PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 3685375

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No. 1545-0047

A F	or the	2020 calendar year, or tax year beginning and	ending					
B c	heck if oplicable	C Name of organization		D Employer identific	cation number			
	Addres	NOYO CENTER FOR MARINE SCIENCE						
	Name chang			46-53596	31			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1321	P.O. box if mail is not delivered to street address) Room/suite					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	333,049.			
	Ameno	eturn						
	Applic tion	F Name and address of principal officer: Shella Semans		for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions			
		e: WWW.NOYOCENTER.ORG		H(c) Group exemption				
		organization: X Corporation	L Year	of formation: $2014 _{ m N}$	N State of legal domicile: CA			
Pa	rt I	Summary						
ø		Briefly describe the organization's mission or most significant activities: CONSI						
Activities & Governance		MARINE AND COASTAL NATURAL RESOURCES AND						
rns	2	Check this box 🕨 🔛 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass				
Ŏ.				3	9			
ص ص		Number of independent voting members of the governing body (Part VI, line 1b)			9			
es		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			13			
Σ		Total number of volunteers (estimate if necessary)			38			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.			
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year	Current Year 221,705.			
ne		Contributions and grants (Part VIII, line 1h)		314,323. 25,041.	21,618.			
/en		Program service revenue (Part VIII, line 2g)		-343.	656.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		129,131.	62,565.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		468,152.				
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.			
		Grants and similar amounts paid (Part IX, column (A), lines 1·3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		283,071.	219,112.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	7,265.			
Sen		Total fundraising expenses (Part IX, column (D), line 25) 97,89	91.	Ü.	7 / 203 •			
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		155,320.	116,997.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		438,391.	343,374.			
		Revenue less expenses. Subtract line 18 from line 12		29,761.	-36,830.			
or es		,	Be	ginning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)		290,165.	449,960.			
Ass J Ba	21	Total liabilities (Part X, line 26)		52,971.	249,595.			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		237,194.	200,365.			
	rt II	Signature Block						
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
Sign	1	Signature of officer		Date				
Her	е	SHEILA SEMANS, EXECUTIVE DIRECTOR Type or print name and title						
			ĪΓ	Date Check	PTIN			
Dviv		Print/Type preparer's name JOSEPH J ARCH Preparer's signature		1/03/21 of self-employ				
Paid		Firm's name JJACPA, INC.	<u> </u>		26-4137155			
Prep Use		Firm's address 1102 S MAIN ST, SUITE 1		FIIIII S EIN	70 4131133			
USE	Jilly	FORT BRAGG, CA 95437		Dhone no 70	79646325			
May	the IC	S discuss this return with the preparer shown above? See instructions		[FIIOHE IIU. 7 U	X Yes No			
iviay	THE TE				103 110			

	n 990 (2020) NOYO CENTER FOR MARINE SCIENCE 46-5359631 Page 2
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO ADVANCE OCEAN CONSERVATION THROUGH EDUCATION, EXPLORATION, AND EXPERIENCE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$121,025. including grants of \$) (Revenue \$
	EDUCATION: THE GLOBAL PANDEMIC SEVERELY IMPACTED OUR CLASSROOM
	EDUCATION PROGRAM, AS ALL LEARNING MOVED TO A VIRTUAL FORMAT. NOT ABLE
	TO GET INTO THE CLASSROOM, NOYO INNOVATED, USING VARIOUS PLATFORMS TO
	DELIVER EDUCATIONAL OPPORTUNITIES TO KIDS AT HOME. INCLUDING ZOOM,
	YOUTUBE, FACEBOOK LIVE. WE PRESENTED A VARIETY OF LIVE AND RECORDED
	EDUCATIONAL MODULES FOR KIDS OF ALL AGES. THE PANDEMIC ALSO CLOSED OUR
	SCIENCE MUSEUM, DISCOVERY CENTER IN DOWNTOWN FORT BRAGG, AND CROW'S
	NEST INTERPRETIVE CENTER FOR THE LAST 9 MONTHS OF THE YEAR, BUT WE WERE

PEOPLE. SUMMER CAMPS WERE ALSO CANCELLED.) (Expenses \$ 4h (Code: including grants of \$) (Revenue \$ IN PARTNERSHIP WITH CALIFORNIA ACADEMY OF MARINE MAMMAL RESPONSE: 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.

ABLE TO OFFER ADULT EDUCATIONAL OPPORTUNITIES THROUGH A ROBUST SCIENCE

SCAVENGER HUNT THAT PEOPLE COULD DO INDEPENDENTLY WITH THEIR OWN POD OF

LECTURE SERIES DELIVERED VIA ZOOM, AND COMMUNITY EVENTS LIKE THE

4d	l Other	program	services	(Describe	on Sc	hedule	O.	.)
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(Expenses \$\frac{\text{including grants of \$}}{1.01}, \text{(Revenue \$}}

e Total program service expenses ► 121,025.

Form 990 (2020) 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	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	_ <u> </u>		
5	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	ا ا		
10		10		X
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
••	as applicable.			
_				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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	v	X
е	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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2020)
Part IV | Che

irt IV	Checklist of Required Schedules	(continued)	,
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV	28b	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200	- 21	
·	•	28c		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
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	<u> </u>		
	Schedule N, Part II	32		х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V		 I -	
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4	-		
b		4		
С			v	
	(gambling) winnings to prize winners?	1c	X	

020) NOYO CENTER FOR MARINE SCIENCE Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a Interfer the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Red of the Leadendary para ending with or within the year covered by this naturu. b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 350, your may be required to defer give fein functions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, 'this is filed a Form 990 T for this year? If 'No' to line 30, provide an explanation or Schedule 0. 4c All any time during the calendar year, oil the organization have an inteest in, or a significant or other authority over, a financial account in a freeign country. 5c Business and the sum of the fereign country. 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Universe to line 5c are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Universe to line 5c are 5b, did the organization the form 888817? 5d 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 deductibles or Amarbalic contributions? 6c Was the organization shelf were year and the property for which it was required to the payor? 7d Organizations that may receive deductible contributions under section 170c). 8d Did the organization receive a payment in access of Six make party as a collition organization receive a payment in access of Six make party as a collition organization receive a promise in access of Six make party as a collition organization receive a promise of the value of the goods or services provided? 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e				Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note if the sum of lines 1a and 2a is greater than 250, you may be required to _6/lis (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A Tax yritine during the calendary ear, 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 or of recipitation or property of the organization between the property of the property of the organization solicit any contributions that may receive deductible as charitable contributions? 6a	2 a				
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _r/lip (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a A lary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? in some country (such as a bank account, searchies account, or other financial account?) 4a A lary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, searchies account, or other financial accounts?) 5a Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 5b Did any sustable party nority the organization that was or is a party to a prohibitod at whether transaction? 5c Did bid 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? 7 Organizations that may receive deductible contributions? 6c Did the organization shall have a contribution and expection 170(c). 8d Did the organization shall have a promini in excess of \$5's make party as a contribution and party for poods and services provided? 7 To granizations that may receive deductible contributions under section 170(c). 8d Did the organization shall have promined to the poods or services provided? 7 To Unit the organization shall have provided to the payor? 7 To Unit for shall be provided to the payor? 7 To Unit for shall be provided to the payor of the value of the poods or services provided? 7 To Unit Form 8282? 7 To Unit for organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To Unit for organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ		filed for the calendar year ending with or within the year covered by this return 2a 2a 13			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it field a Form 9907 for this year? // "No" to fine 3b, provide an explanation on Schedule O d 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, feuch as a bank account, securities account, or other financial account for the financial account in a foreign country (auch as a bank account, securities account, or other financial account for the financial account for the financial account in a foreign country (auch as a bank account, securities account, or other financial account for the financial account for financial financial financial financial financial financial financial financial finan	b		2b	X	
b If "Yes," has it filled a Form 990.T for this yea? 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 accounts (FBAR). 5b Whes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization and a party to a prohibited trax shelter transaction of any time during the tax year? 5a Was the organization a party to a prohibited trax shelter transaction? 5b Did any stable party nority the organization file form 8886-f? 6a Does the organization and pross roceits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b X Yes, "old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8c Wes, "old the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, extange, or otherwise dispose of langible personal property for which it was required to file Form 8822? 8c William organization sell, extange, or otherwise dispose of langible personal property for which it was required to file organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of earls, boats, airplanes, or other vehicles, did the organization file a Form 1086-07 8 Possible organization has a distribution of earls, boats, airplanes, or other vehicles, did the organization file a Form 1086-07 8 Possible organization has exceeded a contribution or a donor, donor advisor, or related person? 9 Sonosoring organization		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly is country such as a bank account, so creating a cocount, or other financial accountly? 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). 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5 b Did any taxable party notify the organization file Form 88867. c if "Yes" to line Sar of St, did the organization file Form 88867. 5b X 7 c 16 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: any contributions that may receive deductible contributions and express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization that may receive deductible contributions under section 170(c). b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). b if "Yes," indicate that may receive deductible contributions under section 170(c). c Did the organization asil, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 82827. d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 Did the organization received any funds, directly or indirectly, on pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 8 Sponsoring organization received any funds, directly or indirectly, on a personal benefit contract? 7 Did the organization received any funds, directly or ind			3a		X
financial account in a foreign country See S	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		_
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.	10				
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			15		X
,					
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
		If "Yes," complete Form 4720, Schedule O.		067	

Page 6 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHEILA SEMANS - (707) 733-6696			
	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	organization compensate					sate	ed any current officer, director, or trustee.			
(A)	(B)	(B)						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition more	າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	la a a	recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		99/	npen		(***2/1099*****130)		and related
	below	dual t	ntio na	_	oldm	st col	-			organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			3
(1) SHEILA SEMANS	32.00									
EXECUTIVE DIRECTOR				Х				83,765.	0.	0.
(2) PETER O'DONOHUE	2.00									
BOARD MEMBER		X						0.	0.	0.
(3) DAVE TURNER	10.00									
PRESIDENT		X		X				0.	0.	0.
(4) DAVID ALDEN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) GINNY FETH-MICHEL	8.00									
TREASURER		Х		Х				0.	0.	0.
(6) ROBBY BRUCE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) CYNTHIA DOLL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) WENDI FELSON	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(9) PAUL SWEIGART	2.00									
BOARD MEMBER	4 00	Х						0.	0.	0.
(10) LINDA RUFFING	4.00									•
BOARD MEMBER		Х			_			0.	0.	0.
			\vdash		_					

032007 12-23-20 Form **990** (2020)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(da		Pos				Reportable	Reportable	Estim	
	hours per	box	, unle	ss per	rson i	than dis both	n an	compensation	compensation	amou	nt of
	week	offi	cer ar	nd a di	irecto	or/trus	tee)	from	from related	oth	er
	(list any	ector						the	organizations	comper	sation
	hours for	Individual trustee or director	۵.			ted		organization	(W-2/1099-MISC)	from	the
	related	stee (ruste			bensa		(W-2/1099-MISC)		organiz	
	organizations below	al tru	Institutional trustee		Key employee	Highest compensated employee				and re	
	line)	dividu	stituti	Officer	/ emp	thest ploy	Former			organiz	ations
	III IC)	Ĕ	Ë	JO.	Xe.	ぎも	요				
		-									
						\vdash					
					_	┝					
-						\vdash					
						_					
						\vdash					
1b Subtotal					<u> </u>			83,765.	0.		0.
c Total from continuation sheets to Part VI							-	0.	0.		0.
d Total (add lines 1b and 1c)								83,765.	0.		0.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	•	
compensation from the organization											0
										Ye	s No
3 Did the organization list any former officer,			-		-		_		•		v
line 1a? If "Yes," complete Schedule J for s										3	<u> </u>
4 For any individual listed on line 1a, is the su											Х
and related organizations greater than \$150Did any person listed on line 1a receive or a										4	1
rendered to the organization? If "Yes." com					,			· ·		5	Х
Section B. Independent Contractors	piete cericaan	<i></i>	0/ 30	<u> </u>	<i>5015</i>	011					
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.		
(A) Name and business	addraga	3.77	~ ****	_				(B)	von dioco	(C) Compensa	tion
Name and business	auuress	M	ONE	5				Description of s	services (Jonipensa	.1011
							T				
							\dashv				
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received me	ore than		
\$100,000 of compensation from the organiz	zation				()				000	1 (0000)
										uu	I (0000)

46-5359631

Form 990 (2020) NOYO CE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	nse or note to any lir	ne in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S, S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			_			
တ် မြ				_			
fts, r A		Related organizations 1d		-			
ig ig				-			
Sin		All other contributions, gifts, grants, and		_			
e Ħ	'	similar amounts not included above	221,705.				
흡황	-		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	_			
no n	g		14,400.	221,705.			
Oa	n	Total. Add lines 1a-1f	Business Code	221,705.			
	•	DDOCDAM CEDUTCE FFEC	611710	21,618.	21,618.		
<u>ice</u>	2 a	PROGRAM SERVICE FEES		21,010.	21,010.		
er v	b		_				
n S	С						
Je S	d						
Program Service Revenue	е		_				
۵	f	All other program service revenue		01 610			
\dashv	g	Total. Add lines 2a-2f		21,618.			
	3	Investment income (including dividends,					
		other similar amounts)		656.			656.
	4	Income from investment of tax-exempt be	nd proceeds				
	5	Royalties	>				
		(i) Rea	l (ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securi	ies (ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses 7b					
Revenue	С	Gain or (loss) 7c					
Be		Net gain or (loss)					
ther		Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a 38,661.				
	b	Less: direct expenses	8b 3,048.				
		Net income or (loss) from fundraising eve	`	35,613.			35,613.
		Gross income from gaming activities. See					
		Part IV, line 19	9a				
	b	Less: direct expenses	9b				
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances	10a 48,309.				
	h	Less: cost of goods sold	10b 23,457.	_			
		Net income or (loss) from sales of invento	`	24,852.	24,852.		
\neg		The state of the s	Business Code		=, ==,		
Sno	11 a	MISCELLANEOUS OTHER I		2,100.	2,100.		
Miscellaneous Revenue	b		_				
ella	C						
Be		All other revenue					
Σ		Total. Add lines 11a-11d		2,100.			
	12	Total revenue. See instructions		306,544.	48,570.	0.	36,269.

Form 990 (2020) NOYO CENTER F 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

	Check if Schedule O contains a respons		his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	83,765.		83,765.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 010	CF 42F	2 044	20 424
7	Other salaries and wages	107,713.	65,435.	3,844.	38,434.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	11 005	4,065.	5,442.	2 200
9	Other employee benefits	11,895. 15,739.	5,379.	7,201.	2,388. 3,159.
10	Payroll taxes	15,739.	5,319.	7,201.	3,139.
11	Fees for services (nonemployees):				
	Management				
	Legal	7,454.	1,360.	565.	5,529.
	Accounting	7, 454.	1,500.	303.	5,545.
	Lobbying Professional fundraising services. See Part IV, line 17	7,265.			7,265.
f	Investment management fees	7,203.			7,203.
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	1,831.	334.	139.	1,358.
13	Office expenses	8.	1.	1.	6.
14	Information technology	3,170.	657.	1,826.	687.
15	Royalties				
16	Occupancy	32,402.	11,073.	14,825.	6,504.
17	Travel	2,061.	2,061.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,073.	378.	156.	1,539.
21	Payments to affiliates	F 060	1 000	F 2 F	F 020
22	Depreciation, depletion, and amortization	7,062.	1,288.	535.	5,239.
23	Insurance	289.	99.	132.	58.
24	Other expenses. Itemize expenses not covered 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 0.)				
а	PROGRAM CONTRACTED SERV	21,516.	21,160.		356.
b	SUPPLIES AND MATERIALS	18,005.	3,284.	1,365.	13,356.
С	UTILITIES	4,803.	1,641.	2,198.	964.
d	TELEPHONE AND INTERNET	4,104.	749.	311.	3,044.
е	All other expenses	12,219.	2,061.	2,153.	8,005.
25	Total functional expenses. Add lines 1 through 24e	343,374.	121,025.	124,458.	97,891.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2020)
032010	12-23-20				+orm ショし (2020)

Form 990 (2020)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			101,506.	1	292,236.
	2				38,116.	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			49,091.	4	59,433.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pei	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			35,833.	8	36,985.
A	9	B			2,200.	9	4,951.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	76,242.			
	b	Less: accumulated depreciation		19,887.	63,419.	10c	56,355.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed	qual line 3	33)	290,165.	16	449,960.
	17	Accounts payable and accrued expenses			52,971.	17	46,773.
	18	Grants payable Deferred revenue			18		
	19				19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or for					
Ě		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	52,311.
	25	Other liabilities (including federal income tax, p	payables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X	•		150 511
		of Schedule D			0.	25	150,511.
	26	Total liabilities. Add lines 17 through 25		. च्ह	52,971.	26	249,595.
S		Organizations that follow FASB ASC 958, cl	neck her	e ▶ X			
Ç		and complete lines 27, 28, 32, and 33.			227 104		200 265
alar	27				237,194.	27	200,365.
Ä	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB ASC	958, che	eck here L			
Ĕ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
ř.	31	Retained earnings, endowment, accumulated			227 104	31	200 265
Š	32	Total net assets or fund balances			237,194.	32	200,365.
	33	Total liabilities and net assets/fund balances			290,165.	33	449,960.

Form **990** (2020)

2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	X 5,544. 6,374. 6,830. 7,194.	•
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	3,374 5,830 7,194	• •
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	3,374 5,830 7,194	• •
3	3,830 ,194	•
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	,194	-
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		-
6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	1	_ _ _
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 20 C Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	1	_
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 20 C Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	1	_
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	1	_
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	1	
column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		•
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	,365	•
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.]
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	Yes No	,
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		
	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?	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:		
X Separate basis Consolidated basis Both consolidated and separate basis		
c 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2020)

SCHEDULE A

Department of the Treasury Internal Revenue Service

Total

(Form 990 or 990-EZ)

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

				R MARINE SCI				4	6-5359631
Pai	tΙ	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.	
he c	organi	ization is not a private found							
1		A church, convention of chi	· ·	- ·	-	-	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative					ii).		
4		A medical research organiza						(iii). Enter	the hospital's name.
		city, and state:		,			(-)(-)(-)	(/-	i
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
•		section 170(b)(1)(A)(iv). (C		,		, , ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	-					e general r	oublic described in
•		section 170(b)(1)(A)(vi). (C	-	That part of its support if	om a gove	on in the state of	ariic or iroiri ar	o gonorai i	Jubilo accoribed in
8		A community trust describe		1VAVvi) (Complete Part	+ II \				
9	_	An agricultural research org				nd in coni	inction with a	land grant	collogo
9		or university or a non-land-g				-		-	-
			rant conege or agrici	ulture (see iristructions).	Lillei lile i	name, city	, and state or	ine conege	· OI
10		university: An organization that norma	lly receives (1) more t	than 33 1/30/ of its supp	ort from o	ontribution	ne momborchi	n foos, and	d gross receipts from
10		activities related to its exem							
		income and unrelated busin		•	. ,				•
				(less section 511 tax) iro	iii busiiles	sses acqui	rea by the org	ariizatiori a	itter Julie 30, 1975.
11		See section 509(a)(2). (Con	•	volv to toot for public oot	iotu Coo	aaatian E(20(=)(4)		
12	\equiv	An organization organized an organization organized a	· ·	•	•			n, out the	nurnages of one or
12		more publicly supported or	•	•	•		*	•	
									DIECK THE DOX III
_		lines 12a through 12d that	* *					-	aivin a
а		Type I. A supporting orga	•			-			
		the supported organization			majority c	or trie direc	ctors or trustee	es or the st	ipporting
		organization. You must o	-		: : : : : : : : : : : : : : : :			·(-)	.i
D		Type II. A supporting org	•				-		-
		control or management o			ame perso	ns that co	ntroi or manag	je tne supp	ported
_		organization(s). You mus			in connoct	lian with a	and franctional	into avata	d with
С		Type III functionally inte	=					y integrate	d with,
		its supported organization		•	•	•	•		+:(-)
d		Type III non-functionally						-	
		that is not functionally int	-		-		•	an attentiv	reness
		requirement (see instructi	•	•	•			l Tura III	
е		Check this box if the orga					Type I, Type I	i, Type iii	
	Ento	functionally integrated, or er the number of supported or			ig organiz	ation.			
		ritle number of supported c ride the following information	•	d organization(s)					
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
				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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	303,482.	266,538.	333,690.	313,980.	243,323.	1461013.
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						111111
4	Total. Add lines 1 through 3	303,482.	266,538.	333,690.	313,980.	243,323.	1461013.
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)						1161010
	Public support. Subtract line 5 from line 4.						1461013.
	ction B. Total Support				<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	303,482.	266,538.	333,690.	313,980.	243,323.	1461013.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2.0	202	4.5	170	656	1 100
	and income from similar sources	32.	202.	45.	172.	656.	1,107.
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.)						1462120.
	Total support. Add lines 7 through 10	-1- /				40	1402120.
	Gross receipts from related activities,			Contraction of the second		12	
13	First 5 years. If the Form 990 is for the	-		•			▶□
Sec	organization, check this box and stop ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
	Public support percentage for 2020 (I			volumn (f))		14	99.92 %
	Public support percentage for 2020 (i					15	99.92 <u>%</u> 99.97 <u>%</u>
	33 1/3% support test - 2020. If the o						-
102	stop here. The organization qualifies	-					
h	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
172	10% -facts-and-circumstances test						
.,,	and if the organization meets the fact:	_					
	meets the facts-and-circumstances te					viriow the organiz	. .
h	10% -facts-and-circumstances test	-		*	-		
~	more, and if the organization meets the	ū				•	. = . • • .
	organization meets the facts-and-circu		•		•		
18	Private foundation. If the organization		-				• • • • • • • • • • • • • • • • • • •

Schedule A (Form 990 or 990-EZ) 2020 NOYO CENTER FOR MARINE SCIENCE 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 usalify under the tests listed below please complete Part II \

Se	ction A. Public Support	Blow, please comp	Diete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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 business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
_	check this box and stop here						>
_	ction C. Computation of Public					 	
	Public support percentage for 2020 (li			column (f))		15	<u>%</u>
	Public support percentage from 2019 ction D. Computation of Inves					16	<u>%</u>
	•					147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18 23 1/3% and line 1	% 7 is not
198	a 33 1/3% support tests - 2020. If the						I IS HOL
ı	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, chec						
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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
<u>4a</u>		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Pa	TIV 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 lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
Sec	<u>detail in</u> Part VI. rtion B. Type I Supporting Organizations	IIC		<u> </u>
	and an experiment organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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,			
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations	1 3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ıs).	
2	Activities Test. Answer lines 2a and 2b 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 line 2a, above, 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 lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" 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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mus		•				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
с	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 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-functions	Illy integrator	Type III supporting orga	nization (soo			

Schedule A (Form 990 or 990-EZ) 2020

instructions).

		- / · · · · · · · · · · · · · · · · · ·	COITUITA	cu,	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
<u>e</u>	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
<u>d</u>	Excess from 2019				
•	EXCOSS INOM SUBIL				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 NOY	O CENTER FOR	R MARINE	SCIENCE	46-5359631	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b,	n. Provide the explana 3c, 4b, 4c, 5a, 6, 9a, 9b	tions required b	y Part II, line 10; Part II, I and 11c; Part IV, Section	ine 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section	C,
	line 1; Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8; and I (See instructions.)	Part V, Section E, lines	E, lines 1c, 2a, 2 2, 5, and 6. Also	complete this part for ar	e 1; Part V, Section B, line 1e; Pai ny additional information.	τν,

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	one):							
Filers of:	Section:							
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
, ,	n is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.						
For an organizati	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total ny one contributor. Complete Parts I and II. See instructions for determining a contribute							
Special Rules								
sections 509(a)(1	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 stor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the am EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from						
contributor, durir literary, or educa	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contributior is checked, enter purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
•	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its							

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) (2020)

Name of organization Employer identification number

NOYO CENTER FOR MARINE SCIENCE

46-5359631

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	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		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 12,284.	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		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NOYO CENTER FOR MARINE SCIENCE

46-5359631

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

Name of organization

Employer identification number

NOYO CENTER FOR MARINE SCIENCE

46-5359631

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		-						
		-						
		_ \$						
(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					
		-						
		- -						
		_ \$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		-						
—		-						
023453 11-25-		\$	990, 990-EZ, or 990-PF) (2020)					

Name of organization

Employer identification number

	TER FOR MARINE SCIEN			46-5359631				
fre	om any one contributor. Complete columns (a	through (e) and the following lin	ne entry. For o	01(c)(7), (8), or (10) that total more than \$1,000 for the year				
со	mpleting Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,00	00 or less for t	he year. (Enter this info. once.) \$				
U:	se duplicate copies of Part III if additional	space is needed.						
(a) No. from	# N TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			/ n =				
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
-								
-								
-		() = (
	(e) Transfer of gift							
	Transferse's name address a	alatianship of transferor to transferoe						
	Transferee's name, address, a	and Zir + 4		elationship of transferor to transferee				
-								
-								
-		_						
(-) N -								
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I	(b) I dipose of gift (c)			(a) Description of non-gire to note				
<u> </u>								
<u> </u>								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	R	Relationship of transferor to transferee				
l <u> </u>								
l								
_								
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I	(b) Purpose of gift	(c) Use of gift		(a) Description of flow gift is field				
_								
		(e) Transfer o	of gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee				

(c) Use of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(d) Description of how gift is held

(a) No. from Part I

(b) Purpose of gift

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

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's ex	•	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	rpose conferring
	impermissible private benefit?		YesN
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ı (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preserva	tion of a historically important land area
	Protection of natural habitat	Preserva	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the	form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Ye
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aff	er 7/25/06, and not on a historic s	structure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated	by the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handlin	ng of
	violations, and enforcement of the conservation easements it h	olds?	Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, has		
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing cor	nservation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes N
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial s	tatements that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue staten	ment and balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or researc	ch in furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes thes	se items.
b	If the organization elected, as permitted under FASB ASC 958	to report in its revenue statement	t and balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research i	n furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(m) A		. .
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	•	-
а	Revenue included on Form 990, Part VIII, line 1	•	> \$
	Assats included in Form 000 Part V		. .

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	asures, o	r Other	Similar A	ssets (continu	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check ar	y of the fo	ollowing that	make sig	nificant use	of its		ŕ
	collection items (check all that apply):									
а	Public exhibition	c	I Lo	an or excl	nange progra	am				
b	Scholarly research	e								
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they	further th	e organizatio	n's exem	ot purpose	in Part XIII		
5	During the year, did the organization solicit o	r receive donations	of art, histo	rical treas	ures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organiza	tion's col	lection?			🔲 Y	es/	☐ No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the or	ganization	answered '	"Yes" on F	orm 990, P	art IV, line	9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for cor	tributions	or other ass	sets not in	cluded			
	on Form 990, Part X?							🔲 Y	es/	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tabl	e:						
								Aı	mount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for esc	row or cu	stodial acco	unt liability	y?	🗀 Y	es/	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds. Complete i	f the organization an	swered "Y	es" on Fo						
		(a) Current year	(b) Prio	r year	(c) Two year	rs back (d) Three year	rs back (e	•) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•	e (line 1g, c	olumn (a)	held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >									
С		%								
	The percentages on lines 2a, 2b, and 2c show	•								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that a	re held an	d administer	ed for the	organizatio	n	Г	
	by:							Г		Yes No
	(i) Unrelated organizations								3a(i)	_
	(ii) Related organizations								3a(ii)	_
	If "Yes" on line 3a(ii), are the related organiza							L	3b	
4 Pai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment tune	as.						
ı uı	Complete if the organization answered) Dort IV lie	00 110 8	000 Earm	Dort V li	no 10			
		(a) Cost or o						(4	\ Dool	. volue
	Description of property	basis (investr		(b) Cost basis (cumulated reciation	(a) Book	value
10	Land	'		24010 (2.1101)	аорі	201441011			
	Land	I								
b c	Buildings			2	3,024.				23	,024.
d		I			3,218.		19,887	,		,331.
	Equipment Other	I			J, 210 •		<u> </u>	-		,,,,,,
	I. Add lines 1a through 1e. (Column (d) must e		V column	(D) line 10)o)				56	,355.
· Jua	, ida iirioo ta tirroagii to. [Colullii ia] Must e	uuai ruiiii 330. Päll	A. CUIUIIIII	יוווו.ו ט. וט. ווט. וט. ווט	/し./			<u> </u>		,

) (Form 990) 2020 Investments -			FOR	MARINE	SCIEN	CE	46-53596
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.								<u>.</u>
(a) Description of security or category (including name of security)				(b)	Book value	(c)	Method of valuation: Cos	t or end-of-year mar
(4) =:								

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (h) must equal Form 000, Part V, col. (P) line 12.)	·	

Part VIII	Investments	 Program 	Related.
-----------	-------------	-----------------------------	----------

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6)(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
	.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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) LOAN PAYABLE - EIDL	150,511.
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	150,511.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	t XI Rec	conciliation of Revenue per Audited Financial Statement	s With Reve	nue per Return.	JUDICE Tage
	Comp	plete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•	
1		and the second state of th		1	306,544.
2		cluded on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealize	ed gains (losses) on investments	2a		
b		vices and use of facilities	2b		
С	Recoveries of	of prior year grants	2c		
d		ribe in Part XIII.)	2d		
е	Add lines 2a	through 2d		2e	0.
3	Subtract line	e 2e from line 1		3	306,544.
4	Amounts inc	cluded on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment e	expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Descr	ribe in Part XIII.)	4b		_
С	Add lines 4a	and 4b		4c	0.
5	Total revenu	ie. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	306,544.
Pa		onciliation of Expenses per Audited Financial Statemen	ts With Expe	enses per Return.	
		plete if the organization answered "Yes" on Form 990, Part IV, line 12a.			242 254
1	=	ses and losses per audited financial statements		1	343,374.
2		cluded on line 1 but not on Form 990, Part IX, line 25:			
а		vices and use of facilities	2a		
b	Prior year ad	djustments	2b		
С	Other losses	S	2c		
d	•	ribe in Part XIII.)	2d		•
е	Add lines 2a	a through 2d		2e	0.
3		e 2e from line 1		3	343,374.
4		cluded on Form 990, Part IX, line 25, but not on line 1:			
а	Investment e	expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Descr	ribe in Part XIII.)	4b		•
С	Add lines 4a				0.
5	Total expens	ses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	343,374.
		plemental Information.			
	-	ptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV		; Part V, line 4; Part X,	line 2; Part XI,
lines	2d and 4b; ar	nd Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal information.		
דגם	лп у т	TNE 1.			
PAI	RT X, L	INE Z:			
mut	י כבאותבו	R FOLLOWS THE GUIDANCE OF FASB ASC 74	0 - 2000	וואיידאום בסס	
1111	. CEMIL	R FOLLOWS THE GOIDANCE OF FASE ASC 74	U ACCO	UNIING FOR	
TINIC	יתדביים דאי	TY IN INCOME TAXES.			
OIV	, LIKI MIN	II IN INCOME IMAD.			
ΔS	OF DECI	EMBER 31, 2020, MANAGEMENT EVALUATED	THE CENT	ER'S TAX POS	STTTONS
110	OI DEC	DIDDIK 31, 2020, IMMICDIDIKI DVILOITIDE	IIID CDIVI	<u> </u>	<u> </u>
ANT	CONCL	UDED THAT THE CENTER HAD MAINTAINED I	TS TAX-E	XEMPT STATUS	CAND HAD
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דביד	EN NO I	UNCERTAIN TAX POSITIONS THAT REQUIRE	ADJUSTME	NTS TO THE I	TNANCTAL
1 7 3 1	CLIV IVO	ONCERTAIN TAX TODITIONS THAT REQUIRE	ADOODIMA	NID IO IIII I	TIMICIAL
STZ	ATEMENT	S .			
011	11 111111111	D •			

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

2020

Open to Public Inspection

Name of the organization

NOVO CENTER FOR MARINE SCIENCE

Employer identification number

NOYO CE	NTER FOR MARINE SC.	TENC	JE _		46-5359	631	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions? (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			•				
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from req	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) 38,661. 38,661. 1 Gross receipts 2 Less: Contributions 38,661. 3 Gross income (line 1 minus line 2) 38,661. 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 3,048. 3,048 9 Other direct expenses 3,048 **10** Direct expense summary. Add lines 4 through 9 in column (d) 35,613 11 Net income summary. Subtract line 10 from line 3, column (d) Part III 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	edule G (Form 990 or 990-EZ) 2020 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		
	to administer charitable gaming?	Yes	No
12			
	Indicate the percentage of gaming activity conducted in:	ا مدا	0.4
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
	s If "Yes," enter name and address of the third party:		
·	of the field halfe and address of the tillid party.		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a		Yes	☐ No
	retain the state gaming license?	165	NO
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D -	organization's own exempt activities during the tax year > \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ırt III, lines 9, 9	9b, 10b,
	, , , , , , , , , , , , , , , , , , ,		

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	NOYO C	CENTER	FOR	MARINE	SCIENCE	46-5359631	Page 4
Part IV	Supplemental Infor	mation _{(co}	ntinued)					

SCHEDULE L

Department of the Treasury Internal Revenue Service

(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.

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization					
	NOYO	CENTER	FOR	MARINE	SCIENCE

Employer identification number

46-5359631

Part I	Excess Bene	fit Trans	actio	ons (section 50	01(c)(3), secti	on 50 ⁻	1(c)(4), and sec	ctior	n 501(c)(29) orgai	nizatio	ns on	ly).				
	Complete if the o	rganizatior	ansv	vered "Yes" on F	orm 9	90, Pa	ırt IV, I	ine 25a or 25b	, or	Form 990-EZ, Pa	art V, li	ne 40	b.				
1 (a) No	mo of disqualified p	(b) F	Relationship bety			ified		c) D		(d) Corrected?							
(a) Name of disqualified person				person and or	ganiza	ation		,,			Y	es	No				
															_		
														_	\rightarrow		
														+	_		
														_	-		
														+	+		
0 Frate:	*h		41			al:		al aa aa ali		the comment of the co							
	the amount of tax in	•		•	•			•	_	•		•					
	on 4958the amount of tax, i											\$					
3 Linter	the amount of tax,	ii ariy, Orrii	116 2, 6	above, reimburs	eu by	uie org	yai iizai					Ψ					
Part II	Loans to and	or Fron	n Inte	erested Pers	sons.	1											
	Complete if the o	rganizatior	n ansv	vered "Yes" on F	orm 9	90-EZ.	Part \	V. line 38a or F	orm	n 990. Part IV. line	e 26: c	or if th	e orgai	nizatio	n		
	reported an amou							.,			, -		9				
(a	a) Name of	(b) Relatio	nship	(c) Purpose	(d) Lo	an to or		e) Original	(1	f) Balance due	(g)	In	(h) App	oroved	.4 0.4 (1) **		
inter	rested person	with organi	zation	of loan	from the organization? To From		princ	cipal amount			defa		comm	ittee?	tee? agreem		
											Yes	No	Yes	No	Yes	No	
									<u> </u>								
									\vdash							_	
								\$									
Fotal Part III	Grants or As	sistance	Ben	efitina Inter	este	d Per	sons										
	Complete if the o			•													
(a) N	lame of interested p		\neg	(b) Relationship				c) Amount of	(d) Type	of		(e)) Purp	ose of			
()	,		'	interested pers	on an		,	assistance		assistan				assista			
				the organiza	ation												
			+									\dashv					
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			_									_					

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

Schedule L (Form 990 or 990-EZ) 2020

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (d) Description of (c) Amount of organization's person and the organization transaction transaction revenues? Yes Nο ANNE SEMANS SISTER OF EXECUTIVE 1,324. MARKETING S X 2,265. SOCIAL MEDI LINDA RUFFING SON OF BOARD MEMBER Х Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: ANNE SEMANS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SISTER OF EXECUTIVE DIRECTOR (C) AMOUNT OF TRANSACTION \$ 1,324. (D) DESCRIPTION OF TRANSACTION: MARKETING SUPPORT SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON: LINDA RUFFING (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SON OF BOARD MEMBER AMOUNT OF TRANSACTION \$ 2,265. (D) DESCRIPTION OF TRANSACTION: SOCIAL MEDIA SUPPORT (E) SHARING OF ORGANIZATION REVENUES? = NO

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.

Inspection

OMB No. 1545-0047

Name of the organization

NOYO CENTER FOR MARINE SCIENCE

Employer identification number 46-5359631

1,010 011,1111 1011 111111111 001111101 10 000,001
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 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 COMMITTEE AND
COMMITTEE RECOMMENDS ACTION TO WHOLE BOARD IN CLOSED SESSION. BOARD MAKES
DECISION ON COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 18:
AVAILABLE UPON REQUEST AND ON WEBSITE.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING 1.

				90-EZ) 2	2020																				Pag	
Name of the organization NOYO CENTER FOR MARINE SCIENCE														Employer identification number 46-5359631												
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