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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending A For the 2018 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change THE SURFRIDER FOUNDATION Name change 95-3941826 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ (949)492 - 8170PO BOX 73550 termin-ated 9,203,588. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SAN CLEMENTE, CA 92673-0119 H(a) Is this a group return Applica-F Name and address of principal officer: CHAD NELSEN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.SURFRIDER.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1984 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: THE SURFRIDER FOUNDATION IS Activities & Governance DEDICATED TO THE PROTECTION AND ENJOYMENT OF THE WORLD'S OCEANS, Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 16 61 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 110000 Total number of volunteers (estimate if necessary) 6 49,671. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 38 7b Current Year **Prior Year** 6,206,975. 6,866,830. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 10,758. 13,292. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 792,003. 1,738,853. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,009,736. 8,618,975. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,515. 33,669. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 3,866,882. 4,158,111. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,053,935 3,509,230. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,948,332. 7,701,010. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 61,404. 917,965. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5,905,831. 5,162,469. 20 Total assets (Part X, line 16) 782,714. 921,081. 21 Total liabilities (Part X, line 26) 5,123,117.4,241,388. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MICHELLE KREMER, COO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed DONITA M. JOSEPH DONITA M. JOSEPH 11/05/19 P00286656 Paid Firm's name WINDES, Firm's EIN 95-3001179 Preparer INC. Firm's address \triangleright P.O. BOX 87 Use Only LONG BEACH, CA 90801-0087 Phone no. (562) 435-1191

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

X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE CLIPPED FOUNDATION TO DEDICATED TO THE DESCRIPTION AND ENTOYMENT.
	THE SURFRIDER FOUNDATION IS DEDICATED TO THE PROTECTION AND ENJOYMENT OF THE WORLD'S OCEANS, WAVES AND BEACHES, THROUGH A POWERFUL ACTIVIST
	OF THE WORLD'S OCEANS, WAVES AND BEACHES, THROUGH A POWERFUL ACTIVIST NETWORK.
	NEIWORK.
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3, 3 3
_	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 \$ 1,021,000 · including grants of \$ 19,000 ·) (Revenue \$)
	VARIOUS ENVIRONMENTAL ACTIVITIES SUCH AS GRASS ROOTS VOLUNTEER
	ORGANIZING, PROMOTING REDUCTION IN SINGLE USE PLASTICS, PROMOTING OCEAN
	FRIENDLY GARDEN TECHNIQUES, PROMOTING BEACH WATER QUALITY, BEACH ACCESS
	AND BEACH AND WAVE PRESERVATION.
4b	(Code:) (Expenses \$4, 361, 934. including grants of \$14, 669.) (Revenue \$)
	CHAPTER ASSISTANCE - WE DEVELOPED TRAINING MATERIALS, TRAINED AND
	ASSISTED VOLUNTEERS WITH CAMPAIGN PLANNING, AND FACILITATED THE
	CHAPTERS IN THEIR GRASS ROOTS ACTIVIST WORKS.
	110 605
4c	(Code:) (Expenses \$ 419,635 • including grants of \$) (Revenue \$)
	CLEAN WATER INITIATIVE - WE PROTECT OUR COASTAL WATERWAYS, COMMUNITIES,
	AND WILDLIFE FROM WATER POLLUTION BY FOCUSING ON TWO MAIN PROGRAMS.
	THESE PROGRAMS ARE THE BLUE WATER TASK FORCE (BWTF) AND OCEAN FRIENDLY
	GARDENS (OFG). CHAPTERS ALSO RUN CAMPAIGNS AGAINST PROJECTS THAT WILL
	CAUSE POLLUTION AND ADVOCATE FOR WISE MANAGEMENT OF OUR LAND AND WATER
	RESOURCES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 726,118 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 6 , 528 , 687 .
	Form 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	21	
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	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	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	-		
Ū	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			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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	-		
0	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	٣		
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	21	
ıza		12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ \ \
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 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		х

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	23	х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
2 5a	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		Х
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,"			x
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		_^
27	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		X
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
26	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	- 55		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note. All Form 990 filers are required to complete Schedule 0	38	Х	
Pal	Check if Schedule O contains a response or note to any line in this Part V			
	Chock if Contour Countains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	INO
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form **990** (2018)

Form 990 (2018) THE SURFRIDER FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a fieth the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, 166 of the toe-claimed ryser anding with or within the year covered by this return. b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of line 1s and 2s is greater than 250, you may be required to effect enstructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1 Yes, Tax it titled a form 990 FTC for this year? 1 MY to 1 fair 8b, provide an explanation in Schedule 0. 5c If 1 Yes, Tax it titled a form 990 FTC for this year? 1 MY to 1 fair 8b, provide an explanation in Schedule 0. 5c If 1 Yes, Tax it the name of the foreign country. ► CANADAR See instructions for filing requirements for FnCEN FF0TN FF0						Yes	No				
b If a least one is reported on line 2a, did the organization file all required teeffeit perspective to entire testing? Note, if the sum of lines to and 2a is greater than 250, you may be required to e-file (see instructions) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b lif Yes; has it filed a Form 990-T for this year? If *No* to fire 3b, provide an explanation in Schedule O 3a X 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? I account in a foreign country (such as a bank account; securities account, or other financial account? 4b If *Yes,* fire the name of the foreign country; b*CANADA See instructions for filing requirements for Finicot Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Use the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes; to line Sa or 5b, did the organization file Form 8888 17 5c If Yes; to line Sa or 5b, did the organization file Form 8888 17 6b Did any textile party notify the organization file Form 8888 17 6c If Yes; to line organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8c If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c If Yes, did the organization ordity the donor of the value of the goods or services provided? 7c If If Yes, did the organization ordity the donor of the value of the goods or services provided to the payor? 7d If Yes, did the organization ordity the donor of the value of the goods or services provided? 7c If If Yes, did the organization ordity the donor of the value of the goods or services provided? 7d If Yes, did the organization ordity the donor of the value of the goods or services provided to the payor? 7d If Yes, dinclate the number of Forms 8282 filed during the year? 6b If the o		filed for the calendar year ending with or within the year covered by this return	2a	61							
3a X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ทร?		2b	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? 4b If Yes, "enter the name of the foreign country, !E CANADA See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited sax shelter transaction? 6c Did 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? 6c Did the organization shall may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 Did the organization shall may receive deductible contributions or general party for goods and services provided? 7 organizations that may receive deductible contributions under section 170(c). 8 Did the organization neotive a payment in excess \$15^{\circ}\$ made party as a contribution and party for goods and services provided to the payor? 7 a X 7 bid the organization receive and payment in excess \$15^{\circ}\$ made party as a contribution on party for goods and services provided to the payor? 7 a X 7 bid the organization received an ocntribution of care should be payment of the organization free forms 8282? 7 bid the organization received an ocntribution of payment of the general property for which it was required to the form 8282? 7 bid the organization received an ocntribution of underty, to pay premiums on a personal benefit contract?		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) and foreign country (such as a bank account, as executive account, or other financial account)? b If "Yes," enter the name of the foreign country. SCANADA Was the organization aparty to a prohibited tax shelter transaction? 58 Was the organization that or prohibited tax shelter transaction? 59 Was the organization have prohibited tax shelter transaction? 50 If "Yes" to line Sar of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 50 If "Yes" to line Sar of 5b, did the organization the firm 88867? 61 Doss 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? 65 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible? 65 If "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible? 66 If "Yes," idd the organization state any receive deductible contributions under section 170(c). a lid the organization state any receive deductible contributions under section 170(c). b If "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible? 70 If "Yes," indicate the number of forms 8882 filed during the year 71 If "Yes," indicate the number of forms 8882 filed during the year 72 If If If "Yes," indicate the number of forms 8882 filed during the year 73 If If If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 74 If If the organization received a contribution of qualified intellectual property, did the organization file Form 190. 85 Sponsoring organizations make any taxabolicing at any time during the year in the organiza	3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a						
b if "Yes," enter the name of the foreign country, Such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country, "E CANADA" See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes" to line Sa or 5b, did the organization file Form 8886-17? 6a Does the organization has enunal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization start many receive deductible contributions under section 170(c). a lidt the organization receive a payment in excess 5 (3°) made party as a contribution of prompty for which it was required to line Form 8282? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization received a contribution of the year of line Form 8282? 6 If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization received a contribution of underty, to pay premiums on a personal benefit contract? 7 Te X 7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8090 as required? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization have excess business holdings at any time during the year? N/A 10a Hose sponsoring organization make any taxable distribution	b				3b	Х					
b If "Yes," enter the name of the foreign country. PCANADA Soa instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sar of Sb, did the organization file Form 88867? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization norify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d If "Yes," inclinate the number of Forms 8282 filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-cr? 8 Sponsoring organization received a contribution of cards, botts, airplanes, or other vehicles, did the organization file a Form 1098-cr? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to all onor, donor advised fund the organization file a Form 1098-cr? 10 Section 501(c)(7) organizations maintaining donor advised funds. Did a donor advised fund the organization file a Form 1098-cr?	4a		•								
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а	Gross income from members or shareholders N/A	11a								
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 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 13c c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	b	Gross income from other sources (Do not net amounts due or paid to other sources against									
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 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 13c c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.											
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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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.				N/A	132						
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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	а	•		*11/*.	ISa						
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	b	· · · · · · · · · · · · · · · · · · ·									
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year?	_		13b								
Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," complete Form 4720, Schedule O.	С		 								
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b			i i	14b						
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration or								
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?			15		X				
If "Yes," complete Form 4720, Schedule O.											
	16		t income?		16		X				
		If "Yes," complete Form 4720, Schedule O.			Г-	000	(0040)				

Form 990 (2018) THE SURFRIDER FOUNDATION 95-3941826 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes or observed in Online 1 to 10 and 10 and

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, ,	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, a		
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
а	The governing body?	8a	х	
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	OD		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
000	tion D. 1 Onoics (mis section b requests information about policies not required by the internal nevertice code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	X	INU
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
		12a	х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
		120		
С		12c	x	
10	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
13	Did the organization have a written whistieblower policy? Did the organization have a written document retention and destruction policy?	14	X	
14 15		14	25	
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?			
_		150	х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1JD		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ıua		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
D	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	100		
17	List the states with which a copy of this Form 990 is required to be filed ►AK, AZ, AR, CA, CT, FL, GA, IL, KS	.KY	. J.A	.MF
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)			
.0	for public inspection. Indicate how you made these available. Check all that apply.	o orny)	avalla	INIC
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	rial	
IJ	statements available to the public during the tax year.	illall	Jai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	TONI CRAW - (949)492-8170			
	PO BOX 73550, SAN CLEMENTE, CA 92673-0119			
00000	SEE SCHEDULE O FOR FULL LIST OF STATES	Eorm	990	(2018)

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.

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

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

(A) Name and Title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LEON RICHTER	2.00	, ,		\ \ -					0.	0
CHAIRMAN / DIRECTOR	2.00	Х		Х				0.	0.	0.
(2) AARON BEHLE	2.00	X		x				0.	0.	0.
VICE CHAIRMAN / DIRECTOR (3) LIISA PIERCE FIEDELHOLTZ	2.00	^		Δ				0.	0.	<u> </u>
SECRETARY / DIRECTOR	2.00	x		х				0.	0.	0.
(4) SCOTT BLAIR	2.00									
TREASURER / DIRECTOR		Х		Х				0.	0.	0.
(5) KEN MEIDELL	2.00									
AUDIT CHAIR / DIRECTOR		Х						0.	0.	0.
(6) CHRIS FARRELL	2.00									
DIRECTOR		Х						0.	0.	0.
(7) EVAN HARRISON	2.00									
DIRECTOR		Х						0.	0.	0.
(8) BOB HOLDING	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) ED KERTIS	2.00									
DIRECTOR		Х						0.	0.	0.
(10) DAN LAMMOT	2.00									
DIRECTOR		Х						0.	0.	0.
(11) ROBERT NIXON	2.00	l								
DIRECTOR		Х						0.	0.	0.
(12) MARGARET PELOSO	2.00									•
DIRECTOR	2 00	Х						0.	0.	0.
(13) KEVIN RANKER	2.00	٠,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(14) JENNIFER SPIES	2.00	X						0.	0.	0
DIRECTOR	2 00	^						0.	0.	0.
(15) IAN STEWART DIRECTOR	2.00	X						0.	0.	0.
(16) ROB WELLS	2.00	^				-		0.	0.	<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
(17) CHAD NELSEN	40.00	<u> </u>	\vdash	\vdash	 	\vdash		0.	0.	0 •
CEO		1		х				148,691.	0.	11,591.
020007 10 21 10	1							1 10,001.	0.	Earm 990 (2018)

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Par	T VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable)	Es	timate	ed
		hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation			nount	of
		week (list any	\vdash	1		1)	100,	from	from related			other	.4:
		hours for	lirect				_		the organization	organizatior (W-2/1099-MI			pensa om th	
		related	9e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099*1011	30)		anizat	
		organizations	Individual trustee or director	Institutional trustee		yee	mper		(** 2, 1000 111100)			·	d relat	
		below	idual	ution	<u></u>	oldm	est co oyee	e.				orga	ınizati	ons
		line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	P. M.						
(18)	MICHELLE KREMER	40.00												
C00					X				146,590.		0.	1	2,3	30.
(19)	EDWARD ANAYA	40.00												
DIR.	OF MARKETING		1				Х		123,167.		0.		3	17.
(20)	NANCY EIRING	40.00												
DIR.	MEMBERSHIP & ENGAGEMENT		1				Х		118,406.		0.		9,6	84.
(21)	SPENCER CAMPBELL	40.00												
DIR.	OF DEVELOPMENT		1				Х		112,017.		0.		8,9	61.
									-				-	
			1											
			1											
			1											
								H						
			1											
			1											
1h	Sub-total			<u> </u>					648,871.		0.	4	2,8	83.
	Sub-total Total from continuation sheets to Part \								0.070720		0.		_, _	0.
									648,871.		0.	4	2,8	
2	Total (add lines 1b and 1c) Total number of individuals (including but								·	L L L L L L L L L L L L L L L L L L L L			_, _	•
2	compensation from the organization	not inflited to ti	1036	ilott	ou ai	DOVE	⊖) WI	10 1	eceived more than proc	,000 or reportat	ile			5
	compensation from the organization												Yes	No
3	Did the organization list any former officer	director or tr	ıcto	o ko	w or	nnlo		or	highest componented o	mployoo on				
3	line 1a? If "Yes," complete Schedule J for	, ,		,	,	•	,	•		. ,		3		Х
4	For any individual listed on line 1a, is the s											3		- 11
4	and related organizations greater than \$15	-		-					•	trie organization		4	Х	
_	-									idual for comicor		4	21	
5	Did any person listed on line 1a receive or	•				•			led organization or indiv	idual for services	•	E		Х
Sec	rendered to the organization? If "Yes," cortion B. Independent Contractors	ripiete Scriedui	e J i	Or S	ucn	pers	SOII					5		21
	<u> </u>	ampapatad in	don	on de	nt o	onti			that received more than	¢100,000 of oor	nnana	otion f	×0.120	
1	Complete this table for your five highest c										npens	auon I	IOIII	
	the organization. Report compensation for	the calendar y	ear	enai	ng v	vitri	or w	ıtmır		year.				
	(A) Name and busines	s address	M	INC	7				(B) Description of s	ervices	C	Ompe	י) nsatio	n
	Name and pacines	3 444,000	147	2141				\dashv	Decempation of a	.0171000		- CITIPO	Tourio	••
								\dashv						
								\dashv						
								\dashv						
								\dashv						
	Total number of independent annual con-	(including but	VO# 11	mit -	d +-	+h -	00 12		d abaya) who received	noro than				
2	Total number of independent contractors		IUT II	ııııte	น เ	1110	se II: N	stec	a above) who received if	iore man				
	\$100,000 of compensation from the organ	nzation 🚩					_							

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		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			·	j	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
						revenue	revenue	sections 512 - 514
nts nts	1 a	Federated campaigns	1a	183,300.				
S'al	b	Membership dues	1b	1,566,897.				
s, (Fundraising events		72,325.				
ar,		Related organizations						
ini.	е	Government grants (contributi	ions) 1e	149,998.				
rion S	f	All other contributions, gifts, grant	ts, and					
the		similar amounts not included above		4,894,310.				
	g	Noncash contributions included in lines	1a-1f: \$	77,755.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	6,866,830.			
				Business Code				
8	2 a	l						
اه چَ	b							
Se	С							
eve	d							
Program Service Revenue	е							
ፈ	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			13,219.			13,219.
	4	Income from investment of tax						
	5	Royalties			976,018.			976,018.
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	5,788.					
	b	Less: cost or other basis						
		and sales expenses	5,715.					
	С	Gain or (loss)	73.					
		Net gain or (loss)			73.			73.
e	8 a	Gross income from fundraising	g events (not					
nue		including \$72	,325. of					
ě		contributions reported on line	1c). See					
ᇤ		Part IV, line 18	a	810,029.				
Other Reven	b	Less: direct expenses	b	451,013.				
١	С	Net income or (loss) from fund	Iraising events	_	359,016.			359,016.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	291,697.				
	b	Less: cost of goods sold	b	127,885.				
	С	Net income or (loss) from sales	s of inventory		163,812.		49,671.	114,141.
		Miscellaneous Revenue	e	Business Code				
	11 a	OTHER REVENUE		900099	240,007.	240,007.		
	b	·						
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			240,007.			
	12	Total revenue. See instructions			8,618,975.	240,007.	49,671.	1,462,467.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in	-		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	general expenses	охроносс
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	19,000.	19,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	14,669.	14,669.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	319,202.	226,636.	20,915.	71,651
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	3,193,996.	2,797,032.	123,577.	273,387
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	42,921.	38,843.	1,043.	3,035 25,587
9	Other employee benefits	315,763.	281,388.	8,788.	25,587
10	Payroll taxes	286,229.	254,289.	5,926.	26,014
11	Fees for services (non-employees):				
а	Management				
b	Legal	14,453.	14,453.		
С		40,000.	33,704.	3,563.	2,733
d		131,078.	130,105.		973
е					
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	916,219.	825,687.	29,431.	61,101
12	Advertising and promotion	445,988.	389,961.	1,804.	54,223
13	Office expenses	644,815.	550,826.	68,814.	25,175
14	Information technology				
15	Royalties				
16	Occupancy	282,013.	229,877.	39,840.	12,296
17	Travel	386,856.	303,567.	51,367.	31,922
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	16,447.	15,070.	439.	938
22	Depreciation, depletion, and amortization	20,895.	18,913.	709.	1,273
23	Insurance	44,010.		44,010.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MEMBERGUER	343,532.	252,091.		91,441
b	LICENSES, FEES, & OTHER	222,924.	132,576.	83,018.	7,330
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,701,010.	6,528,687.	483,244.	689,079
26	Joint costs. Complete this line only if the organization				· · · · · · · · · · · · · · · · · · ·
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	248,639.	186,479.	0.	62,160

832010 12-31-18

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	e to an	y line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			3,416,420.	1	4,080,847
2	Savings and temporary cash investments			613,921.	2	632,464
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			96,378.	4	444,426
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensa	ated em	ployees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali					
	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of sect					
<u>v</u>	employees' beneficiary organizations (see instr).				6	
Assets	Notes and loans receivable, net				7	
₹ ₈	Inventories for sale or use			72,105.	8	59,725
9	Prepaid expenses and deferred charges		47,866.	9	61,692	
10 a	Land, buildings, and equipment: cost or other	i i				
	basis. Complete Part VI of Schedule D	10a	384,936.			
l k	Less: accumulated depreciation		352,869.	30,488.	10c	32,067
11	Investments - publicly traded securities			391,666.	11	354,603
12	Investments - other securities. See Part IV, line 1			12		
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	493,625.	15	240,007		
16	Total assets. Add lines 1 through 15 (must equa	5,162,469.	16	5,905,831		
17	Accounts payable and accrued expenses	921,081.	17	782,714		
18	Grants payable			18		
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F				21	
စ္က 22	Loans and other payables to current and former	officer	s, directors, trustees,			
Liabilities 8	key employees, highest compensated employee	s, and	disqualified persons.			
<u>a</u>	Complete Part II of Schedule L				22	
⊐ ₂₃	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated	d third p	oarties		24	
25	Other liabilities (including federal income tax, pa	yables t	to related third			
	parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
	Schedule D				25	
26	Total liabilities. Add lines 17 through 25			921,081.	26	782,714
	Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
es es	complete lines 27 through 29, and lines 33 an	d 34.				
ဋ 27	Unrestricted net assets			2,674,966.	27	3,286,935
<u> </u>	Temporarily restricted net assets			1,298,772.	28	1,568,532
현 29			<u></u>	267,650.	29	267,650
∄	Organizations that do not follow SFAS 117 (A					
6	and complete lines 30 through 34.					
हु 30	Capital stock or trust principal, or current funds				30	
န္န 31	Paid-in or capital surplus, or land, building, or eq	uipmer	nt fund		31	
Net Assets or Fund Balances 27 28 29 30 31 32 32 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	Retained earnings, endowment, accumulated in		—		32	
Z 33	Total net assets or fund balances			4,241,388.	33	5,123,117
34	Total liabilities and net assets/fund balances			5,162,469.	34	5,905,831

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>75.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,			10.			
3	Revenue less expenses. Subtract line 2 from line 1	3				65.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,			88. 36.			
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	5,	12	3,1	17.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
			_		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,						
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	.,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (D						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit						
	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	ired au	dit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					

Form **990** (2018)

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number 95-3941826

Open to Public Inspection

THE SURFRIDER FOUNDATION

Pai	πı	Reason for Public (Snarity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
he d	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit describ	oed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local gov	vernment or governn	nental unit described in :	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or
		university:						
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information			(iv) la tha area	-i-ation linted	·	
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(-,	(-)	(-)	(-,,	(-,	(-)
	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 instructi	nns)			12	
13	First five years. If the Form 990 is fo	•	,	d fourth or fifth t		L	
	organization, check this box and stop	_			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				······
	Public support percentage for 2018 (column (f))		14	%
	Public support percentage from 2017					15	%
	33 1/3% support test - 2018. If the					nore, check this bo	ox and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a							
	7a 10% -facts-and-circumstances test - 2018. 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"			-	•	_	. \square
b	10% -facts-and-circumstances tes	~	· · · · · · · · · · · · · · · · · · ·				
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
			,	. ,			·

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

_	qualify under the tests listed b	elow, please comp	olete Part II.)				
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	5 005 004	5 245 224	5 540 536	6 006 075	5 055 034	
_	include any "unusual grants.")	5,007,934.	5,315,921.	5,512,736.	6,206,975.	6,866,831.	28,910,397.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,882.					8,882.
3	Gross receipts from activities that	7,0021					
·	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	5,016,816.	5,315,921.	5,512,736.	6,206,975.	6,866,831.	28,919,279.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	26,142.	59,163.	66,607.	89,187.	49,824.	290,923.
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						0.
_	Add lines 7a and 7b	26,142.	59,163.	66,607.	89,187.	49,824.	290,923.
	Public support. (Subtract line 7c from line 6.)		00 / 200 1	00,007	00 / = 0		28,628,356.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	5,016,816.	5,315,921.	5,512,736.	6,206,975.	6,866,831.	28,919,279.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	623,094.	725,639.	616,983.	515,828.	989,237.	3,470,781.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	623.094.	725,639.	616,983.	515,828.	989,237.	3,470,781.
	Net income from unrelated business activities not included in line 10b, whether or not the business is	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , ,		, , , , ,	7	
	regularly carried on	20,160.	22,505.			49,671.	92,336.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,236.		875,725.	10,023.	240,007.	1,127,991.
13	Total support. (Add lines 9, 10c, 11, and 12.)	5,662,306.	6,064,065.	7,005,444.	6,732,826.	8,145,746.	33,610,387.
14	14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,						
_							> L
	ction C. Computation of Publ						05 10
	Public support percentage for 2018 (I			column (f))		15	85.18 %
	ction D. Computation of Inves						10 22
	Investment income percentage for 20			ne 13, column (f))		17	10.33 %
18	Investment income percentage from 2	•				18	10.55 %
19a	19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box as						
	b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
.55		

Pai	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sec	tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	1s <u>).</u>	
2	Activities Test. Answer (a) and (b) below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	\perp	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		<u></u>

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1				
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	9	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
<u>i</u>		over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:	·			
		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		tero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
_		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
•	and 4				
8		down of line 7:			
		s from 2014			
		s from 2015			
		s from 2016			
		s from 2017			
<u>e</u>	⊏xces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization Employer identification number

THE SURFRIDER FOUNDATION 95-3941826

Organization type (check one):					
Filers of	f:	Section:			
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Note: O	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 a 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; line 1. Complete Parts I and II.			
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),			
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year			
but it m	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

THE SURFRIDER FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$8,322.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	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	- Trumo, addi oco, and En 11	\$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
5		\$6,866.	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		\$ 39,762.	Person X Payroll

THE SURFRIDER FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$64,895.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 26,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 35,966.	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
10		\$ 30,000.	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
11		\$ 90,187.	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
12		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$8,000.	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
14		\$9,606.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,558.	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
16		\$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
17		\$10,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$49,115.	Person X Payroll

THE SURFRIDER FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
19		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
20		\$ T , 000 . Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
21		\$ 25,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
22	- Training, datal coop, direc En 1 1	\$ 112,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
23		\$ 12,699. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
24		\$ 5,940. Person X Payroll Noncash (Complete Part II for noncash contributions.)

THE SURFRIDER FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$6,747.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	- Traine, address, and En 1 1	\$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
29		\$6,600 .	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
30		\$	Person X Payroll

THE SURFRIDER FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 27,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$55,690.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$	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
35		\$\$	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
36		\$ 12,500.	Person X Payroll

THE SURFRIDER FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\$	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
41		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$6,000.	Person X Payroll

THE S	URFRIDER FOUNDATION	95-3	3941826
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44			Person X Payroll Noncash omplete Part II for oncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47			Person X Payroll Noncash omplete Part II for oncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$\$	Person X Payroll

noncash contributions.)

THE SURFRIDER FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$6,860.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$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
53		\$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
54		\$	Person X Payroll

THE SURFRIDER FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 37,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$ 15,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$ <u>11,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$\$	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
59		\$ 32,644.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$ 20,000.	Person X Payroll

THE SURFRIDER FOUNDATION

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$5,766. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$13,988. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$61,870.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		_ \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$10,000.	Person X Payroll

THE SURFRIDER FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$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
71		\$ <u>13,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

THE SURFRIDER FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$5,040.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$ 25,000.	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
76		\$6,000.	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
77		\$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
78		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

THE SURFRIDER FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>79</u>		\$ 10,825.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$8,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$\$	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
82	- Training, datal coop, direc En 1 1	\$10,000.	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
83		\$\$	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
84		\$ 26,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

THE SURFRIDER FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$\$	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
89		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$5,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 22,299.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94	- Humo, addi coo, and En T	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$\$	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
96		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
97		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
98		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
99	- Nume, addition and Emily	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
100	Name, audiess, and Zir + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
101		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
102		Person Payroll Noncash X (Complete Part II for noncash contributions.)

THE SURFRIDER FOUNDATION 95-3941826

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$5,725.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$10,000.	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
107		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$6,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
109		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
110	Name, address, and Zir TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
111	Name, address, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 112	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
113		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
114	Turney addresses, and Ell TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$ 17,500.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118		\$ <u>16,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$ 30,000.	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
120		\$5,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$\$2,79	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
122		\$5,00	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
123		\$6,00	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
124		\$\$	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
125		\$15,00	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
126		\$10,00	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$5,715.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$\$	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
130	- Training, datal coop, direc En 1 1	\$ 7,994.	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
131		\$6,000.	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
132		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

95-3941826 THE SURFRIDER FOUNDATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 133 X Person **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 134 Person **Payroll** 54,946. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 135 X Person **Payroll** 200,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 136 Person Payroll 10,968. Noncash (Complete Part II for noncash contributions.)

			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
138			Person X
		\$5,000.	Payroll Noncash

(b)

Name, address, and ZIP + 4

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(a)

No.

137

(Complete Part II for noncash contributions.)

(c)

Total contributions

7,000.

(d)

Type of contribution

Person Payroll

Noncash

X

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$14,794.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$8,210.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141		\$36,900.	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
142		\$ 25,000.	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
143		\$8,500.	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
144		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No. 145	Name, address, and ZIP + 4	\$ 5,705.	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
146		\$ 9,500.	Person X Payroll
(a)	(b)	(c)	(d)
No. 147	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148	Name, address, and ZIP + 4	\$ 60,000.	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
149		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153		\$1,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154		\$	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
155		\$ 17,563.	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
156		\$5,500.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$7,479.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158		\$10,950 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160	- Training additions and En 11	\$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
161		\$\$ <u>14,125.</u>	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
162		\$125,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

95-3941826 THE SURFRIDER FOUNDATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 163 X Person **Payroll** 368,100. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 164 Person **Payroll** 68,818. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 165 X Person **Payroll** 75,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 166 Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 167 X Person Payroll 90,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 168 Person **Pavroll**

Noncash (Complete Part II for noncash contributions.)

10,000.

95-3941826 THE SURFRIDER FOUNDATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 169 X Person **Payroll** 11,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 170 Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 171 X Person **Payroll** 41,400. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 172 Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.)

			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
174			Person X
		\$ 5,000.	Payroll Noncash

(b)

Name, address, and ZIP + 4

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(a)

No.

173

(Complete Part II for noncash contributions.)

(c)

Total contributions

5,000.

(d)

Type of contribution

Person Payroll

Noncash

X

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176		\$18,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
178		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
180		\$ 13,700.	Person X Payroll

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(Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$13,190.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
188		\$ <u>183,215.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
189		\$7,000.	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
190		\$15,000.	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
191		\$60,000 .	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
192		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

THE SURFRIDER FOUNDATION 95-3941826

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193		\$ 37,375.	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
194		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
195		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
196		\$ 60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
197		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
198		\$\$	Person X Payroll

THE SURFRIDER FOUNDATION 95-3941826 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 199 X Person **Payroll** 18,697. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (a) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

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Part II	II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
71	VACATION PACKAGE	-				
<u>71</u>		-				
		\$\$	12/31/18			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	VACATION PACKAGE	_				
102		-				
		\$9,300.	12/31/18			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	SPORTING GOODS	_				
123		-				
		\$6,000.	12/31/18			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
185	TWO ONE DAY SITE TAKEOVERS - SURFER MAGAZINE	-				
		\$\$5,000 .	12/31/18			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- -				
		\$				
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
Part I						
Part I		-				

Employer identification number

Name of organization

95-3941826 THE SURFRIDER FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

➤ 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

Tax) (see separate instructions), then				
 Section 501(c)(4), (5), or (6) organizat 	ions: Complete Part III.		1_	
Name of organization			Emp	loyer identification number
	FRIDER FOUNDATIO		\	95-3941826
Part I-A Complete if the org	anization is exempt und	ier section 501(c	or is a section 527 of	organization.
1 Provide a description of the organiz	•	. •		
2 Political campaign activity expendit				
3 Volunteer hours for political campaignees	gn activities			
	anization is exempt und			
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955	> \$	
2 Enter the amount of any excise tax	incurred by organization manag	ers under section 495	55 ▶ \$	
3 If the organization incurred a section				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.			\	(-)(O)
	anization is exempt und			
1 Enter the amount directly expended		•		
2 Enter the amount of the filing organ		-		
exempt function activities				i
3 Total exempt function expenditures			•	
line 17b			> \$	·
4 Did the filing organization file Form				
5 Enter the names, addresses and en				
made payments. For each organization contributions received that were pro-				· · · · · · · · · · · · · · · · · · ·
political action committee (PAC). If a	• •		• .	ate segregated fulld of a
· · · · · · · · · · · · · · · · · · ·				(a) Amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate
				political organization. If none, enter -0
				,
		_	_	

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

P	art II-A	Complete if the organization	n is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection und	ler
		section 501(h)).				
A	Check >	if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's name	e, address, El	N,
		expenses, and share of exces	s lobbying expenditures).			
В	Check >	if the filing organization check	ed box A and "limited control" provisions apply.			
			oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated totals	•
1	a Total lo	obbying expenditures to influence pub	ic opinion (grass roots lobbying)	63,256.		
	b Total lo	obbying expenditures to influence a leg	gislative body (direct lobbying)	67,822.		
	c Total lo	obbying expenditures (add lines 1a and	d 1b)	131,078.		
	d Other	exempt purpose expenditures		6,943,504.		
	e Total e	xempt purpose expenditures (add line	s 1c and 1d)	7,074,582.		
	f Lobby	ng nontaxable amount. Enter the amo	unt from the following table in both columns.	503,729.		
	If the a	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not ov	er \$500,000	20% of the amount on line 1e.			
	Over \$	500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
	Over \$	1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
	Over \$	1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$	17,000,000	\$1,000,000.			
	g Grassr	oots nontaxable amount (enter 25% o	f line 1f)	125,932.		
	h Subtra	ct line 1g from line 1a. If zero or less, e	nter -0-	0.		
	i Subtra	ct line 1f from line 1c. If zero or less, e	nter -0-	0.		
	j If there	is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_		
	reporti	ng section 4911 tax for this year?			Yes	No
			4-Year Averaging Period Under Section 501(h)			

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	<u>_</u>							
Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total			
2a Lobbying nontaxable amount	431,969.	431,072.	472,519.	503,729.	1,839,289.			
b Lobbying ceiling amount (150% of line 2a, column(e))					2,758,934.			
c Total lobbying expenditures	65,960.	103,200.	110,658.	131,078.	410,896.			
d Grassroots nontaxable amount	107,992.	107,768.	118,130.	125,932.	459,822.			
e Grassroots ceiling amount (150% of line 2d, column (e))					689,733.			
f Grassroots lobbying expenditures	47,602.	88,055.	57,904.	63,256.	256,817.			

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ection	
501(c)(6).			1	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), sec	ne prior year? on 501(c)(? 3 5), or s∈		2 io
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year? on 501(c)(b "No," OR	3 5), or se (b) Par		ne 3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE SURFRIDER FOUNDATION

Employer identification number 95-3941826

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	l funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
_			
Pai			rt IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	ed historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired		····
u	listed in the National Register		I I
3	Number of conservation easements modified, transferred, re		
Ü	year	icasca, extinguished, or terminated by the o	rganization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
_	conservation easements.		
Pai	rt III Organizations Maintaining Collections o	· · · · · · · · · · · · · · · · · · ·	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
0	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tree	-	airi, provide
~	the following amounts required to be reported under SFAS 1		> \$
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2018

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	()	FRIDER FOUL				95-39			age 2
Pai	t III Organizations Maintaining C								
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant	use of its	collectio	n item	าร
	(check all that apply):								
а	Public exhibition	d		nange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's e	xempt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other sim	lar assets		_		_
	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes"	on Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par	· · · · · · · · · · · · · · · · · · ·							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets n	ot included		_		_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amoun	t	
С	Beginning balance				1c				
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part >	an				
Pai	T V Endowment Funds. Complete it	the organization an	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	435,489.	379,721.	363,193	. 3	364,729.		341,	,405.
b	Contributions		10,000.			10,000.		10,	,000.
С	Net investment earnings, gains, and losses	-26,635.	53,518.	24,528	•	-3,536.		16,	824.
d	Grants or scholarships	13,500.	7,750.	8,000		8,000.		3 ,	,500.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	395,354.	435,489.	379,721	. 3	363,193.		364	,729.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment		%						
	Permanent endowment ► 32.00	%	_						
С	Temporarily restricted endowment ▶6	8.0 0 %							
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	r the organi	zation	_		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		Х
	(10)						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumulate	ed	(d) Boo	k valu	е
		basis (investn	nent) basis	(other)	lepreciation				
1a	Land								
	Buildings								
	Leasehold improvements			8,533.	228,5				0.
	Equipment			3,188.	81,1		3	2,0	67.
	Other		4	3,215.	43,2	15.			0.

Schedule D (Form 990) 2018

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives	Schedule D (Form 990) 2018 THE SURFRII	ER FOUNDATI	ON	95-	-3941826	Page
(a) Bescription of security or category including name of security. (b) Book value (c) Method of valuation: Cost or end of year market value (f) Financial derivatives (g) Closely-hold equity interests (h) (ii) (iii) (iii) (iv) (i	Part VII Investments - Other Securities.					
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D		on Form 990, Part IV,	line 11b. See Form 990	, Part X, line 12.		
(2) Closely-held equity interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	-of-year market	value
(3) Other	(1) Financial derivatives					
(A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (f) (g) (g) (g) (h) (g) (g) (g) (g	(2) Closely-held equity interests					
(B) (C) (C) (D) (E) (E) (F) (C) (E) (F) (F) (C) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(3) Other					
(C) (D) (E) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(A)					
(D) (E) (E) (F) (G) (G) (H) (F) (G) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(B)					
(E) (F) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (11) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (11) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (16) (17) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (11) (12) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (10) (10) (10) (10) (10) (10) (11) (11	(C)					
(F) (G) (G) (H) Total. (Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Labilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (2) (3) (4) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Labilities. 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 (2) (3) (4) (4) Part IX Other Labilities.	(D)					
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(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) (1) Federal income taxes (2) (3)						
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(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.						
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.						
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.						
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	(4)					
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (2) (3)						
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)			line 11a. See Form 990	, Part X, line 15.	(b) Book w	alua
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)		Description		-	(b) BOOK V	alue
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1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)		on Form 900 Part IV	line 11e or 11f See For	m 990 Part Y line 25		
(1) Federal income taxes (2) (3)	(a) Description of lightlift.	on rollinggo, Fait IV,		III 330, Fait ∧, III € 25.		
(2) (3)	<u>" </u>		(S) Book value			
(3)						

Total. (Column (b) must equal Form 990, Part X, col. (B) 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 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 X

Schedule D (Form 990) 2018

(5) (6) (7) (8)

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OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL PURPOSES IS THREE YEARS

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Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

	E SURFRIDER F					95-394182	
Pa	rt I General Info	rmation on A	ctivities Out	tside the United States. Comple	ete if the organ	ization answered "Y	es" on
	Form 990, Part IV						
1				ds to substantiate the amount of its grather the selection criteria used to award the			Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and of	ther assistance outs	ide the
3		he following Part	I line 3 table ca	an be duplicated if additional space is r	needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activis a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
	TH AMERICA -				VARIOUS ENV ACTIVITIES ROOTS VOLUN	SUCH AS GRASS	
	TED STATES	2	2	PROGRAM SERVICES	ORGANIZATIO	N, PROMOTING	14,669.
						_	
3 a	Subtotal	2	2				14,669.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	2	2				14,669.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2018

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		NORTH AMERICA - CANADA, BUT NOT	PROTECT OCEANS, WAVES					
			AND BEACHES	14,669.	CHECK	0.		
				,				
2 Enter total number of								

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

<u>______</u>

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Page 4

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Part V | Supplemental Information

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

(estimated humber of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
FUNDS SENT OUTSIDE OF THE US ARE PAID TO OUR SURFRIDER FOUNDATION
INTERNATIONAL AFFILIATES. THE AFFILIATES ARE INDEPENDENT ENVIRONMENTAL
ORGANIZATIONS THAT AGREE TO SHARE OUR NAME AND OUR MISSION STATEMENT.
THEY OPERATE UNDER THE APPLICABLE NON-PROFIT REGULATIONS IN THEIR HOME
COUNTRIES. THE AFFILIATES PROVIDE FINANCIAL REPORTS TO SURFRIDER
FOUNDATION USA.
PART I, LINE 3, COLUMN (E):
REGION: NORTH AMERICA - CANADA, BUT NOT THE UNITED STATES
(E) SPECIFIC TYPES OF SERVICES IN REGION: VARIOUS ENVIRONMENTAL
ACTIVITIES SUCH AS GRASS ROOTS VOLUNTEER ORGANIZATION, PROMOTING
REDUCTION IN SINGLE USE PLASTICS, PROMOTING OCEAN FRIENDLY GARDEN
TECHNIQUES, PROMOTING BEACH WATER QUALITY, BEACH ACCESS AND BEACH WAVE
PRESERVATION.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE SURFRIDER FOUNDATION

Employer identification number

95-3941826 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

832081 10-03-18

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

Schedule G (Form 990 or 990-EZ) 2018

		ele G (Form 990 or 990-EZ) 2018 THE SUR				3941826 Page 2
Pa	ırt I		_			
		of fundraising event contributions and gr			<u> </u>	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			2 COAST NY	2 COASTS CA	54	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	226,236.	196,512.	459,606.	882,354.
	2	Less: Contributions	29,821.	42,504.		72,325.
	3	Gross income (line 1 minus line 2)	196,415.	154,008.	459,606.	810,029
	4	Cash prizes			2,800.	2,800.
	5	Noncash prizes			500.	500.
Direct Expenses	6	Rent/facility costs	33,959.	14,008.	23,137.	71,104.
ect Exp	7	Food and beverages	33,254.	15,760.	44,387.	93,401.
ij	8	Entertainment	1,500.	2,300.	13,248.	17,048.
	9	Other direct expenses	83,344.	69,103.	113,713.	266,160.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	451,013
		Net income summary. Subtract line 10 from li				359,016.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		a Dulltoh - foretent		l
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				bingo/progressive binge		coi. (a) trilough coi. (c)
Re		Gross revenue				
	r'	GIOSS Teveride				
"	2	Cash prizes				
Se						
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
₫	"	Tienth acinity costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		,	, , , ,		,	
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a	ctivities in each of these	states?		. L Yes No
b	If "	No," explain:				

Schedule G (Form 990 or 990-EZ) 2018 832082 10-03-18

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2018 THE SURFRIDER FOUNDATION 95-	-394 <u>1</u>	826	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ 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?		Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:	—		
		120	I	0/
	a The organization's facility			<u>%</u>
	h An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization > 4 and the amount			
	of gaming revenue retained by the third party ▶\$			
(c If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	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 ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dart III li	noe 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	i aitiii, iii	103 0,	55, 105,

Schedule G	(Form 990 or 990-EZ)	\mathtt{THE}	SURFRIDER	FOUNDATION	95-3941826 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation	(continued)		-

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 **2018**

Open to Public Inspection

Name of the organization THE SURFRIDER FOUNDATION								Employer identification number $95-3941826$
Part I	General Information on Grants a		121111011					33 3341020
1 Do	pes the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	e grantees' eligibilit	v for the grants or ass	sistance, and the selec	ction
	iteria used to award the grants or assi				-			
2 De	escribe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II	Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments.	Complete if the org	anization answered "\	es" on Form 990, Par	t IV, line 21, for any
	recipient that received more than	\$5,000. Part II car	be duplicated if addi	tional space is nee	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	nter total number of section 501(c)(3) a							>

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INTERNSHIP STIPENDS	4	19,000.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	ne 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
WE PROVIDED STIPENDS FOR THREE I	NTERNS PER	THE DILLC	ON HENRY ME	MORIAL	
ENDOWMENT FUND AND ONE INTERN FRO	OM THE GEN	ERAL FUND.			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

THE SURFRIDER FOUNDATION

Employer identification number 95-3941826

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
a	The organization?	5a		X
b	Any related organization?	5b		Δ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
a	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		Х
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Δ_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Δ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and (D) Nontaxable other deferred benefits	(E) Total of columns (F) Compensation (B)(i)-(D) in column (B)		
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(15)(1)-(15)	reported as deferred on prior Form 990
(1) CHAD NELSEN (i)	148,691.	0.	0.	3,138.	8,453.	160,282.	0.
CEO (ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE KREMER (i)	146,590.	0.	0.	2,827.	9,503.		0.
C00 (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(i)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization THE SURFRIDER FOUNDATION Employer identification number 95-3941826

Pai	TI Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7								
8	Boats and planes							
9	Intellectual property							
	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
40	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other	X	2	F F 0 0	TPM57			
18	Collectibles	X	13					
19	Food inventory	X	13	7,203	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright (VACATION & EV)	Х	10	- ,				
26	Other \blacktriangleright (SPORTING GOOD)	X	11	12,215				
27	Other (ACCESSORIES)	X	9	9,092				
28	Other (GIFT CARDS &)	X	7	5,805	FMV			
29	Number of Forms 8283 received by the organia		-					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 thro	ıgh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be	used for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncasl	1			
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.							
ТΗΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 90	no	Schedule I	/ (Form	n 990)	2018

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
MAGAZINE WEBSITE TAKEOVER
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5000.
(D) METHOD OF DETERMINING REVENUE: FMV
MUSIC & VIDEO TECH
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 2
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2700.
(D) METHOD OF DETERMINING REVENUE: FMV
SKINCARE PRODUCTS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 2
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2000.
(D) METHOD OF DETERMINING REVENUE: FMV
SCHEDULE M, PART I, COLUMN (B):
THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF DONORS WHO
CONTRIBUTED.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047
2018
Open to Public

Open to Public Inspection

Name of the organization

THE SURFRIDER FOUNDATION

Employer identification number 95-3941826

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WAVES AND BEACHES, THROUGH A POWERFUL ACTIVIST NETWORK.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PLASTIC POLLUTION - WE ENCOURAGE INDIVIDUALS, INDUSTRY AND GOVERNMENTS

TO PROTECT OUR OCEAN, WAVES AND BEACHES BY REDUCING PLASTICS IN THE

MARINE ENVIRONMENT. OUR RISE ABOVE PLASTICS AND OCEAN FRIENDLY

RESTAURANTS PROGRAMS ADVOCATE FOR A REDUCTION IN SINGLE USE PLASTICS,

FOR THE RECYCLING OF ALL PLASTICS AND DRIVES CHANGE IN BEHAVIOR THAT

CREATES SCALABLE IMPACT TO REDUCE PLASTICS IN THE OCEAN.

EXPENSES \$ 331,034. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COASTAL PRESERVATION INITIATIVE - WE PROACTIVELY ADDRESS THREATS LIKE

COASTAL DEVELOPMENT, SEA WALLS AND OTHER TYPES OF SHORELINE ARMORING

AND BEACH DREDGE AND FILL PROJECTS TO ENSURE THE PROTECTION OF OUR

COAST. OUR NETWORK OF VOLUNTEERS WORK WITH COMMUNITY PLANNERS TO MAKE

INFORMED AND RESPONSIBLE DECISIONS ON COASTAL DEVELOPMENT AND TO

ADDRESS THE EFFECTS OF RISING SEA LEVELS. OUR ENVIRONMENTAL POLICY AND

LEGAL EXPERTS WORK WITH DECISION-MAKERS TO PLAN WISELY AND MAKE THE

SMART CHOICES FOR THE FUTURE OF OUR COAST.

EXPENSES \$ 395,084. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE, BOARD OF DIRECTORS,

TREASURER AND CONTROLLER BEFORE FILING.

Name of the organization

THE SURFRIDER FOUNDATION

Employer identification number 95-3941826

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND UPDATED ANNUALLY, AND

DISTRIBUTED TO ALL BOARD MEMBERS AND STAFF. THEY ARE REQUIRED TO REPORT ANY

CONFLICT OF INTEREST ISSUE IF ANY. IN THE EVENT OF A CONFLICT OF INTEREST,

THE BOARD MEMBER(S) RECUSE THEMSELVES OF ANY RELATED DISCUSSIONS AND FROM

VOTING ON RELATED ISSUES.

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

COMPENSATION OF THE CEO AND ALL EMPLOYEES RECEIVING COMPENSATION PACKAGES

OVER \$85,000 IS REVIEWED BY THE AUDIT COMMITTEE AND APPROVED BY THE BOARD

OF DIRECTORS, ANNUALLY. THE COMPENSATION OF OTHER KEY EMPLOYEES IS REVIEWED

AND APPROVED BY THE CEO.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AZ,AR,CA,CT,FL,GA,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC,ND,OH

OK,PA,RI,SC,TN,UT,VA,WA,WV,WI,WY,DC,PR

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

THE FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE FOR THE GENERAL

PUBLIC, IT IS POSTED ON THIRD PARTY SITES SUCH AS GUIDESTAR, AND COPIES ARE

AVAILABLE BY MAIL UPON REQUEST.

THE ORGANIZATION'S GOVERNING DOCUMENT'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

MARKETING & COMMUNICATIONS:

PROGRAM SERVICE EXPENSES

62,997.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization THE SURFRIDER FOUNDATION	Employer identification number 95-3941826
MANAGEMENT AND GENERAL EXPENSES	4,384.
FUNDRAISING EXPENSES	6,252.
TOTAL EXPENSES	73,633.
INFORMATION TECHNOLOGY SERVICES:	
PROGRAM SERVICE EXPENSES	98,367.
MANAGEMENT AND GENERAL EXPENSES	6,846.
FUNDRAISING EXPENSES	9,762.
TOTAL EXPENSES	114,975.
ORGANIZATIONAL EFFECTIVENESS CONSULTATION:	
PROGRAM SERVICE EXPENSES	513.
MANAGEMENT AND GENERAL EXPENSES	36.
FUNDRAISING EXPENSES	51.
TOTAL EXPENSES	600.
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	663,810.
MANAGEMENT AND GENERAL EXPENSES	18,165.
FUNDRAISING EXPENSES	45,036.
TOTAL EXPENSES	727,011.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	916,219.
PART XI, LINE 2C	
FORM 990, PART XI, LINE 2C: THE PROCESSES REGARDING THE	AUDIT
COMMITTEE HAVE NOT CHANGED FROM THE PRIOR YEAR.	