Noyo Center For Marine Science PO Box 1321 Fort Bragg, CA 95437

PUBLIC COPY

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(Rev. January 2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

Open to Public Inspection

OMB No. 1545-0047

<u>A</u> I	For the	e 2019 calendar year, or tax year beginning	and	ending		
В	Check if applicabl	C Name of organization			D Employer identifi	cation number
	Addre	NOYO CENTER FOR MARINE	SCIENCE			
Ē	Name chang	5			46-53596	31
	Initial return	Number and street (or P.O. box if mail is not deli	Room/suite	E Telephone numbe		
	Final return	PO BOX 1321			(707) 73	
	termin ated	, ,	ZIP or foreign postal code		<b>G</b> Gross receipts \$	498,113.
Ļ	Amen	FURI BRAGG, CA 93437			H(a) Is this a group re	
	Application pendir		ILA SEMANS		for subordinates	
_		SAME AS C ABOVE	<b>4</b>		H(b) Are all subordinates in	
				or 527	1	list. (see instructions)
		te: ► WWW • NOYOCENTER • ORG  organization: X Corporation Trust Ass	sociation Other >	I Voor	H(c) Group exemption	on number ►  M State of legal domicile: CA
		Summary	SOCIALION UNITED	L Year		VI State of legal domiche: CA
	_	Briefly describe the organization's mission or most s	significant activities: CONS	ERVATT	ON AND REST	ORATION OF
Se	'	MARINE AND COASTAL NATURAL				
Governance	2	Check this box  if the organization discon				
Ver	3	Number of voting members of the governing body (I	· · · · · · · · · · · · · · · · · · ·		3	9
ဇ္	4	Number of independent voting members of the gove				9
ري وي	5	Total number of individuals employed in calendar years				7
/itie	6	Total number of volunteers (estimate if necessary)				0
Activities &	7 a	Total unrelated business revenue from Part VIII, colu				0.
_	b	Net unrelated business taxable income from Form 9	990-T, line 39	<u></u>	7b	0.
					Prior Year	Current Year
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)			333,690.	314,323.
Revenue	9				7,187.	25,041.
Š	10	Investment income (Part VIII, column (A), lines 3, 4,			-631.	-343.
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			10,772.	129,131.
		Total revenue - add lines 8 through 11 (must equal F			351,018.	468,152.
	1	Grants and similar amounts paid (Part IX, column (A			0.	0.
	1	Benefits paid to or for members (Part IX, column (A)			179,371.	283,071.
ses	15	Salaries, other compensation, employee benefits (Park IV, ask year (A) limits and the salaries of the salaries			158.	203,071.
Expenses	10a	Professional fundraising fees (Part IX, column (A), lir Total fundraising expenses (Part IX, column (D), line			130.	0.
EXD	17	Other expenses (Part IX, column (A), lines 11a-11d,			96,296.	155,320.
		Total expenses. Add lines 13-17 (must equal Part IX			275,825.	438,391.
	1	Revenue less expenses. Subtract line 18 from line 1			75,193.	29,761.
		, 101011110 1000 07, portocol 0000 1000 1110 110 110 110 110 110 110		Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)			219,942.	290,165.
Ass	21	Total liabilities (Part X, line 26)			12,510.	52,971.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from li	ine 20		207,432.	237,194.
	art II	Signature Block				
		lties of perjury, I declare that I have examined this return, i			•	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer	r) is based on all information of wh	nich preparer	has any knowledge.	
		Signature of officer			Doto	
Sig		'	TITE DIDECTION		Date	
Her	e	SHEILA SEMANS , EXECUTI Type or print name and title	VE DIRECTOR			
		,	Droporario oignoture	Τr	Date Check	PTIN
Paid	1	Print/Type preparer's name JOSEPH J ARCH	Preparer's signature		2/03/20 of self-employ	
	ı parer	Firm's name JJACPA, INC.		<u> </u>		26-4137155
	Only		SUITE 204		LIUII 2 EIN	20 413/133
036	Jilly	DUBLIN, CA 94568	20111 201		Phone no 9 2	55566200
Ma	/ the IF	RS discuss this return with the preparer shown above	re? (see instructions)		1 Holle Ho. 2 A	X Yes No

Part III	Sta	atement of	Program	Service A	Accomplishments

Pai	Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	CONSERVATION AND RESTORATION OF MARINE AND COASTAL NATURAL RESOURCES	_
	AND THE PROVISION AND PROMOTION OF SCIENTIFIC RESEARCH AND PUBLIC	_
	EDUCATION IN THE SCIENCES RELATING TO MARINE AND COASTAL RESOURCES.	_
		_
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.	_
		O
3	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	If "Yes," describe these changes on Schedule O.	U
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	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 \$ 155,185. including grants of \$ ) (Revenue \$ 41,128.	_
-14	EDUCATION: KEEPING WITH OUR MISSION TO PROVIDE MARINE AND COASTAL	- '
	EDUCATION FOR ALL AGES, WE CONTINUED TO IMPLEMENT IN CLASSROOM PROGRAM	_
	FOR 1ST, 3RD, 5TH AND 7TH GRADE CLASSES IN FORT BRAGG, MENDOCINO,	_
	WILLITS, UKIAH, AND POINT ARENA, REACHING OVER 2000 KIDS. WE CONTINUE	
	TO WORK ON SPECIAL PROJECT WITH HIGH SCHOOL INTERNS. WE OPENED THE	_
	DISCOVERY CENTER, A NEW MUSEUM IN DOWNTOWN FORT BRAGG, WITH EXHIBITS	
	LIKE THE OCEAN IMMERSION 360 VIRTUAL REALITY DOME AND THE WORLD'S	_
	LARGEST FULLY ARTICULATED KILLER WHALE SKELETON, AS WELL AS AN	
	INTERACTIVE MAKER SPACE AND HOSTED OVER 35,000 VISITORS. MONTHLY	
	SCIENCE LECTURES, ART/SCIENCE WORKSHOPS, AND OUR FIRST SEAWEED	
	SYMPOSIUM WERE HELD IN DISCOVERY CENTER. WE HAD 3 SUMMER CAMPS, MANY	
	TRIPS OUT TO SEA, AND TOURS OF OUR COASTLINE FOR LOCALS AS WELL AS	
4b	(Code:) (Expenses \$34,790 • including grants of \$) (Revenue \$) (Revenue \$)	_)
	MARINE MAMMAL RESPONSE: IN PARTNERSHIP WITH CALIFORNIA ACADEMY OF	
	SCIENCE WE CONTINUE TO RESPOND TO ALL DECEASED MARINE MAMMALS IN	
	SOUTHERN MENDOCINO COUNTY AS PART OF THE WEST COAST MARINE MAMMAL	
	STRANDING NETWORK. WE PARTICIPATED IN DATA COLLECTION ON TWO	
	UMESUNUSUAL MORTALITY EVENTSFOR GRAY WHALES AND GUADALUPE FUR SEALS.	
	OUR WORK INCLUDES TRAINING A TEAM OF BEACH SURVEY VOLUNTEERS,	
	NETWORKING THROUGHOUT THE COMMUNITY TO INCREASE REPORTING, AND	
	EDUCATING THE PUBLIC THROUGH INFORMATIVE EXHIBITS AT THE DISCOVERY	
	CENTER AND CROW'S NEST. THIS PROGRAM ALSO HOSTED 2 SPECIAL INTERNS,	_
	WORKING INDEPENDENTLY ON ARTICULATION PROJECTS.	_
		_
40	(Code:) (Expenses \$ 17,048 • including grants of \$) (Revenue \$ 10,346 •	_
40	KELP RECOVERY: NOYO CENTER HAS BEEN INSTRUMENTAL IN FORMING A	_ /
	COLLABORATIVE PARTNERSHIP TO ADDRESS A CRITICAL LOSS OF BULL KELP	_
	NEARSHORE ECOSYSTEM, INCLUDING PARTICIPATING IN A SCIENCE RESEARCH	_
	WORKING GROUP THAT PRODUCED THE KELP RECOVERY PLAN, AND DESIGNING KELP	_
	OASIS ZONES TO TARGET OUR CONSERVATION EFFORTS. NOYO EMPLOYED	_
	OUT-OF-WORK RED URCHIN DIVERS TO REMOVE OVERPOPULATED PURPLE URCHIN,	_
	REMOVING OVER 2 MILLION URCHIN IN THE FIRST 2 YEARS. WE DEVELOPED AND	_
	TRAINED A TEAM OF VOLUNTEER CITIZEN SCIENTIST TO COLLECT VALUABLE DATA	_
	ON URCHIN COMING INTO THE DOCKS AND DESIGNED AND OUTREACH AND EDUCATION	_
	PROGRAM FOCUSED MAINLY AT THE DISCOVERY CENTER. WE ALSO COLLABORATED	_
	WITH UC DAVIS AND URCHINOMICS TO TEST AN AQUACULTURE PROCESS THAT TURNS	
_	WORTHLESS, EMPTY URCHIN INTO A MARKETABLE RESTORATIVE SEAFOOD PRODUCT.	_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 19,955 • including grants of \$ ) (Revenue \$ 15,150 • )	_
4e	Total program service expenses ▶ 226,978.	
	Farm 900 (004	

# Form 990 (2019) NOYO CENTER FOR MARINE SCIENCE 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			, .
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, , , , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		x
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	77	
19	,	10		x
20-	complete Schedule G, Part III	19		X
20a h	in 100, complete constant	20a 20b		<del>  ^</del> `
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<b>4</b> 1	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
	admodale gereamment on hat in, column pay, into 1: II TES. COMDIELE OCHEQUIE I. PARIS I AND II			

Form	1 990 (2019) NOYO CENTER FOR MARINE SCIENCE 46-5359	631	Р	age <b>4</b>
Pa	rt 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04 -	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			.,
o=	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			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	I
	Check if Schedule O contains a response or note to any line in this Part V			
	225 Contourie C Contains a responde of flote to dirty fine in the fact v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	162	140
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	_		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

orm	990 (2019) NOYO CENTER FOR MARINE SCIENCE 46-5359	<u>631</u>	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		77	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
۵	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	r		
9		9a		
	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
р 0	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
1	Section 501(c)(12) organizations. Enter:			
· a	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	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		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

NOYO CENTER FOR MARINE SCIENCE 46-5359631 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

17	List the states wit	h which a copy	of this Form	990 is required	d to be filed	►CA
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Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records SHEILA SEMANS - (707) 733-6696

rds	▶.			

Form **990** (2019)

155C CYPRESS ST, FORT BRAGG, CA 95437

# 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amount of
	week	_	cer an	a a a	recto	r/trus	ee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	trustee or director	Institutional trustee		ee/	mpen		(***2/1099*****100)		and related
	below	dual t	utiona	<u>_</u>	Key employee	st co	Je.			organizations
	line)	Individual t	Instit	Officer	Key e	Highest compensated employee	Former			
(1) PETER O'DONOHUE	8.00									
BOARD MEMBER		Х						0.	0.	0.
(2) DAVE TURNER	6.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) DOUG HAMMERSTROM	2.00									
BOARD MEMBER		Х						0.	0.	0.
(4) DAVID ALDEN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) GINNY FETH-MICHEL	4.00									
TREASURER		Х		Х				0.	0.	0.
(6) MARK RUEDRICH	5.00									
BOARD MEMBER		Х						0.	0.	0.
(7) ROBBY BRUCE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) CYNTHIA DOLL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) WENDI FELSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) PAUL SWEIGART	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) LINDA RUFFING	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) SHEILA SEMANS	40.00								_	_
EXECUTIVE DIRECTOR				Х				90,322.	0.	0.
						$\vdash$				
		ł								
						$\vdash$				
		ł								
	I							I		

932007 01-20-20 Form **990** (2019)

Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	st C	compensated Employee	s (continued)	
(A) Name and title	(B) Average hours per week	(do box	not c	Posi heck i ss per	C) itior more rson i		one n an	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	(list any hours for related organizations below	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	pul	sul	JJ0	Key	E E	For			
-										
1b Subtotal c Total from continuation sheets to Part VI	, Section A						<b>&gt;</b>	90,322.	0	. 0.
d Total (add lines 1b and 1c)  Total number of individuals (including but n compensation from the organization							o re	90,322. eceived more than \$100,	000 of reportable	0.
3 Did the organization list any former officer,		ee, k	кеу є	empl	oye	e, or	hig	phest compensated emp	loyee on	Yes No
<ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> </ul>	m of reportabl	е сс	mpe	ensa	tion	and	oth		he organization	3 X 4 X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue comper	ısati	on fr	om	any	unre				5 X
Complete this table for your five highest count the organization. Report compensation for the organization.	•	-							· · · · · · · · · · · · · · · · · · ·	sation from
(A) Name and business	address	N	ONE	3				(B) Description of s	services	(C) Compensation
-										
Total number of independent contractors (iii	ncluding but no	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organization	zation >				(	)				Fa 990 (2010)

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
		Check il Genedale o contains a response e	Thore to arry link	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
						business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
irar	b	Membership dues1b					
D, E	С	Fundraising events1c					
ifts Ir A	d	Related organizations 1d					
Dist.	_	Government grants (contributions) 1e					
Sic		All other contributions, gifts, grants, and					
e ‡	'	I	314,323.				
έĘ							
ont od 0	g	Noncash contributions included in lines 1a-1f	38,175.	24.4.222			
<u>ă</u> <u>č</u>	h	Total. Add lines 1a-1f		314,323.			
			Business Code				
ø	2 a	PROGRAM SERVICE FEES	611710	25,041.	25,041.		
Ş	b						
Program Service Revenue	С						
E N	d						
gra	u						
ľ	e						
ъ.	•	All other program service revenue		05 041			
	g	Total. Add lines 2a-2f	<b></b>	25,041.			
	3	Investment income (including dividends, interest					
		other similar amounts)		-343.			-343.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties	▶				
		(i) Real	(ii) Personal				
	6.0		( )				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
<u>o</u>		and sales expenses <b>7b</b>					
ən	_	Gain or (loss) 7c					
her Revenue							
Ä		Net gain or (loss)					
	8 a	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	93,310.				
	b	Less: direct expenses 8b	29,961.				
		Net income or (loss) from fundraising events		63,349.			63,349.
		Gross income from gaming activities. See					
	<i>- - - - - - - - - -</i>	Part IV, line 19 9a					
	I-						
		Net income or (loss) from gaming activities	·····				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory	<b></b>				
			Business Code				
snc	11 a	DISCOVERY CENTER - MIS	900099	36,380.	36,380.		
ne The	h	DISCOVERY CENTER - SAL	611710	29,402.	29,402.		
¥ĕ	c		<del></del>	-,			
Miscellaneous Revenue	ن	All other revenue					
Ξ	u	•		65,782.			
	<u>e</u>	Total Add lines 11a-11d	·····	468 152.	90 823.	0.	63 006.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**) Fundraising expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 90,322. 82,520. 7,802. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 143,702. 123,463. 20,239. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 29,215. 2,303. 26,389. 523. Other employee benefits 9 19,832. 10,648. 6,900. 2,284. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 4,000. 11,312. 7,312. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 350. 350. column (A) amount, list line 11g expenses on Sch O.) 1,098. 1,098. Advertising and promotion 12 13 Office expenses 1,985. 99. 1,886. Information technology 14 Royalties 15 25,624. 38,362. 12,738. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 4,611. 4,611. Depreciation, depletion, and amortization ..... 22 3,592. 3,592. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 56,102. 42,135. 12,236. 1,731. PROFESSIONAL FEES SUPPLIES AND MATERIALS 12,106. 8,772. 2,736. 598. 5,697. 2,801. 2,896. PRINTING 4,904. 3,073. d MARKETING AND PROMOTION 1,831. 15,201. 6,962. 4,352. 3,887. e All other expenses 438,391. 226,978. 162,310. 49,103. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation.

Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lir	ne in this Part X	<del>_</del>		
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		102,222.	1	101,506.	
	2	Savings and temporary cash investments			27,995.	2	38,116.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4,093.	4	49,091.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	hese persons			5	
	6	Loans and other receivables from other disqu	ualified persor				
		under section 4958(f)(1)), and persons describ	bed in section	n 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			23,674.	8	35,833.
Ą	9	B			1,025.	9	2,200.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	76,242. 12,823.			
	b	Less: accumulated depreciation	10b	12,823.	33,152.	10c	63,419.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			27,781.	15	0.
	16	Total assets. Add lines 1 through 15 (must e	equal line 33)		219,942.		290,165.
	17	Accounts payable and accrued expenses			1,570.	17	52,971.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV of S	Schedule D		21	
Se	22	Loans and other payables to any current or for					
Ě		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t	hese persons			22	
	23	Secured mortgages and notes payable to un	•	······		23	
	24	Unsecured notes and loans payable to unrela		Г		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Co	omplete Part X	10 040		
		of Schedule D			10,940.		0.
	26	Total liabilities. Add lines 17 through 25		77	12,510.	26	52,971.
G		Organizations that follow FASB ASC 958, o	check here	► X			
ဥ		and complete lines 27, 28, 32, and 33.		1	207 422		227 104
alaı	27	Net assets without donor restrictions	207,432.	27	237,194.		
Ã	28	Net assets with donor restrictions		28			
ڃ		Organizations that do not follow FASB ASC	3 958, cneck	nere 🕨 🔛			
Ä		and complete lines 29 through 33.	-		200		
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun			29		
SSe	30	Paid-in or capital surplus, or land, building, or			30		
¥Α	31	Retained earnings, endowment, accumulated			207,432.	31	227 101
ž	32	Total net assets or fund balances			219,942.	32	237,194. 290,165.
	33	Total liabilities and net assets/fund balances			417,744.	33	<u>∠</u> 30,103.

Pai	T 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>52.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>91.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>61.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20	7,4	32.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	23	7,1	94.
Pai	t 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	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X 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	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 on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			_
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **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

Open to Public Inspection

Name of the organization

NOYO CENTER FOR MARINE SCIENCE

Employer identification number 46-5359631

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (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.)

Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019  1 Gifts, grants, contributions, and	(f) Total
membership fees received. (Do not	
include any "unusual grants.") 121,464. 303,482. 266,538. 333,690. 313,980. 1	1339154.
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 3 121,464. 303,482. 266,538. 333,690. 313,980. 1	1339154.
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)	
	1339154 <b>.</b>
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019	(f) Total
7 Amounts from line 4 121,464. 303,482. 266,538. 333,690. 313,980. 1	1339154.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 5. 32. 202. 45. 172.	456.
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	1339610.
12 Gross receipts from related activities, etc. (see instructions)	
13 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)	. $\Box$
organization, check this box and stop here Section C. Computation of Public Support Percentage	
	99.97 %
	24 24
15 Public support percentage from 2018 Schedule A, Part II, line 14	
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b	
and <b>stop here.</b> The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or r	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	•
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 109	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	,
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

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

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

Se	ction A. Public Support	<u>,                                      </u>	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	Т	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						<u> </u>
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						<u> </u>
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				+		
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>	English and the latest	 		F04(a)(0)	1
14	<b>First five years.</b> If the Form 990 is for check this box and <b>stop here</b>	· ·			•	. , . ,	auon,
Sec	ction C. Computation of Publi		centage				
	Public support percentage for 2019 (li			column (fl)		15	%
	Public support percentage from 2018	, , , , , , , , , , , , , , , , , , , ,	•			16	<del>/</del> 6
	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the						
_	more than 33 1/3%, check this box ar						▶ □
k	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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
l	1		
ŀ			
	2		
L			
ŀ	3a		
ľ	3b		
ļ	3c		
L			
ŀ	4a		
	4b		
ľ	4c		
ľ	5a		
L			
-	5b		
ŀ	5c		
	6		
	7		
1			
ŀ	8		
	9a		
1			
ŀ	9b		
1	90		
	9c		
	10a		
ſ			
	10b		

Par	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
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			
Saci	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
000	tion b. All Type in oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	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 year (see instruction	s).		
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 in	structions	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Sed	ctions A through E.	
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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	on 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	y integrate	d Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
_4_	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
_7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
_i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**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

**Employer identification number** 

N	OYO CENTER FOR MARINE SCIENCE	46-5359631					
Organization type (check	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.					
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
sections 509(a)(1 any one contribu	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
year, contributior is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the <b>General Rule</b> applies to this organization because it ole, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>					
-	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F						

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

# NOYO CENTER FOR MARINE SCIENCE

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		
1	Name, address, and ZIF + 4	\$ 43,330.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$55,115.	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		
3		\$15,811.	Person X Payroll		
(a)	(b)	(c)	(d)		
No4_	Name, address, and ZIP + 4	\$ 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		
5		\$51,051.	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		\$10,056.	Person X Payroll		

# NOYO CENTER FOR MARINE SCIENCE

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
7		\$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
8_		\$8,525.	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
9		\$8,387.	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	Total contributions  \$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
11		\$7,869.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll

# NOYO CENTER FOR MARINE SCIENCE

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
13		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

# NOYO CENTER FOR MARINE SCIENCE

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SECURITIES	\$30,055.	09/18/19
(a) No. from	(b)  Description of noncash property given	\$ 30,055.  (c)  FMV (or estimate)  (See instructions.)	(d) Date received
Part I		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

NOYO (	CENTER FOR MARINE SCIENC	CE	46-5359631
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a	ons to organizations described in so	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yeartry. For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) > \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

# **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

NOYO CENTER FOR MARINE SCIENCE

**Employer identification number** 46-5359631

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other	Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advi	sed 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 v	writing that the assets	held in donor advis	ed funds
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for	any other purpose	conferring
	impermissible private benefit?			
Pai				Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	<u>^</u>	
	Preservation of land for public use (for example, recreated	tion or education)		f a historically important land area
	Protection of natural habitat	L	Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contr	ibution in the form	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	r terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations,	and enforcing cons	servation easements during the year
-	Assemble for a second in s	War and Adalast and a said		Manager and the state of the st
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and	enforcing conserva	tion easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	a action the requireme	ente of continu 170/	h)/4\/D\/i\
8		•	•	
0	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation			
9	balance sheet, and include, if applicable, the text of the footn		=	
	organization's accounting for conservation easements.	lote to the organization	i S ili aliciai Statelli	ents that describes the
Pai	t III Organizations Maintaining Collections of	Art. Historical Tr	easures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		,	
	If the organization elected, as permitted under FASB ASC 95		evenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan	•	•	•
h	If the organization elected, as permitted under FASB ASC 95			
-	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	oximpition, oddodion,	or recourser in runti	ioranes or public sorvies,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				<b>L</b> .
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB A			J , F
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			<b>&gt;</b> \$

Par	t III Organizations Maintaining Co	llections of Ar	t, Histo	rical Tre	asures, o	r Other	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accession								•	
	collection items (check all that apply):									
а	Public exhibition	d	I 🔲 L	oan or exc	hange progra	am				
b	Scholarly research	е	. 🗆	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explair	n how the	y further th	ne organizatio	on's exem	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, hist	torical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be mair	ntained as part of th	he organi	zation's co	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrange	ements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodiar	n or other intermed	iary for co	ontributions	s or other as	sets not ir	ncluded			
	on Form 990, Part X?							$\square$	Yes	No
b	If "Yes," explain the arrangement in Part XIII ar									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on For							$\square$	Yes	No
b	If "Yes," explain the arrangement in Part XIII. C									
Par	t V Endowment Funds. Complete if t	the organization an	swered "	Yes" on Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back_
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1g,	column (a)	) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment ▶%	<u> </u>								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
За	Are there endowment funds not in the possess	sion of the organiza	ation that	are held ar	nd administer	red for the	e organiza	ition		
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the o		wment fu	nds.						
Par	t VI Land, Buildings, and Equipme	nt.								
	Complete if the organization answered	"Yes" on Form 990	), Part IV,	line 11a. S	ee Form 990	, Part X, I	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	( <b>c</b> ) Ad	ccumulate	ed	(d) Book	/alue
		basis (investn	nent)	basis	(other)	dep	oreciation			
1a	Land									
	Buildings									
	Leasehold improvements				3,024.		3,00			,024.
	Equipment				8,340.		9,82	23.		,517.
	Other			3	4,878.					,878.
Total	. Add lines 1a through 1e. (Column (d) must eau	ual Form 990. Part	X. columi	n (B). line 1	0c.)	_ <del>_</del> _		<b>•</b>	63	,419.

Schedule D (Form 990) 2019

Dort VIII	Invootmon	to Othor	Coouritio
Part VIII	Investmen	ıs - Omer	Securitie

(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (B) (C) (C) (B) (C) (C) (C) (C) (D) (E) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security)	(b) Book value		Lef year market value
		(b) Book value	(c) Method of Valuation. Cost of end	i-oi-year market value
(3) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B				
A				
(B)   (C)   (C)			1	
C    C    C    C    C    C    C    C	- · ·			
C				
(E)   (F)   (F)				
(F) (G) (G) (H) (F) (G) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	· '			
(G)     (H)     (Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related.				
Total (Cot. (b) must equal Form 990, Part X, cot. (8) line 12.)   Part XIII   Investments - Program Related.				
Total   (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   Note				
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)   (e)   (f)   (f)				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market va (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (1) (0) (1) (0) (1) (0) (1) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(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.	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(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) Federal income taxes (2) (3) (4) (6) (6) (7) (8) (9)	(1)			
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX   Other Assets.   Other Assets.	(2)			
(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 values  (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 values  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(3)			
(6) (77 (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (b) Book values  (1) (2) (3) (4) (5) (6) (77 (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 values  (c) (3) (4) (6) (7) (8) (9)	(4)			
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶    Part IX	(5)			
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX	(6)			
(9)	(7)			
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.				
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) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				
(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) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)				
(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 values (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)			11d. See Form 990, Part X, line 15.	(b) Rook value
(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) (4) (5) (6) (7) (8) (9)		escription		(b) book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (h) 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) (4) (5) (6) (7) (8) (9)				
(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) (4) (5) (6) (7) (8) (9)				
(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) (4) (5) (6) (7) (8) (9)				
(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) (4) (5) (6) (7) (8) (9)				
(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) (4) (5) (6) (7) (8) (9)				
(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) (4) (5) (6) (7) (8) (9)				
(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)  (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) (4) (5) (6) (7) (8) (9)				
Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		 15 )	•	
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		[0.]		
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	1. (a) Description of liability			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)				
(3) (4) (5) (6) (7) (8) (9)				
(5) (6) (7) (8) (9)				
(6) (7) (8) (9)				
(6) (7) (8) (9)				
(8) (9)	(6)			
(9)	(7)			
	(8)			
Total (0.1 //) // // // // // // // // // // // //	(9)			
Iotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the footnote to	o the organization's financial statements th	nat reports the ovided in Part XIII X

s has been provided in Part XIII ... X

Schedule D (Form 990) 2019

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	431,772.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	431,772.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	36,380.		
С	Add lines 4a and 4b			4c	36,380.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		····	5	468,152.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	438,416.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	25.		2.5
е	Add lines 2a through 2d			2e	25.
3	Subtract line 2e from line 1			3	438,391.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)				0
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	438,391.
Pa	rt XIII Supplemental Information.				
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b a	ınd 2b; Part V, line 4		•
<b>Pa</b> l Prov	rt XIII Supplemental Information.	rt IV, lines 1b a	ınd 2b; Part V, line 4		•
<b>Pa</b> l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b a	ınd 2b; Part V, line 4		
Prov lines	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	rt IV, lines 1b a	ınd 2b; Part V, line 4		
Prov lines	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b a	ınd 2b; Part V, line 4		
Prov lines PAI	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	rt IV, lines 1b a Iditional inform	and 2b; Part V, line 4 ation.	; Part X,	
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Pale Provinces PALE UNC AS ANI	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any address.  RT X, LINE 2:  E CENTER FOLLOWS THE GUIDANCE OF FASB ASC  CERTAINTY IN INCOME TAXES.  OF DECEMBER 31, 2019, MANAGEMENT EVALUATE	rt IV, lines 1b a Iditional inform	nd 2b; Part V, line 4 ation.  CCOUNTING  ENTER'S TA	; Part X, FOR	line 2; Part XI,
PAL UNC AS ANI	t XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any address.  EXECUTER FOLLOWS THE GUIDANCE OF FASB ASC CERTAINTY IN INCOME TAXES.  OF DECEMBER 31, 2019, MANAGEMENT EVALUATED CONCLUDED THAT THE  OUTER HAD MAINTAINED ITS TAX-EXEMPT STATUS	rt IV, lines 1b a Iditional inform	nd 2b; Part V, line 4 ation.  CCOUNTING  ENTER'S TA	; Part X, FOR	line 2; Part XI,
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PAI THI UNC AS ANI CEN	Table 1 Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any address.  RT X, LINE 2:  E CENTER FOLLOWS THE GUIDANCE OF FASB ASC  CERTAINTY IN INCOME TAXES.  OF DECEMBER 31, 2019, MANAGEMENT EVALUATE  O CONCLUDED THAT THE  NTER HAD MAINTAINED ITS TAX-EXEMPT STATUS  SITIONS THAT REQUIRE	rt IV, lines 1b a Iditional inform  740 - A ED THE C  AND HAD	nd 2b; Part V, line 4 ation.  CCOUNTING  ENTER'S TA  TAKEN NO	FOR X POS	line 2; Part XI,
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PAI THI UNC AS ANI CEN	Table 1 Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any address.  RT X, LINE 2:  E CENTER FOLLOWS THE GUIDANCE OF FASB ASC  CERTAINTY IN INCOME TAXES.  OF DECEMBER 31, 2019, MANAGEMENT EVALUATE  O CONCLUDED THAT THE  NTER HAD MAINTAINED ITS TAX-EXEMPT STATUS  SITIONS THAT REQUIRE	rt IV, lines 1b a Iditional inform  740 - A ED THE C  AND HAD	nd 2b; Part V, line 4 ation.  CCOUNTING  ENTER'S TA  TAKEN NO	FOR X POS	line 2; Part XI,
PAI THI UNC AS ANI CEN	Table 1 Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any address.  RT X, LINE 2:  E CENTER FOLLOWS THE GUIDANCE OF FASB ASC  CERTAINTY IN INCOME TAXES.  OF DECEMBER 31, 2019, MANAGEMENT EVALUATE  O CONCLUDED THAT THE  NTER HAD MAINTAINED ITS TAX-EXEMPT STATUS  SITIONS THAT REQUIRE	rt IV, lines 1b a Iditional inform  740 - A ED THE C  AND HAD	nd 2b; Part V, line 4 ation.  CCOUNTING  ENTER'S TA  TAKEN NO	FOR X POS	line 2; Part XI,
PAL UNG AS ANI CELL POS ADG	In the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any address and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any address and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any address and 4b; and Part XIII in Equipment 2b.  EXECUTER FOLLOWS THE GUIDANCE OF FASH ASC CERTAINTY IN INCOME TAXES.  OF DECEMBER 31, 2019, MANAGEMENT EVALUATED CONCLUDED THAT THE  OF CONCLUDED THAT THE  OF HAD MAINTAINED ITS TAX-EXEMPT STATUS CERTAINS THAT REQUIRE  FULL STATEMENTS TO THE FINANCIAL STATEMENTS.	rt IV, lines 1b a Iditional inform  740 - A ED THE C  AND HAD	nd 2b; Part V, line 4 ation.  CCOUNTING  ENTER'S TA  TAKEN NO	FOR X POS	line 2; Part XI,
PAL UNG AS ANI CELL POS ADG	Table 1 Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any address.  RT X, LINE 2:  E CENTER FOLLOWS THE GUIDANCE OF FASB ASC  CERTAINTY IN INCOME TAXES.  OF DECEMBER 31, 2019, MANAGEMENT EVALUATE  O CONCLUDED THAT THE  NTER HAD MAINTAINED ITS TAX-EXEMPT STATUS  SITIONS THAT REQUIRE	rt IV, lines 1b a Iditional inform  740 - A ED THE C  AND HAD	nd 2b; Part V, line 4 ation.  CCOUNTING  ENTER'S TA  TAKEN NO	FOR X POS	line 2; Part XI,

#### **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

2019

Open to Public Inspection

Name of the organization

Employer identification number

NOYO CE	NTER FOR MARINE SC	IENC	CE		46-5359	631
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			<b>•</b>			
List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) 93,310. 93,310. Gross receipts 2 Less: Contributions 93,310. 93,310. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 29,961. 29,961 9 Other direct expenses ..... **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2019 NOYO CENTER FOR MARINE SCIENCE 46-	<u>5359631</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
12			<b></b>
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
k	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
'	The file file file and address of the person who prepares the organization's garming/special events books and records.		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
	If IVe II extend to a record of consists and a second but the consisting to the constant of th		
K	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
(	c If "Yes," enter name and address of the third party:		
	Name		
	Addrage		
	Address		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation > \$		
	Garming manager compensation • • • • • • • • • • • • • • • • • • •		
	Description of services provided		
	Director/officer Employee Independent contractor		
	_ , , , _ , ,		
17	Mandatany diatributions:		
	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?	. L Yes	∟ No
k	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 Pa	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		, ,
	, , -,,		
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_			

Schedule G	G (Form 990 or 990-EZ)	NOYO CE	NTER FOR	MARINE	SCIENCE	46-5359631	Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Infor	mation <sub>(contir</sub>	nued)				

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

### **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

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

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

NOYO CENTER FOR MARINE SCIENCE

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

OMB No. 1545-0047

**Open To Public** Inspection

46-5359631

Schedule L (Form 990 or 990-EZ) 2019

Name of the organization

**Employer identification number** 

(a) Name of disqualified person			(b) F	Relationship betv			ified	(c) Description of transaction					(d) Corrected?			
(a) Name of disq	juaiiiieu pi	ersori		person and or	ganiza	ation	, '	<b>c,</b> De	escription of trans	Saction	'		Ye	es	No	
													+	_		
2 Enter the amour section 4958		•		•	•		ualified persons dur	•	•	]	<b>&gt;</b> \$					
3 Enter the amour											<b>&gt;</b> \$					
Part II Loans	to and	or Fron	n Inte	erested Pers	ons.											
Comple	te if the o	rganization	n ansv	vered "Yes" on F	orm 9	90-EZ,	Part V, line 38a or I	Form	990, Part IV, line	e 26; o	r if the	e orga	nizatio	n		
reported	d an amou	unt on Forr	n 990	, Part X, line 5, 6												
	(a) Name of interested person (b) Relati			(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f	) Balance due	( <b>g)</b> defa	In ult?	(h) Approved by board or committee? (i) Written agreement?				
						From				Yes	No	Yes	No	Yes	No	
Total		·····		····			<b>&gt;</b> \$									
Part III Grant	s or Ass	sistance	Ben	efiting Inter	estec	Per	sons.									
Comple	te if the o	rganization	ansv	vered "Yes" on F	orm 9	90, Pa	rt IV, line 27.		_							
(a) Name of int	erested p	erson	'	(b) Relationship interested pers the organiza	on an		(c) Amount of assistance		<b>(d)</b> Type assistand				Purpo assista			
			+								+					
			+								+					
			+								+					
			+								$\dashv$					
											$\dashv$					
											$\dashv$					
											$\neg$					

Par	Business Transactions Inv	olving Interested Persons.		10 0003	001	r age z
	Complete if the organization answe	ered "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.		1 ( ) ()	
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrgani: revei	aring of zation's nues?
ANN	SEMANS	SISTER OF EXECUTIVE	2 870.	MARKETING S	Yes	No X
TIMIN	DEMANO	DIBIER OF EXECUTIVE	2,070.	MARKETING D		<del>  ^</del>
						$\vdash$
						₩
						+-
Par		esponses to questions on Schedule L (see i	instructions)			
	Frovide additional information for	esponses to questions on Schedule E (see	iristructions).			
SCH	L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A)	NAME OF PERSON: ANN	SEMANS				
(B)	DELVATIONCHID BEAMEEN	INTERESTED PERSON AND	) ORGANIZATI	-ON•		
<u>(D)</u>	REDATIONSHIT BETWEEN	INTERESTED TERROON AND	ORGHITZHII	. 014 .		
SIS	TER OF EXECUTIVE DIRE	CTOR				
(D)	DESCRIPTION OF TRANS	ACTION: MARKETING SUPP	PORT			

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

NOYO CENTER FOR MARINE SCIENCE

Employer identification number 46-5359631

	τι	Types of Property							
			(a)	(b)	(c)	(d)			
			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
			applicable		Form 990, Part VIII, line 10	noncash contribu	lion ai	Hounts	5
1	Art -	Works of art							
		Historical treasures							
		Fractional interests							
		ks and publications							
		hing and household goods							
		and other vehicles							
		ts and planes							
		lectual property							
9	Secu	urities - Publicly traded	Х	3	30,054	STOCK MARKE	r Pi	RICI	3
		urities - Closely held stock							
		urities - Partnership, LLC, or							
	trust	interests							
12	Secu	urities - Miscellaneous							
13	Qua	lified conservation contribution -							
	Histo	oric structures							
14	Qua	lified conservation contribution - Other							
15		estate - Residential							
		estate - Commercial							
		estate - Other							
		ectibles							
		d inventory	X	1	7,300	FMV			
20	Drug	gs and medical supplies							
		dermy							
		orical artifacts							
		ntific specimens							
		neological artifacts	77		0.01				
		er (FACILITY MAIN)	X	0	821	•			
		er ()							
		er 🕨 ()							
	Othe		- 4.5 1	. No					—
		ber of Forms 8283 received by the organization think the averagination appropriate Action 2000		,					
	tor w	which the organization completed Form 828	3, Part IV, L	Jonee Acknowledg	ement <b>29</b>			V	
200	Duri	ng the year did the ergenization receive by	contributio	n any proporty ron	orted in Dort L lines 1 throu	ah 20 that it		Yes	No
		ng the year, did the organization receive by thold for at least three years from the date							
		npt purposes for the entire holding period?					30a		
		es," describe the arrangement in Part II.					Jua		
		es, describe the arrangement in Part II. s the organization have a gift acceptance po	olicy that re	guires the review o	of any nonstandard contribu	ıtions?	31		
		s the organization have a gift acceptance positive organization hire or use third parties o					01		
JLU		ributions?		_			32a		Х
b		es," describe in Part II.					<u>u</u>		
		e organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	ecked.			
		cribe in Part II.	(5)	., p / p p p y		<del>-</del>			

Schedule M	1 (Form 990) 2019 NOYO CENTER FOR MARINE SCIENCE	46-5359631	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a comthis part for any additional information.	, and whether the organization bination of both. Also comple	on ete

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

NOYO CENTER FOR MARINE SCIENCE

**Employer identification number** 46-5359631

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF SCIENTIFIC
RESEARCH AND PUBLIC EDUCATION IN THE SCIENCES RELATING TO MARINE AND
COASTAL RESOURCES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
VISITING SCHOOLS. LASTLY, WE HAVE GROWN A ROBUST CITIZEN SCIENCE
PROGRAM FOR ADULT EDUCATION, FOCUSING ON BEACH CLEAN-UP, MARINE MAMMAL
RESPONSE, AND URCHIN DOCKSIDE SAMPLING.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ADDITIONAL PROGRAM SERVICES INCLUDE:
UNCLASSIFIED
FACILITY DEVELOPMENT
GENERAL RESEARCH
SPECIMEN COLLECTION
STEWARDSHIP
BLUE WHALE
EXPENSES \$ 19,955. INCLUDING GRANTS OF \$ 0. REVENUE \$ 15,150.
FORM 990, PART VI, SECTION A, LINE 8B:
NO MEMBER OF THE COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THEBOARD
INDIVIDUALLY. THE BOARD MAY DELEGATE AUTHORITY TO ACT ON ITS BEHALF TO
OTHERS, SUCH AS COMMITTEES, BUT IN SUCH CASES THE BOARD IS STILL LEGALLY
RESPONSIBLE FOR ANY ACTIONS TAKEN BY THE COMMITTEES OR PERSONS TO WHOM IT
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization  NOYO CENTER FOR MARINE SCIENCE	Employer identification number 46-5359631
DELEGATES AUTHORITY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE TREASURER AND THE BOARD REVIEWS THE FORM 990	
FORM 990, PART VI, SECTION B, LINE 12C:	
WE REQUIRE AN ANNUAL STATEMENT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
SELF-EVALUATION IS COMPLETED ANNUALLY AND REVIEWED BY THE	FINANCE COMMITTEE
AND PRESIDENT, IF NOT ON COMMITTEE. FEEDBACK IS GIVEN BY C	OMMITTEE AND
COMMITTEE RECOMMENDS ACTION TO WHOLE BOARD IN CLOSED SESSI	ON. BOARD MAKES
DECISION ON COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 18:	
AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTO	RS, ETC:
WENDI FELSON - PO BOX 1321, FORT BRAGG, CA 95437	
990 PART XII LINE 2C	
THE FINANCE/AUDIT COMMITTEE PROCESS OF REVIEW HAS NOT CHAN	GED FROM THE
PRIOR YEAR.	

### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Autom	atic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).					
•	orations required to file an income tax return other than Fo e Form 7004 to request an extension of time to file income		, , , , , , , , , , , , , , , , , , , ,	s, REMICs	s, and trusts			
Type or	Name of exempt organization or other filer, see instruc	Taxpayer identification number (TIN)						
print	NOYO CENTER FOR MARINE SCIENCE				46-5359631			
File by the due date for	N. J. J. J. W. BOL.							
filing your return. See	PO BOX 1321							
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  FORT BRAGG, CA 95437							
Enter the	e Return Code for the return that this application is for (file	a separa	te application for each return)			0 1		
Application		Return	Application			Return		
ls For		Code	ls For			Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)	m 990-T (corporation)				
Form 99	0-BL	02	Form 1041-A	Form 1041-A				
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above) SHEILA SEMANS	06	Form 8870 12			12		
Telep  If the	hone No. ► (707) 733-6696  organization does not have an office or place of business is for a Group Return, enter the organization's four digit ( If it is for part of the group, check this box ►	in the Un Group Exe	Fax No. ▶ited States, check this box	If this is fo	r the whole group,			
the	I request an automatic 6-month extension of time until							
2 If t	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period							
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less					
<u>an</u>	any nonrefundable credits. See instructions.				\$	0.		
<b>b</b> If t	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
es	timated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.		
<b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by						_		
us	ing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	Зс	\$	0.		
Caution	: If you are going to make an electronic funds withdrawal	(direct del	oit) with this Form 8868, see Form 8	453-EO an	d Form 8879-EO fo	or payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

instructions.