,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Cadmus Family Fund P.O. Box 81556 Lincoln NE 68336	\$ 16,493	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Whale and Dolphin Conservation, Inc.

 $\begin{array}{c} \text{Employer identification number} \\ 02 - 0749188 \end{array}$

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Craigslist Charitable Fund 222 Sutter Street 9th Floor San Francisco CA 94108	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	Zamora Family Fund 6031 Hillsborough Ct SW Grandville MI 49418	\$ 200,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
9	Name, address, and ZIP + 4 Richard J. Carney& Donna Carney Charitable Trust 2 Neenah Center, Suite 501 Neenah WI 54957	Total contributions \$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

U Complete if the organization is described below. U Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section 501(c)(4), (5), or (6) organizations: Complete Part III				
	e of organization Whale and Dolphin C		•	Employer ident 02-074918	ification number
Pai	t I-A Complete if the organization is exem			on 527 organization	n.
1	Provide a description of the organization's direct and indirect definition of "political campaign activities")	ect political campaign activities	in Part IV. (see in	structions for	
2	Political campaign activity expenditures (see instructions)			u \$	
3	Volunteer hours for political campaign activities (see instru				
Pa	t I-B Complete if the organization is exen	npt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organization	ration under section 4955		u\$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	u\$	· · · · · · · · · · · · · · · · · · ·
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	t I-C Complete if the organization is exen	npt under section 501(c	<u>), except sect</u>	ion 501(c)(3).	
1	Enter the amount directly expended by the filing organizati	on for section 527 exempt fund	tion		
	activities			u\$	
2	Enter the amount of the filing organization's funds contribu	S .			
	527 exempt function activities			u\$	
3	Total exempt function expenditures. Add lines 1 and 2. En	ter here and on Form 1120-PO	L,		
	line 17b			u\$	
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification nu	` '	•	-	
	organization made payments. For each organization listed,				
	the amount of political contributions received that were pro			=	
	as a separate segregated fund or a political action commit				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 Whale	and Dolp	hin Conserv	ation,Inc	. 02-074918	8 Page 2
Part II-A Complete if the organiz	ation is exemp	ot under section 5	501(c)(3) and f	iled Form 5768 (e	lection under
section 501(h)).				(C)	
A Check u if the filing organization	-			affiliated group mer	nber's name,
address, EIN, expenses	•	, , ,	,	annlı.	
B Check u if the filing organization			illoi provisions		
Limits on Loi (The term "expenditures" i	bying Expendi	itures paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pu					
b Total lobbying expenditures to influence a					
c Total lobbying expenditures (add lines 1a a					
d Other exempt purpose expanditures					
e Total exempt purpose expenditures (add lin	nes 1c and 1d)				
f Lobbying nontaxable amount. Enter the an					
columns.					
If the amount on line 1e, column (a) or (b) is	The lobbying no	ontaxable amount is:			
Not over \$500,000	20% of the amou				
Over \$500,000 but not over \$1,000,000		% of the excess over \$50	00,000		
Over \$1,000,000 but not over \$1,500,000		% of the excess over \$1,			
Over \$1,500,000 but not over \$17,000,000	<u> </u>	6 of the excess over \$1,5			
Over \$17,000,000	\$1,000,000.	σ σ. α.ο οποσοσ στοι φτησ	30,000.		
g Grassroots nontaxable amount (enter 25%			'		
h Subtract line 1g from line 1a. If zero or less	0				
i Subtract line 1f from line 1c. If zero or less			I .		
j If there is an amount other than zero on ei					Į.
reporting section 4911 tax for this year?					Yes No
reperung economic to the tax ter and years		ing Period Under s			
(Some organizations that made	_	_		a all of the five colu	ımna halavı
(Some organizations that made	-	-	-		inins below.
3	ee ine separate	instructions for line	es za umougn z	11.)	
Ļo	bbying Expendit	ures During 4-Year	Averaging Per	iod	
Calendar year (or fiscal year					
beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column (e))					
- Total Jahla da a sum on d'Assac					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017 Whale and Dolphin Conservation, Inc. 02-0749188

Part II-	B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	า 576	8		
For each	"Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(i	a)		(b)	
	on of the lobbying activity.	Yes	No		Amo	unt	
1 Dur	ing the year, did the filing organization attempt to influence foreign, national, state or local						
legi	slation, including any attempt to influence public opinion on a legislative matter or						
refe	erendum, through the use of:						
	unteers?		X				
b Paid	d staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	L				
	dia advertisements?	<u> </u>	Х				
	lings to members, legislators, or the public?	X					:
	olications, or published or broadcast statements?		X				
	ints to other organizations for lobbying purposes?		X				
	ect contact with legislators, their staffs, government officials, or a legislative body?		X				
	lies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	^				01/
	er activities?	_					814 819
•	al. Add lines 1c through 1i		x			<u> </u>	013
	the activities in line 1 cause the organization to be not described in section 501(c)(3)?		lacksquare				
	/es," enter the amount of any tax incurred under section 4912 /es," enter the amount of any tax incurred by organization managers under section 4912						
	ne filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part III		:)(5)	or se	ction	<u> </u>		
	501(c)(6).	, 	<u> </u>		•		
4 10/-						Yes	No
	re substantially all (90% or more) dues received nondeductible by members?				1	\vdash	\vdash
	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?				3	+	+-
Part III							
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."					3, is	
1 Due	es, assessments and similar amounts from members		1				
	ction 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
pol	itical expenses for which the section 527(f) tax was paid).						
a Cur	rent year		2a				
b Car	ryover from last year		2b				
c Tota	al		2c				
3 Agg	gregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4 If no	otices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
exc	ess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
and	l political expenditure next year?		4				
5 Tax	able amount of lobbying and political expenditures (see instructions)		5				
Part IV	Supplemental Information						
Provide th	ne descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part	II-A, lir	nes 1 a	ınd			
2 (see ins	structions); and Part II-B, line 1. Also, complete this part for any additional information.						
_							
Sche	edule C, Part II-B, Line 1						
Comp	pensation for paid staff and travel costs incurred dur	ing	, lo	bbi	ng		
actl	vity.						
Sche	edule C, Part IV, Additional Information						
Part	II-B, Line 1, Lobbying Activities:						

	m 990 or 990-	EZ) 2017	Whal	e and	Dolp	hin Co	nservat	ion,Inc.	02-0749	188	Page 4
Part IV	Supple	mental	Inform	ation (co	ntinued)						
Compens	sation	for	paid	staff	and	travel	costs	incurred	during	lobbying	J
activi	ties.										

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

U 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.

U Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization Employer identification number Whale and Dolphin Conservation, Inc. 02-0749188 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year _____ 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located **u** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

_	art III Organizations Maintaining C	_			-				sets (d	continu		<u> </u>
3	Using the organization's acquisition, accession, collection items (check all that apply):								•			
a												
b	—											
C												
4	Provide a description of the organization's colle	ections and explain	n how they t	further the o	organization	s exempt p	ourpose	in Part				
_	XIII.	raccius danations	of out bioto	rical tracaur	oo or other	oimile r						
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to		•		-				ı	Ye		No
Pa			part or the t	Jigariizaliori	15 COIIECTION	·					<u> </u>	INO
	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for con	tributions o	r other asset	ts not						
	included on Form 990, Part X?								[Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	ollowing table	e:								
									P	mount		
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance						l	1f				
	Did the organization include an amount on For									Ye	· —	No
	If "Yes," explain the arrangement in Part XIII. C	Check here if the e	xplanation h	nas been pr	ovided on Pa	art XIII						
Pa	art V Endowment Funds.											
	Complete if the organization a		1									
		(a) Current year	(b) Prio	or year	(c) Two yea	ars back	(d) Thr	ee years	back	(e) Four	years I	oack
	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and											
	losses											
	Grants or scholarships											
е	Other expenditures for facilities and											
_	programs											
f	Administrative expenses											
g												
2	Provide the estimated percentage of the curren	•	e (line 1g, c	column (a))	held as:							
	Board designated or quasi-endowment u	%										
	Permanent endowment u %	0.4										
С												
0-	The percentages on lines 2a, 2b, and 2c should											
за	Are there endowment funds not in the possess	sion of the organiza	ation that ar	e held and	administered	d for the				Г	V	NI -
	organization by:									0-(1)	Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization									3b		
<u>4</u>	Describe in Part XIII the intended uses of the		owment fund	ds.								
Pa	Land, Buildings, and Equip		on Form	000 00	+ I\/ line 4	110 000	Eor	000 1	Dart V	lina 1	Λ	
	Complete if the organization a			(b) Cost or o			Accumulate			d) Book		
	резсприон ог ргорену	(a) Cost or other (investment)	Dasis	(b) Cost or o		` '	Accumulate preciation	u	'	u) DOOK	value	
1-	Land	(mresument)		(Otrie	,	de	r.001411011					
1a L	Land											
D	Buildings											
	Leasehold improvements				30,781		10	,737		1	1 ()44
	Equipment			•	30,70 <u>T</u>		±3,	,,,,			<u> </u>	<i>-</i>
	Other	l ual Form 990 Par	t X column	(R) line 10)c)			u		1	1 ()44
· Jua		aar romin 990, rai	ca, column	(<i>D</i>), iii to 10	··/	<u> </u>		<u></u> ч	1		<u> </u>	<u>,</u>

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (i) Financial denoratives (ii) Entancial denoratives (iii) Financial financial denoratives (iii) Financial fin	Part VII	Investments—Other Securities. Complete if the organization answered "Ves" on F	Form 900 Part IV line	11h See Form 990 Port V line 12
Colorie Colo				
(2) Closely-held equally interests (3) Other (4) (5) (6) (7) (6) (7) (7) (9) (9) (10) (10) (10) (11) (10) (11) (11) (12) (13) (14) (15) (15) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19			(b) Book value	• •
(2) Closely-held equally interrests (A) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial	derivatives		
(3) Other	(2) Closely-he	ld equity interests		
(i) (ii) (iii) (ii	(3) Other	• • • • • • • • • • • • • • • • • • • •		
(6) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(A)			
(F)				
(F) (G) (P) (Total, (Column (b) must equal Form 990, Part X, col. (B) line 12.) u Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Block value (c) Method of visuation: Cost or and of year method value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
(6) (+1) (+1) (+1) (+1) (+1) (+1) (+1) (+1				
Contact Column (b) must equal Form 990, Part X, col. (B) line 12.) u				
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(1.1)			
Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Newton of violation: Cost or send-dryser market value (c)			I	
(a) Description of investment (b) Book value (c) Method of valuation: Coast or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) U Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (9) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
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[2] (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(1)			
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State Column (b) must equal Form 990, Part X, col. (B) line 13.) u Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u Part IX				
Part IX		n (h) must equal Form 990 Part Y col (R) line 13)		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to affiliate 114,882 (3) (4) (5) (6) (7) (8) (9)				
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to affiliate 14,882 (3) (4) (5) (6) (7) (8) (9)	(5)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to affiliate 114,882 (3) (4) (5) (6) (7) (8) (9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to affiliate 114,882 (3) (4) (5) (6) (7) (8) (9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to affiliate 114,882 (3) (4) (5) (6) (7) (8) (9)				
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to affiliate (3) (4) (5) (6) (7) (8) (9)		a (h) must asual Farm 000 Part V and (D) line 15		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to affiliate 114,882 (3) (4) (5) (6) (7) (8) (9)				u
Lagrangian Company C	I alt A		Form 990 Part IV line	11e or 11f See Form 990 Part X
1. (a) Description of liability (b) Book value (1) Federal income taxes 14,882 (2) Due to affiliate 14,882 (3) (4) (5) (6) (7) (8) (9) (9)			omi 550, i dit iv, mic	THE OF THE COCT OF THE SOO, THE TA,
(1) Federal income taxes (2) Due to affiliate (3) (4) (5) (6) (7) (8) (9)	1.		(b) Book value	
(2) Due to affiliate 14,882 (3) (4) (5) (6) (7) (8) (9) (9)		income taxes		
(3) (4) (5) (6) (7) (8) (9)			14,882	
(4) (5) (6) (7) (8) (9)				
(5) (6) (7) (8) (9)				
(6) (7) (8) (9)				
(7) (8) (9)				
(9)				
Total (Column (h) must equal Form 000, Port V col (P) line 25)				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		n (b) must equal Form 990, Part X, col. (B) line 25.) u	14,882	

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 (Fo	orm 990) 2017 🛛 🗸	Whale and	d Dolphin	Conservation, Inc.	02-0749188	Page 5
Part XIII	Supplementa	I Information	n (continued)	Conservation, Inc.		
			(1111)			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

U Attach to Form 990 or Form 990-EZ. U Go to www.irs.gov/Form990 for the latest instructions.

Inspection

Name of the organization Whale and Dolphin	nc.	Employer identification number 02-0749188								
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to	the organization	on an	swer							
1 Indicate whether the organization raised funds through a				Check all that apply.						
	· —	-		ernment grants						
\Box			-	_						
c Phone solicitations										
d In-person solicitations	g Special ful	idiaisi	ing cv	Cilio						
2a Did the organization have a written or oral agreement v	vith any individual	(includ	ding of	fficers, directors, trustee	S,	□ Vaa □ Na				
or key employees listed in Form 990, Part VII) or entity b If "Yes," list the 10 highest paid individuals or entities (for				-	undraiser is to be	Yes No				
compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo con	id fund- r have ody or trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
		Yes	No							
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
	1									
List all states in which the organization is registered or l registration or licensing.		contrib	utions	or has been notified it i	s exempt from					

Whale and Dolphin Conservation, Inc. 02-0749188 Schedule G (Form 990 or 990-EZ) 2017 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Shark events None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 40,312 40,312 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 40,312 40,312 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 13,250 13,250 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 13,250 27,062 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue. 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Yes **b** If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2017 Whale and Dolphin Conservation,Inc. 02-074	ب188ء	3	Page 3
11	Does the organization conduct gaming activities with nonmembers?			es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_	_
	formed to administer charitable gaming?		□ Y ₆	es No
13	Indicate the percentage of gaming activity conducted in:		_	
a		13a		%
b	The organization's facility An outside facility	13b		// %
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and	[130]		
14				
	records:			
	Name u			
	Address u			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?		Ye	es 💹 No
b	If "Yes," enter the amount of gaming revenue received by the organization u \$ and the			
	amount of gaming revenue retained by the third party u \$			
С	If "Yes," enter name and address of the third party:			
	Name u			
	Address u			
16	Gaming manager information:			
	Name u			
	Gaming manager compensation u \$			
	Description of services provided u			
	Director/officer			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Y	es No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year u \$			
Par	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a	nd (v);	and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform	nation.		
	See instructions.			
• • • •				

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

u Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

U Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public

Name of the orga	anization							Emplo	yer iden	ntificati	on nun	nber			
	Whale and Dolphin									02-0749188					
Part I	Excess Benefit Transaction Complete if the organization answer									Ob.					
			onship between disqu									(d)	Correc	ted?	
1	(a) Name of disqualified person		organization				(c) Descri	ption of tra	ansaction	n			Yes No		
(1)													\perp		
(2)												<u> </u>	+		
(3)													+		
(4)												-	+		
<u>(5)</u>													+		
(6)	he amount of tax incurred by the argon	ization manage	ro or dioqualifica	٠		a durina tha va	-0"								
	he amount of tax incurred by the organ section 4958								u \$						
	he amount of tax, if any, on line 2, abo	ve, reimbursed l	by the organizat	tion					u \$						
Part II	Loans to and/or From Inter	ested Perso	ons.												
	Complete if the organization answer			t V, I	ine :	38a or Form 9	90, Part IV,	line 26;	or if th	ne					
	organization reported an amount on	Form 990, Part	X, line 5, 6, or	22.											
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) L	oan to m the		(f) Balaı	nce due	(g) In (default?		oproved oard or	` '	Vritten ement?	
		With Organization	, Car	1	g.?	principal amount					comn		agicc		
				То	From				Yes	No	Yes	No	Yes	No	
(1)				₩									—	—	
(2)															
(2)											 	-	+-	+	
(2)															
(3)				\vdash									\vdash	\vdash	
(4)															
1.7															
(5)															
.,															
(6)															
(7)											<u> </u>		—	<u> </u>	
(8)				-							<u> </u>	-	—	+	
(0)															
(9)				-							1	-	+-	+-	
10)															
Total				1	l	u\$	 								
Part III	Grants or Assistance Bene	fiting Intere	sted Persor	ns.		······									
	Complete if the organization answer	_			27.										
	(a) Name of interested person	(b) Relation	ship between interes	sted	(c) A	mount of assistance	(d) Type of	assistance		(e)	Purpose	e of ass	sistance	,	
		person	and the organization												
(1)															
(2)															
(3)															
(4)									_						
(5)															
<u>(6)</u>															
(7) (8)															
('		1			ı				ı						

(9)

	Complete if the organization answered "Yes"	on ronn 990,	T alt IV, IIIIC Z	8a, 28b, or 28c.			
	(a) Name of interested person		nship between	(c) Amount of	(d) Description of transaction	(e) S	Sharing org. nues?
			person and the nization	transaction		Yes	No
(1) David	Silvia	Spouse	of ED	24,000	Office rental		х
(2)							
(2) (3) (4)							
(4)							
(5)							
<u>(6)</u>							
<u>(/)</u> (8)							
(7) (8) (9)						-	
10)							
Part V	Supplemental Information Provide additional information for responses t	to questions o	n Schedule L	(see instructions).		•	

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2017

Department of the Treasury Internal Revenue Service U Attach to Form 990 or 990-EZ. U Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

Whale and Dolphin Conservation, Inc.

Employer identification number 02-0749188

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Draft copy of Form 990 reviewed and approved by Board of Directors before filied. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Financial statements and governing documents are available upon request and via the MA Charity commission website. Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Direct fundraising expenses 13,250 Direct fundraising expenses -13,250

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. u Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

2017

Open to Public Inspection

Whale and Dolphin Conservation, Inc	! .					02-07493	L88	
Part I Identification of Disregarded Entities. Complete if the	organization ans	wered "Yes" on	Form 990, Pa	t IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domic or foreign (ile (state country)	(d) Total income		(e) /ear assets	(f) Direct con entity	
(1)								
(2)								
(3)								
(4)								
(5)								
Part II Identification of Related Tax-Exempt Organizations. One or more related tax-exempt organizations during the	Complete if the cotax year.	organization ansv	vered "Yes" or	n Form 990, Pa	art IV, line	e 34 because	it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	(e) tion Public charity (if section 50		(f) Direct controlling entity	Section secontrolle Yes	g) 512(b)(13) d entity?
(1) Whale and Dolphin Conservation of the United KIngdom Chippenham Wilts UK UK	nonprofit				N	I/A		x
(2)						.,		
(3)								
(4)								
(5)								

Schedule R (Form 990) 2017 Whale and Dolphin Conservation, Inc. 02-0749188

Part III Identific because	ation of Related Organizati it had one or more related o	ons Taxable organizations to	as a	Partnership.	Complete if the ship during the	e organization tax year.	on ans	swered "Yes"	on Fo	rm 9	990, Pa	rt IV, line	34		
Name, a	(a) address, and EIN of ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tota income	al	(g) Share of end-of- year assets	Dis porti alle	h) spro- onate oc.?	Code amoun of Sch	(i) e V—UBI at in box 20 nedule K-1 m 1065)	Gener mana partn	alor Pe ging ^O v er?	(k) ercentage wnership
(1)			3,						163	NO			160	NO	
(2)															
(3)															
(4)															
Part IV Identific	ation of Related Organizati	ons Taxable	as a	Corporation treated as a	or Trust. Com	plete if the	organi the ta	ization answe	red "Y	es"	on Forr	n 990, P	art I\	/,	
	(a) and EIN of related organization	(b) Primary activit		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income		(g) share d -year	of assets	(h) Percent owners	age	51: co	(i) section 2(b)(13) ntrolled entity?
(1)			\dashv											Yes	s No
(2)															
(3)															
(4)															
		1	- 1			1	1					ı		1	1

Schedule R (Form 990) 2017 Whale and Dolphin Conservation, Inc. 02-0749188

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

· ····································	ga=a a	555, 1 4.1 11,	0 1, 000, 01 001			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with	one or more related organizations listed	in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		х
b Gift, grant, or capital contribution to related organization(s)				1b		Х
c Gift, grant, or capital contribution from related organization(s)				1c		x
d Loans or loan guarantees to or for related organization(s)				1d	х	
e Loans or loan guarantees by related organization(s)				1e	х	
f Dividends from related organization(s)				1f		х
g Sale of assets to related organization(s)				1g		x
h Purchase of assets from related organization(s)				1h		x
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I Performance of services or membership or fundraising solicitations for related organization	on(s)			11		Х
m Performance of services or membership or fundraising solicitations by related organization	on(s)			1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
Sharing of paid employees with related organization(s)				10		<u> </u>
p Reimbursement paid to related organization(s) for expenses				1p		_X
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		х
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on who mu	ust complete this line, including covered	relationships and transacti	on thresholds.			
(a)	(b)	(c)	(d)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amou	unt involv	ed	
	(ypc (d 5)					
(1) Whale & Dolphin Conservation of UK	d	14,882	fair value. BOD	appr	ove	<u> </u>
(2) Whale & Dolphin Conservation of UK	е		fair value. BOD	appr	ove	<u> </u>
(3)						
(4)						
<i>(</i> 5)						
(5)						
(6)						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	Are all sed		(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ttions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.
Schedule R - Additional Information
Part II, Identification of Related Tax-exempt organizations:
Name of related organization:
Whale and Dolphin Conservation, Inc of United Kingdom
Primary Activity:
To preserve, protect, rescue and rehabilitate aquatic animals and their
habitat.
•
•
•
•

Form **990**

32. Number of employees

33. Number of volunteers

Two Year Comparison Report

10/01/17 09/30/18 For calendar year 2017, or tax year beginning ending

2016 & 2017

Name Taxpayer Identification Number

Whale and Dolphin Conservation, Inc. 02-0749188 2016 Differences 2017 1. Contributions, gifts, grants 194,667 471,116 665,783 1. 2. Membership dues and assessments 3. Government contributions and grants 3. 4. Program service revenue 4. $7\overline{4}$ 799 725 5. Investment income 5. 6. Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 22,518 27,062 4,544 8. 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory 10. 19,209 18,953 -256 11. Other revenue 11. 512,917 712,597 199,680 **12. Total revenue.** Add lines 1 through 11 12. 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. 15. **15.** Compensation of officers, directors, trustees, etc. **16.** Salaries, other compensation, and employee benefits ... 245,877 272,590 26,713 16. 17. Professional fundraising fees 17. 18. Other professional fees 18. -2,10926,637 24,528 19. Occupancy, rent, utilities, and maintenance 19. 3,804 3,716 20. -88 20. Depreciation and Depletion -23,320 274,722 251,402 21. **21.** Other expenses 1,196 551,040 552,236 22. Total expenses. Add lines 13 through 21 22. -38,123 160,361 198,484 23. Excess or (Deficit). Subtract line 22 from line 12 23. 512,917 712,597 199,680 24. Total exempt revenue 24. 25. Total unrelated revenue 25. 19,752 26. Total excludable revenue 19,283 469 26. 239,965 383,541 143,576 27. Total assets 27. 38,532 -16,707 21,825 28. Total liabilities 28. 29. Retained earnings 201,433 361,716 160,283 29. 30. Number of voting members of governing body 5 30. 1 1 31. Number of independent voting members of governing body 31. 5

5

20

16

33.

Form 990	990 Tax Return History						
Name	Whale and Dolphin Conservation, Inc.	Employer lo	dentification Number 49188				

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants				471,116	665,783	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income				74	799	
Fundraising revenue (income/loss)				22,518	27,062	
Gaming revenue (income/loss)						
Other revenue				19,209	18,953	
Total revenue				512,917	712,597	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation				245,877	272,590	
Professional fees						
Occupancy costs				26,637	24,528	
Depreciation and depletion				3,804	3,716	
Other expenses				274,722	251,402	
Total expenses				551,040	552,236	
Excess or (Deficit)				-38,123	160,361	
Total exempt revenue				512,917	712,597	
Total exempt revenue Total unrelated revenue				3227327	. == / 33 /	
Total excludable revenue				19,283	19,752	
Total Assets				239,965	383,541	
Total Assets				38,532	21,825	
Total Liabilities Net Fund Balances				201,433	361,716	

WDC Whale and Dolphin Conservation, Inc. 1/22/2019 12:33 PM Federal Statements 02-0749188 FYE: 9/30/2018 **Taxable Dividends from Securities** Description Exclusion Postal Acquired after US Unrelated Business Code Code Code Obs (\$ or %) 6/30/75 Amount 720 14 \$ 720 Total **Tax-Exempt Interest on Investments** Description Exclusion Postal Acquired after InState Unrelated Business Code Code Code Amount 6/30/75 Muni (\$ or %) 14 <u>79</u> Total

WDC Whale and Dolphin Conservation,Inc.

02-0749188

Federal Statements

1/22/2019 12:33 PM

FYE: 9/30/2018

Form 990, Part IX, Line 24e - All Other Expenses

Description	E	Total xpenses	Program Service	agement & Seneral	Fund Raising		
Supplies	\$	6,192	\$ 4,977	\$ 406	\$	809	
Auto		6,152	5,884	59		209	
Telecommunication		6,064	5,124	241		699	
Utilities		4,864	4,390	237		237	
Business expense		4,375				4,375	
Miscellaneous		1,442	1,127	315			
Dues and subscriptions		387	96	82		209	
Equipment rental		85	 85				
Total	\$	29,561	\$ 21,683	\$ 1,340	\$	6,538	

WDC Whale and Dolphin Conservation,Inc. 1/22/2019 12:33 PM **Federal Statements** 02-0749188 FYE: 9/30/2018 Schedule A, Part III, Line 1(e) Description Amount Contributions and private grants 448,290 Legacies and bequests 217,493 Total 665,783 Schedule A, Part III, Line 2(e) Description Amount Intern income 6,838 Miscellaneous 489 11,626 Merchandise 40,312 Shark events 59,265 Total Schedule A, Part III, Line 10a(e) Description **Amount** 79 720 Royalties 799 Total