

Return of Organization Exempt From Income Tax

2018

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning **2018**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **OYSTER RECOVERY PARTNERSHIP, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1805A VIRGINIA STREET
 City or town, state or province, country, and ZIP or foreign postal code
ANNAPOLIS, MD 21401

D Employer identification no.
23-7204806

E Telephone number
(410) 990-4970

G Gross receipts
\$ 6,375,204

F Name and address of principal officer: **JAMES PERDUE**
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.OYSTERRECOVERY.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1972** **M** State of legal domicile: **MD**

H(c) Group exemption number ▶

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PLAN, PROMOTE AND IMPLEMENT SCIENCE-BASED AND SUSTAINABLE SHELLFISH RESTORATION, AQUACULTURE AND WILD FISHERY ACTIVITIES TO PROTECT OUR ENVIRONMENT, SUPPORT OUR ECONOMY AND PRESERVE OUR CULTURAL HERITAGE.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 18
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 24
	6 Total number of volunteers (estimate if necessary) 6 275
	7a 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 0	
Revenue	8 Contributions and grants (Part VIII, line 1h) 6,886,627 5,820,271
	9 Program service revenue (Part VIII, line 2g) 448,739 482,956
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 181
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,565 48,926
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,353,931 6,352,334
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,900,239 1,722,970
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 62,903
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,402,845 4,533,480	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,303,084 6,256,450	
19 Revenue less expenses. Subtract line 18 from line 12 50,847 95,884	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,413,427 1,751,937
	21 Total liabilities (Part X, line 26) 251,350 519,343
	22 Net assets or fund balances. Subtract line 21 from line 20 1,162,077 1,232,594

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 ▶ **WARD SLACUM** *[Signature]* **11-15-19**
 Signature of officer Date

▶ **WARD SLACUM, ACTING EXEC. DIR. - 2019**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Jeffrey Griffith	Preparer's signature <i>[Signature]</i>	Date 11/15/2019	Check <input type="checkbox"/> if self-employed	PTIN P01081433
Firm's name ▶ Alta CPA Group	Firm's EIN ▶	Phone no. 410-349-5101		
Firm's address ▶ 59 Franklin St 2nd Floor Annapolis MD 21401				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No