PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 3685375 Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Inspection Internal Revenue Service A For the 2022 calendar year, or tax year beginning and ending C Name of organization D Employer identification number В Check if applicable: Address change Noyo Center For Marine Science Name change 46-5359631 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated PO Box 1321 (707) 733-6696 798,308. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended Fort Bragg, CA 95437 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SHEILA SEMANS Yes X No for subordinates? same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3)527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.NOYOCENTER.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2014 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: Conservation and restoration of 1 Activities & Governance marine and coastal natural resources and the provision and promotion 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 18 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 100 6 6 Ο. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Ο. 7h Prior Year **Current Year** 1,236,173, 619,620. Contributions and grants (Part VIII, line 1h) 8 Revenue 11,938 -5,395. 9 Program service revenue (Part VIII, line 2g) 602 457. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 119,294 72,713. 11 1,368,007 687 395. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Ο. Ο. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ο. Ο. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 316,960. 565,071. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 230 056 b Total fundraising expenses (Part IX, column (D), line 25) 139,691. 233,071. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 456,651. 798,142. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 911,356. -110,747. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year o 1,318,194. 1,827,999. Total assets (Part X, line 16) 20 206,472. 827,022, 21 Total liabilities (Part X, line 26) let 1,111,722. 1,000,977. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

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

| Sign | Signature of officer | | D | ate | | |
|------------|--|----------------------|----------|----------------|-----------|----------|
| Here | SHEILA SEMANS, EXECUTIVE DIRECTOR | | | | | |
| | Type or print name and title | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check | PTIN | |
| Paid | Joseph J Arch | | 11/21/23 | self-employed | P01213090 | |
| Preparer | Firm's name JJACPA, Inc. | | Fi | irm's EIN 26 – | 4137155 | |
| Use Only | Firm's address 1102 S Main St, Suite 1 | | | | | |
| | Fort Bragg, CA 95437 | | Р | hone no.707964 | 6325 | |
| May the IF | RS discuss this return with the preparer shown abo | ve? See instructions | | | X Yes | No |
| | | | | | 004 | ^ |

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule 0 for Organization Mission Statement Continuation

| Form | n 990 (2022) Noyo Center For Marine Science | 46-5359631 | Page 2 |
|------|--|-----------------------|---------------|
| | art III Statement of Program Service Accomplishments | | , age |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 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? | Yes | S X No |
| | If "Yes," describe these new services on Schedule O. | _ | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | s 🛛 No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as me | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | the total expenses, a | and |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$357,495. including grants of \$) (Revenue \$ EDUCATION: The Novo Center for Marine Science inspires people of all | |) |
| | ages to engage with marine science and conservation, including 2,000 | | |
| | students annually, through a variety of education programs. Our science | | |
| | museums at the Discovery Center in downtown Fort Bragg and Crow's Nest | | |
| | Interpretive Center on the Fort Bragg Headlands offer in-person | | |
| | educational tours and welcomes approximately 80,000 visitors annually. | | |
| | We also offer summer camps for kids. In fall 2022, we started a pilot | | |
| | project in local schools to educate students about their plastic use | | |
| | and consumer habits. We continuted to offer adult educational | | |
| | opportunities through a robust science lecture series delivered via | | |
| | zoom, sea star citizen science program, and community events like the | | |
| | scavenger hunt that people could do independently. | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | 8 |) |
| | MARINE MAMMAL RESPONSE: In partnership with California Academy of | | |
| | Sciences, we continue to respond to all deceased marine mammals in | | |
| | southern Mendocino County as part of the west coast marine mammmal | | |
| | stranding network. Along with collecting relevant data on all animals | | |
| | we encounter for a national database overseen by NOAA, we participated | | |
| | in data collection on a dead sperm whale that washed near shore before | | |
| | sinking outside Noyo Harbor. We continued to monitor remains of the | | |
| | whale using an underwater rover while planning for the eventual removal | | |
| | of valuable pieces of the skeleton. Our work includes training a team | | |
| | of beach survey volunteers on beach survey protocols and marine mammal | | |
| | identification, networking throughout the community to increase | | |
| | reporting, and educating the public through talks, training and | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ KELP RECOVERY: Noyo Center continues to work and leverage | |) |
| | collaborative partnerships to address the critical loss of the bull | | |
| | kelp nearshore ecosystem. Over 95% of our kelp forest has been lost | | |
| | since 2014, jeopardizing important marine life and habitat. Noyo | | |
| | focused work on two areas as part of its conservation aquaculture | | |
| | efforts to address bull kelp loss: Creating a new fishery for purple | | |
| | urchin now 100X more plentiful than in normal conditions including | | |
| | developing an aquaculture partnership with urchinomics, and education | | |
| | and outreach. Folllowing a trial project in collaboration with Bodega | | |
| | Marine Lab, the Noyo Center began planning its urchin ranching program, | | |
| | which will take starving, empty purple sea urchins that have overtaken | | |
| | the nearshore habitat and feed them in a land-based aquaculture system | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| _ | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 357, 495. | | |

Form **990** (2022)

Form 990 (2022) Noyo Center For Marine Science
Part IV Checklist of Required Schedules

| | | | Yes | No |
|----------|--|------------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | v | |
| | Part VI | 11a | X | |
| 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 | 44. | | x |
| d | assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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 | <u>11c</u> | | |
| u | | 11d | | x |
| <u> </u> | Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11e | х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | <u> </u> | | |
| | Schedule D, Parts XI and XII | 12a | х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 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 | | | |
| | 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. See instructions | 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 | Х | |
| 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 |
| 20a | | 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 | I | X |

Form 990 (2022)

 Form 990 (2022)
 Noyo Center For Marine Scie

 Part IV
 Checklist of Required Schedules (continued)
 Noyo Center For Marine Science

| | | | 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 | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete | | | |
| | Schedule L. Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 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 the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | х | |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V. line 1 | 34 | | x |
| 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 on Schedule O for Part VI, lines 11b and 19? | | | |
| | • | 38 | х | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | <u></u> | |
| _ | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 13 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | | | |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

| Form | <u>990 (2022)</u> Noyo Center For Marine Science 46-535 | 9631 | P | age 5 | | | | | | | | |
|--------|---|---------------|-----|----------|--|--|--|--|--|--|--|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | | | | |
| | | | Yes | No | | | | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a | 18 | | | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x | | | | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | | | | |
| 5a | | | | | | | | | | | | |
| - | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | | | | | | | | |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | | | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | x | | | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | | | | |
| 2 | were not tax deductible? | 6b | | | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | | | |
| 'a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor | or? 7a | х | | | | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | х | | | | | | | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 10 | | | | | | | | | | |
| U | to file Form 8282? | . 7c | | x | | | | | | | | |
| d | | . 10 | | | | | | | | | | |
| | | 7e | | | | | | | | | | |
| e f | | | | <u> </u> | | | | | | | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | <u> </u> | | | | | | | | |
| g b | | | | <u> </u> | | | | | | | | |
| h o | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C | · / II | | | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 8 | | | | | | | | | | |
| 0 | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0.0 | | | | | | | | | | |
| a L | Did the sponsoring organization make any taxable distributions under section 4966? | 0 | | <u> </u> | | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | <u>9b</u> | | | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | | | | |
| a L | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | _ | | | | | | | | | | |
| b | | _ | | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | | | |
| | Gross income from members or shareholders 11a | _ | | | | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | | | | |
| 40 | amounts due or received from them.) | - 10 | | | | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | _ | | | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | <u>13a</u> | | <u> </u> | | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | | | |
| | organization is licensed to issue qualified health plans | _ | | | | | | | | | | |
| С | Enter the amount of reserves on hand 13c | | | | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | X | | | | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | <u> </u> | | | | | | | | |
| 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 the instructions and file Form 4720, Schedule N. | | | | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | | | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | | | | |
| | If "Yes." complete Form 6069. | | | | | | | | | | | |

| Form | 990 (2022) Noyo Center For Marine Science | | 46-5359 | | | Ра | <u>ge</u> 6 |
|------|---|-------------|---|---------|----------|----------|-------------|
| Pa | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th | rough | 7b below, and fo | ra "No | o" resp | oons | e |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | Х |
| Sec | tion A. Governing Body and Management | | | | | | |
| | | | | | Y | es | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 8 | | | |
| | 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 | 1b | | 8 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | anv other | | | | |
| - | officer, director, trustee, or key employee? | | | 2 | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | · | | | |
| • | | | | | 2 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 99 | | | | | | х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's asso | | | | _ | | х |
| 6 | Did the organization have members or stockholders? | | | | | | х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | · – | <u> </u> | | |
| 74 | more members of the governing body? | | | 7 | | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, sto | | | · -• | <u> </u> | | |
| D | persons other than the governing body? | | - | 7 | h | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | · + · | | | |
| a | The governing body? | | | 8 | a X | ς I | |
| b | Each committee with authority to act on behalf of the governing body? | | | | - | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | · – | <u> </u> | | |
| Ũ | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 4 | | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Rev | | Codo) | | | | |
| | | <u>enue</u> | 0000.) | | Y | es | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10 | | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such cha | | | · – | | | |
| | | • | , | 10 | b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | | | · 1· | | ζ I | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12 | a X | ۲. | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | | <u> </u> | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ | | | | | | |
| - | on Schedule O how this was done | , | | 12 | | ς | |
| 13 | Did the organization have a written whistleblower policy? | | | | 3 2 | <u> </u> | |
| 14 | Did the organization have a written document retention and destruction policy? | | | | - | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval | | | · – | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | ~ , | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15 | ia X | ۲. | |
| | Other officers or key employees of the organization | | | | | | Х |
| - | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | ient w | ith a | | | | |
| | taxable entity during the year? | | | 16 | ia i | | х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi | | | | | | |
| | exempt status with respect to such arrangements? | | | 16 | ib | | |
| Sec | tion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an | d 990 | -T (section 501(c)) | (3)s on | ly) ava | ailabl | le |
| - | 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 Sr | hedule (1) | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, con | | , | and fin | ancial | | |
| - | 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 boo | ks and | d records | | | | |
| | Sheila Semans - (707) 733-6696 | | | | | | |
| | 338 N. Main Street, Fort Bragg, CA 95437 | | | | | | |

| Form 990 (2022) | Noyo Center For Marine Science | 46-5359631 | Page 7 |
|-------------------|---|----------------|--------|
| Part VII Com | pensation of Officers, Directors, Trustees, Key Employees, Highe | st Compensated | |
| Empl | oyees, and Independent Contractors | | |
| Check | if Schedule O contains a response or note to any line in this Part VII | | |
| Section A. Office | ers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | |
| | able for all persons required to be listed. Report compensation for the calendar year e organization's current officers, directors, trustees (whether individuals or organizatior | u | |

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

| (A)(B)(C)(D)(E)Name and titleAverage hours per uwackPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation officer and a director/trustee)Reportable compensation officer and a director/trustee) | |
|--|-----------------------------|
| hours per box, unless person is both an compensation compensation | |
| | |
| week information information information | other |
| (list any ઙ૽ૢૻ the organizations | |
| hours for 불 organization (W-2/1099-MIS | |
| related e e e e e e e e e e e e e e e e e e | organization and related |
| | organizations |
| (list any hours for related organizations below line) line) below line) line) below line) hours for line) hours for related organizations below line) hours for line line) hours for line line) hours for line line) hours for line line line line line line line line | organizations |
| (1) Sheila Semans 32.00 32.00 | |
| Executive Director X 95,872. | 0. 0. |
| (2) Dave Turner 10.00 | |
| President X X 0. | 0. 0. |
| (3) Ginny Feth-Michel 8.00 | |
| Treasurer X X 0. | 0. 0. |
| (4) Linda Ruffing 4.00 | |
| secretary X X 0. | 0. 0. |
| (5) Wendi Felson 2.00 | |
| Board Member X 0. | 0. 0. |
| (6) Robby Bruce 2.00 | |
| Board Member X 0. | 0. 0. |
| (7) Peter O'Donohue 2.00 | |
| Board Member X 0. | 0. 0. |
| (8) Paul Sweigart 2.00 | |
| Board Member X 0. | 0. 0. |
| (9) Mark Ruedrich 2.00 | |
| Board Member X 0. | 0. 0. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Form | 990 (2022) Noyo Center F | or Marine | Sci | ence | е | | | | | 46-535 | 5963 | 1 | P | 'age 8 |
|------|--|--|--|------------------------|---------|--------------|---------------------------------|--------|---|---|------------------------|-----------------|--|-------------------|
| Par | t VII Section A. Officers, Directors, Trust | ees, Key Emr | oloye | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | | | | |
| | (A) Name and title | (B) Average hours per week | Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation Reportable compensation from from related | | | | | | | | n amount of I other | | | of |
| | | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MIS 1099-NEC) | | fr org an | pensa rom th janizat d relat anizati | ie tion ted |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | | 95,872. | | 0. | | | 0. |
| с | Total from continuation sheets to Part VII Total (add lines 1b and 1c) | , Section A | | | | ····· | | | 0. 95,872. | | 0. 0. | | | 0. 0. |
| 2 | Total number of individuals (including but no compensation from the organization | ot limited to the | ose | liste | d ab | ove |) wh | o re | eceived more than \$100,0 | 000 of reportable | | | Vec | 0 |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su | - | | • | • | - | | Ŭ | | | | 3 | Yes | No X |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportable | e co | mpe | ensat | tion | and | oth | ner compensation from th | ne organization | | 4 | | x |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp | ccrue compen | Isatio | on fr | om a | any | unre | late | ed organization or individ | ual for services | | 5 | | x |
| | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest cor the organization. Report compensation for t | | | | | | | | the organization's tax ye | | ensat | | | |
| | (A) Name and business | address | NO | NE | | | | | (B) Description of se | ervices | C | ompe | C) nsatio | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (in \$100.000 of compensation from the organiz | | ot lin | nited | l to t | thos (| | ted | above) who received mc | ore than | | | | |

| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | | (D) Revenue exclu from tax un sections 512 - |
|---|--------|--------------------------------------|-----------------|---|----------|---------------|-----------------------------|--|--|---|
| ţ | 1 a | Federated campaigns | | 1a | | | | | | |
| uno | | Membership dues | | | | | | | | |
| Ĕ | с | Fundraising events | | 1c | | 45,361. | | | | |
| ar / | d | Related organizations | | 1d | | | | | | |
| <u>n</u> | е | Government grants (contri | ibutio | ons) 1e | | 68,088. | | | | |
| Other Revenue Program Service Contributions, Gifts, Gran Revenue and Other Similar Amoun | f | All other contributions, gifts, | grants | s, and | | | | | | |
| the | | similar amounts not included | abov | | | 506,171. | | | | |
| 0 P | g | Noncash contributions included in I | lines 1a | a-1f 1g | 5 | 37,148. | | | | |
| ar | h | Total. Add lines 1a-1f | <u></u> | | | | 619,620. | | | |
| | | | | | | Business Code | | | | |
| | | Program service fee | S | | | 611710 | 20,262. | 20,262. | | |
| e | ~ | slack tide cafe | | | | 722513 | -25,657. | -25,657. | | |
| ven | c | | | | | | | | | |
| Be. | d | | | | | | | | | |
| | e f | All other program service | rever | | | + | | | | |
| | | Total. Add lines 2a-2f | | | | | -5,395. | | | |
| | 3 | Investment income (includ | | | | | , | | | |
| | | | - | | | | 457. | | | |
| | 4 | Income from investment o | | | | | | | | |
| | 5 | Royalties | . <u></u> | | | | | | | |
| | | | | (i) Rea | | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | 46,6 | | | | | | |
| | b | Less: rental expenses \dots | 6b | 23,1 | | | | | | |
| | С | Rental income or (loss) | 6c | 23,5 | 61. | | | | | |
| | | Net rental income or (loss) | ····· | | | (1) 011 | 23,561. | 23,561. | | |
| | 7 a | Gross amount from sales of | | (i) Securit | les | (ii) Other | | | | |
| | | assets other than inventory | 7a | | | | | | | |
| 5 | b | Less: cost or other basis | | | | | | | | |
| ju | • | and sales expenses Gain or (loss) | 7b 7c | | | | | | | |
| eve | | Net gain or (loss) | <u> </u> | | | | | | | |
| _ | | Gross income from fundraisir | | | <u> </u> | | | | | |
| Ē | 0 4 | including \$ | • | • | | | | | | |
| | | contributions reported on | | | | | | | | |
| | | Part IV, line 18 | | , | 8a | 11,711. | | | | |
| | b | Less: direct expenses | | | 8b | 1,329. | | | | |
| | | Net income or (loss) from | | | nts | | 10,382. | | | 10, |
| | 9 a | Gross income from gamin | g act | ivities. See | | | | | | |
| | | Part IV, line 19 | | | 9a | | | | | |
| | | Less: direct expenses | | | 9b | l | | | | |
| | | Net income or (loss) from | | | s | | | | | |
| | 10 a | Gross sales of inventory, le | | | | 125 252 | | | | |
| | Ŀ. | and allowances | | | 10a | | | | | |
| | | Less: cost of goods sold | | | | · · · | 38,770. | 38,770. | | |
| + | C | Net income or (loss) from | sales | JIIIVEIILO | у | Business Code | | | | |
| | 11 a | | | | | | | | | |
| anc | b | | | | | | | | | |
| Nel | c | | | | | | | | | |
| å | | All other revenue | | | | | | | | |
| | | | • • • • • • • • | • | | | | 1 | | 1 |

Noyo Center For Marine Science

Form 990 (2022)

Page 9

46-5359631

 Form 990 (2022)
 Noyo Center For Marine Science

 Part IX
 Statement of Functional Expenses

| | not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|--------|--|------------------------------|-------------------------------|-----------------------|---------------------------|
| | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | 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 | 96,872. | | 53,688. | 43,18 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 394,141. | 180,483. | 113,309. | 100,349 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 33,391. | 12,274. | 11,356. | 9,76 |
| 0 | Payroll taxes | 40,667. | 14,948. | 13,831. | 11,88 |
| 1 | Fees for services (nonemployees): | | | | |
| | Management | | | | |
| | Legal | | | | |
| | Accounting | 10,715. | 3,939. | 3,644. | 3,13 |
| | Lobbying | _ , , , _ , , | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| | | | | | |
| g | | 15,872. | | 264. | 15,608 |
| ~ | column (A), amount, list line 11g expenses on Sch 0.) | 9,286. | 4,643. | | 4,64 |
| 2 | Advertising and promotion | 5,200. | 1,010. | | 1,01 |
| 3 | Office expenses | 4,593. | 3,151. | 395. | 1,04 |
| 4 | Information technology | Ŧ,555. | 5,151. | | 1,04 |
| 5 | Royalties | 22 712 | 16 107 | 2 144 | E 20' |
| 6 | Occupancy | 23,713. | 16,187. | 2,144. | 5,38: |
| 7 | Travel | 1,654. | 1,654. | | |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 0 | Interest | 30,256. | 20,752. | 2,604. | 6,90 |
| 1 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 26,530. | 18,196. | 2,283. | 6,05 |
| 3 | Insurance | 11,950. | 8,196. | 1,029. | 2,72 |
| 4 | 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 | Repairs and Maintenance | 39,109. | 26,824. | 3,366. | 8,91 |
| a b | Supplies and materials | 12,977. | 12,443. | 30. | 50 |
| с С | Program Contracted Serv | 9,493. | 8,893. | | 60 |
| с d | Utilities | 9,196. | 6,308. | 791. | 2,09 |
| | | 27,727. | 18,604. | 1,857. | 7,26 |
| | All other expenses | | 357,495. | 210,591. | 230,05 |
| 5 c | Total functional expenses. Add lines 1 through 24e | 798,142. | 557,455. | 210,391. | 230,05 |
| 6 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

| 2022) | Noyo | Center | For | Marine | Science | |
|-------------------|---------|-------------|-------|------------|---------------------------|---|
| Balance Sheet | | | | | | |
| Check if Schedule |) conta | ains a resp | oonse | or note to | o any line in this Part > | ĸ |
| | | | | | | |

| | | | | | (A) Beginning of year | | (B) End of year |
|-----------------------------|----------|--|---------------|---------------------------------------|---------------------------------|----------|---------------------------|
| | 1 | Cash - non-interest-bearing | | | 342,574. | 1 | 158,609. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | | 52,765. | 4 | 48,731. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | antial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of thes | e perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualif | ied per | | | | |
| | | under section 4958(f)(1)), and persons described | - | | | 6 | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 40,785. | 8 | 54,679. |
| As | 9 | | | | 11,804. | 9 | 4,779. |
| | | Land, buildings, and equipment: cost or other | | | | - | , |
| | | basis. Complete Part VI of Schedule D | 10a | 1,622,707. | | | |
| | b | Less: accumulated depreciation | | 61,506, | 870,266. | 10c | 1,561,201. |
| | 11 | Investments - publicly traded securities | | , | , | 11 | , , , |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | | | | 13 | |
| | 14 | | | | | 14 | |
| | 15 | Intangible assets | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 1,318,194. | 16 | 1,827,999. |
| | 17 | Accounts payable and accrued expenses | 56,472. | 17 | 66,544. | | |
| | 18 | Grants payable and aborded expenses | , | 18 | | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | 21 | | | |
| | 22 | Loans and other payables to any current or form | | | | 21 | |
| Liabilities | 22 | trustee, key employee, creator or founder, substa | | | | | |
| bili | | controlled entity or family member of any of thes | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrela | | -1 | | 22 | |
| | 23 24 | Unsecured notes and loans payable to unrelated | | · · · · · · · · · · · · · · · · · · · | | 23 24 | |
| | 24 25 | Other liabilities (including federal income tax, pay | | | | 24 | |
| | 23 | parties, and other liabilities not included on lines | | | | | |
| | | | | | 150,000. | 25 | 760,478. |
| | 26 | T • • • • • • • • • • • • • • • • • • • | | | 206,472. | 26 | 827,022. |
| | 20 | Organizations that follow FASB ASC 958, che | | | , | 20 | |
| se | | and complete lines 27, 28, 32, and 33. | | · | | | |
| nce | 27 | | | | 1,080,475. | 27 | 966,703. |
| 3ala | 28 | Net assets with donor restrictions | | | 31,247. | 28 | 34,274. |
| ЫdЕ | 20 | Organizations that do not follow FASB ASC 9 | | | , - | 20 | , |
| Fur | | and complete lines 29 through 33. | <i>, 0110</i> | | | | |
| p | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| SS | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 1,111,722. | 32 | 1,000,977. |
| Ź | 32 33 | Total liabilities and net assets/fund balances | | | 1,318,194. | 33 | 1,827,999. |
| | 55 | Total navinties and her assets/fully valarices | | | -,010,191. | 33 | Form 990 (2022) |

| Form | 1990 (2022) Noyo Center For Marine Science | 46-53596 | 31 | Pa | _{ge} 12 |
|------|---|----------|----|-------|------------------|
| | rt XI Reconciliation of Net Assets | | | | 2 |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 687, | 395. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 798, | 142. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -110, | 747. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1 | ,111, | 722. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 2. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 1 | ,000, | 977. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | |
| 2a | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | |

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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 |
|-------------------|
| 2022 |
| Open to Public |

Inspection

| Nan | ne of t | he organization | | | | | | | identification number |
|------|-----------|--|-------------------------|---|-------------------------------------|-----------------|---|---------------|----------------------------|
| | | | enter For Marin | | | | | | 46-5359631 |
| | art I | Reason for Public (| | | | | ee instruction | S. | |
| The | organi | zation is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only o | one box.) | | | |
| 1 | | A church, convention of chu | urches, or associatio | n of churches described | l in sectio | n 170(b)(1 | I)(A)(i). | | |
| 2 | | A school described in section | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | า 990).) | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | ii). | | |
| 4 | | A medical research organization | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | l or operate | ed by a go | vernmental u | nit describe | ed in |
| | | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | |
| 6 | | A federal, state, or local gov | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | X | | - | | | | | ne deneral r | ublic described in |
| ' | | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | |
| 8 | | | | 1)(A)(vi) (Complete Par | + 11 \ | | | | |
| 9 | \square | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college | | | | | | | |
| 9 | | | | | | | | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the i | name, city | , and state of | the college | or |
| 40 | | university: | 11 | 11 | | | | | 1 |
| 10 | | An organization that norma | • | | | | | - | |
| | | activities related to its exem | | | | | | | |
| | | income and unrelated busir | | (less section 511 tax) fro | om busines | ses acqui | red by the org | anization a | fter June 30, 1975. |
| | | See section 509(a)(2). (Cor | | | | | | | |
| 11 | | An organization organized a | - | • | • | | | | |
| 12 | | An organization organized a | • | | • | | - | • | • • |
| | | more publicly supported or | ganizations describe | d in section 509(a)(1) d | r section ! | 509(a)(2). | See section ! | 509(a)(3). (| Check the box on |
| | | lines 12a through 12d that | describes the type of | f supporting organizatior | n and com | plete lines | 12e, 12f, and | 12g. | |
| а | | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | ported org | anization(s), ty | pically by | giving |
| | | the supported organization | on(s) the power to req | gularly appoint or elect a | majority o | of the direc | tors or trustee | es of the su | ipporting |
| | | organization. You must c | complete Part IV, Se | ections A and B. | | | | | |
| b | | Type II. A supporting org | anization supervised | or controlled in connect | tion with its | s supporte | ed organization | n(s), by hav | ring |
| | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | ge the supp | ported |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| c | : |] Type III functionally inte | grated. A supporting | g organization operated | in connect | tion with, a | and functional | ly integrate | d with, |
| | | its supported organization | n(s) (see instructions) | . You must complete I | Part IV, Se | ctions A, | D, and E. | | |
| d | | Type III non-functionally | | - | | | | ted organiz | ation(s) |
| | | that is not functionally int | • • | | | | •• | °. | |
| | | requirement (see instructi | | | • | | - | | |
| е | | Check this box if the orga | , | • | | | | II. Type III | |
| - | | functionally integrated, or | | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ., . , pe | |
| f | Ente | r the number of supported of | | | | | | | |
| c | | vide the following information | • | | | | | | |
| | | 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 ir | structions) | support (see instructions) |
| | | | | above (see instructions)) | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Tota | al | | | | | | | | |

Schedule A (Form 990) 2022

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

(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 | | | | | | | |
|-------|---|-----------------------|----------------------|--------------------------|----------------------------|-------------------------|------------------|--------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| 1 (| Gifts, grants, contributions, and | | | | | | | |
| I | membership fees received. (Do not | | | | | | | |
| i | nclude any "unusual grants.") | 333,690. | 313,980. | 243,323. | 1,236,173. | 552,709. | 2,679,87 | ′ 5 . |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| i | zation's benefit and either paid to | | | | | | | |
| (| or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| 1 | furnished by a governmental unit to | | | | | | | |
| 1 | the organization without charge | | | | | | | |
| 4 . | Total. Add lines 1 through 3 | 333,690. | 313,980. | 243,323. | 1,236,173. | 552,709. | 2,679,87 | 5. |
| 5 | The portion of total contributions | | | | | | | |
| I | by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| : | supported organization) included | | | | | | | |
| (| on line 1 that exceeds 2% of the | | | | | | | |
| i | amount shown on line 11, | | | | | | | |
| (| column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 2,679,87 | ′ 5 . |
| Sect | tion B. Total Support | | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| 7 | Amounts from line 4 | 333,690. | 313,980. | 243,323. | 1,236,173. | 552,709. | 2,679,87 | 5. |
| 8 | Gross income from interest, | | | | | | | |
| (| dividends, payments received on | | | | | | | |
| : | securities loans, rents, royalties, | | | | | | | |
| i | and income from similar sources | 45. | 172. | 656. | 29,557. | 47,119. | 77,54 | 9. |
| 9 | Net income from unrelated business | | | | | | | |
| ; | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | | | |
| | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | | | | | | | |
| | Total support. Add lines 7 through 10 | | | | | | 2,757,42 | 24. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | 248,36 | 6. |
| | First 5 years. If the Form 990 is for th | | | ourth, or fifth tax y | ear as a section 50 | D1(c)(3) | | |
| | organization, check this box and stor | - | | | | | | |
| | tion C. Computation of Publi | | | | | | | |
| 14 | Public support percentage for 2022 (li | ine 6, column (f), d | ivided by line 11, c | olumn (f)) | | 14 | 97.19 | % |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | 98.74 | % |
| 16a 3 | 33 1/3% support test - 2022. If the c | organization did no | t check the box or | line 13, and line 1 | 4 is 33 1/3% or m | ore, check this box | and | |
| : | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | | X |
| b | 33 1/3% support test - 2021. If the c | organization did no | t check a box on li | ne 13 or 16a, and I | line 15 is 33 1/3% | or more, check this | s box | |
| i | and stop here. The organization qual | ifies as a publicly s | upported organiza | tion | | | | |
| 17a ' | 10% -facts-and-circumstances test | - 2022. If the org | anization did not c | heck a box on line | 13, 16a, or 16b, a | nd line 14 is 10% o | or more, | |
| | and if the organization meets the facts | s-and-circumstance | es test, check this | box and stop her | e. Explain in Part V | VI how the organization | ation | |
| | meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | |
| b | 10% -facts-and-circumstances test | - 2021. If the org | anization did not c | heck a box on line | 13, 16a, 16b, or 1 | 7a, and line 15 is 1 | 0% or | |
| | more, and if the organization meets th | ne facts-and-circum | nstances test, chec | k this box and st | op here. Explain ir | n Part VI how the | | |
| (| organization meets the facts-and-circu | umstances test. Th | e organization gua | lifies as a publicly : | supported organiz | ation | | |
| | - | | U 1 | | • • • | | | |

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 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 qualify under the tests listed below, please complete Part II.)

| Sec | cion A. Public Support | | | | | | |
|------|--|---------------------------|--------------------------|---------------------|----------------------|------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| F | The value of services or facilities | | | | | | |
| 5 | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disgualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | | (-) | | (-) | ()/=-=- | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | 1 | |
| 14 | First 5 years. If the Form 990 is for the check this box and stop here | ne organization's fi | | - | | | · |
| Sec | tion C. Computation of Publi | | | | | | |
| 15 | Public support percentage for 2022 (I | ine 8, column (f), d | livided by line 13, c | olumn (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| - | tion D. Computation of Invest | | | | | | ,,, |
| | Investment income percentage for 20 | | | ne 13. column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| | 33 1/3% support tests - 2022. If the | | | | e 15 is more than 3 | | |
| 198 | | | | | | | |
| b | more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the | e organization did n | not check a box on | line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3 | |
| | line 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | nization qualifies | as a publicly suppo | orted organizati | on |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 19a | a, or 19b, check tl | his box and see ins | structions | |

1

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a Noyo Center For Marine Science

46-5359631 Page **5**

Yes

1

2

No

No

| | | Yes | No |
|--|-----|-----|----|
| 1 Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| 11c below, the governing body of a supported organization? | 11a | | |
| b A family member of a person described on line 11a above? | 11b | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| detail in Part VI. | 11c | | ĺ |

Section B. Type I Supporting Organizations

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | |
|---|---|--|
| 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. Section C. Type II Supporting Organizations

| | | | Yes | |
|---|--|-----|-----|--|
| 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 | | | |
| | | - 1 | . | |

the supported organization(s). Section 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 on 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 | | | |
| | supported organizations played in this regard | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year | (see instructions) |
|---|---|--------------------|
| | | 1000 1100 000000 |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с | The organization supported a gove | ernmental entity Dea | cribe in Part VI how | you supported a governmer | tal entity (see instructions) |
|---|-----------------------------------|----------------------|-----------------------|---------------------------|---------------------------------|
| C | The organization supported a gov | enninema entity. Des | SCRIDE IN FAIL VI NOW | vou supported a dovernmer | ilai enulty isee instructions). |

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

No

Yes

| | Schedule A | (Form | 990) | 2022 |
|--|------------|-------|------|------|
|--|------------|-------|------|------|

| | edule A (Form 990) 2022 Noyo Center For Marine Science | | | 46-5359631 Page 6 |
|----------------------------------|---|-------------|-----------------------------------|--------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyi | ng trust on | Nov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | st complete | Sections A through E. | 1 |
| Sec | tion 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 | | |
| Sec | tion 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): | | | |
| <u>a</u> | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 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 | | |
| Section 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

e Excess from 2022

| Par | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | |
|--------------|--|-------------------------------|--|---|--|--|
| Secti | Section D - Distributions | | | | | |
| 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 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 2022 from Section C, line 6 | | 9 | | | |
| 10 | Line 8 amount divided by line 9 amount | ſ | 10 | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 | | |
| _1 | Distributable amount for 2022 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | | |
| a | From 2017 | | | | | |
| b | From 2018 | | | | | |
| C | From 2019 | | | | | |
| d | From 2020 | | | | | |
| e | From 2021 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| <u>h</u> | Applied to 2022 distributable amount | | | | | |
| <u> i</u> | Carryover from 2017 not applied (see instructions) | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2022 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2022 distributable amount | | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| | Excess from 2018 | | | | | |
| | Excess from 2019 | | | | | |
| | Excess from 2020 | | | | | |
| Ь | Excess from 2021 | | | | | |

Schedule A (Form 990) 2022

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

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

| Internal Revenue Service |
|--------------------------|

Schedule B

(Form 990)

Name of the organization

| 1 | Noyo Center For Marine Science | 46-5359631 |
|-------------------------|--|----------------------|
| Organization type (chec | sk one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(³) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| , , | on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul | e. See instructions. |
| General Rule | | |
| | ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor's | |

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | |
|------------|--|----------------------------|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 1 | | - _ \$65,116. - | 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 | | - \$\$22,096. | 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 | | \$109,899. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 4 | | - _ \$12,496. | 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 | | \$19,488 | Person X Payroll Noncash X (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 6 | | - \$\$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | |

Employer identification number

Noyo Center For Marine Science

46-5359631

223452 11-15-22

Schedule B (Form 990) (2022)

Page 2

Schedule B (Form 990) (2022) Name of organization

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additi | onal space is needed. | |
|------------|---|---------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$24,573. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 8 | | \$15,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| <u>9</u> | Name, address, and ZIP + 4 | Total contributions \$ | Type of contribution Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$12,684. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| | Name, address, and ZIP + 4 | \$ | Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Noyo Center For Marine Science

Name of organization

Page **2**

Employer identification number

46-5359631

223452 11-15-22

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I auction item and in-kind donation 5 2,975. 12/31/22 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Schedule B (Form 990) (2022)

Noyo Center For Marine Science

Name of organization

46-5359631

Employer identification number

| Name of o | rganization | Employer identification number | | | |
|---------------------------|---|---|--|--|--|
| Noyo Cen | nter For Marine Science | | 46-5359631 | | |
| Part III | Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp | hrough (e) and the following line ent aritable, etc., contributions of \$1,000 or I | ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$ | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | (e) Transfer of gif | [| | |
| | Transferee's name, address, an | d ZIP + 4 | Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | Transferee's name, address, an | (e) Transfer of gif d ZIP + 4 | It Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | (e) Transferee's name, address, and ZIP + 4 | | r of gift Relationship of transferor to transferee | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | (e) Transfer of gif | ft | | |
| | Transferee's name, address, an | d ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |

| | | Supplement | L Einensiel St | otomonto | | OMB No. 1545-0047 |
|-----|---|---|---|--|---------------|---------------------------------|
| | HEDULE D n 990) | | al Financial St nization answered "Yes | | | 2022 |
| • | | Part IV, line 6, 7, 8, 9, 10 | , 11a, 11b, 11c, 11d, 11e | e, 11f, 12a, or 12b. | | Open to Public |
| | ment of the Treasury I Revenue Service | A Go to www.irs.gov/Form99 | ttach to Form 990. 0 for instructions and th | e latest information. | | Inspection |
| Nam | e of the organizati | | | | Em | ployer identification number |
| Dai | Noyo Center For Marine Science Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou | | | | | 46-5359631 |
| Ta | organizations Maintaining Donor Advised Funds of Other Similar Funds of Accounts organization answered "Yes" on Form 990, Part IV, line 6. | | | | | to. Complete il the |
| | (a) Donor advised fun | | | d funds | (b) Fur | ids and other accounts |
| 1 | Total number at e | nd of year | | | | |
| 2 | | of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | |
| 4 | Aggregate value a | t end of year | | | | |
| 5 | Did the organization | on inform all donors and donor advisors in v | writing that the assets he | ld in donor advised fun | ds | |
| | are the organization | on's property, subject to the organization's | exclusive legal control? | | | Yes No |
| 6 | • | on inform all grantees, donors, and donor a | v v | | - | |
| | | poses and not for the benefit of the donor o | | , , , | • | |
| Pa | impermissible priv | | | | | |
| | | vation Easements. Complete if the org | | s" on Form 990, Part IV | , line 7. | |
| 1 | | servation easements held by the organization | | Dreasen at a hist | orically | important land area |
| | | n of land for public use (for example, recrea of natural habitat | | Preservation of a hist Preservation of a cert | | - |
| | | n of open space | | Freservation of a cen | .mea ma | |
| 2 | | through 2d if the organization held a qualif | ied conservation contribu | ition in the form of a co | nserva | tion easement on the last |
| - | day of the tax yea | | | | | Held at the End of the Tax Year |
| а | | onservation easements | | | 2a | |
| b | | | | | 2b | |
| с | • | vation easements on a certified historic stru | | | 2c | |
| | | vation easements included in (c) acquired a | | | | |
| | historic structure I | listed in the National Register | - | | 2d | |
| 3 | Number of conser | vation easements modified, transferred, rel | eased, extinguished, or te | erminated by the organ | ization | during the tax |
| | year | | | | | |
| 4 | Number of states | where property subject to conservation eas | sement is located | | | |
| 5 | Does the organiza | ation have a written policy regarding the per | iodic monitoring, inspect | ion, handling of | | |
| | | forcement of the conservation easements it | | | | |
| 6 | Staff and voluntee | er hours devoted to monitoring, inspecting, | handling of violations, an | d enforcing conservation | on ease | ements during the year |
| - | | | llin a state to the terms of some terms | | | |
| 7 | Amount of expens | ses incurred in monitoring, inspecting, hand | lling of violations, and eni | orcing conservation ea | Isemen | ts during the year |
| 8 | Does each conser | vation easement reported on line 2(d) abov | e satisfy the requirement | s of section 170(b)(4)(B |) <i>(</i> i) | |
| Ũ | and section 170(h | | | | | Yes No |
| 9 | | be how the organization reports conservation | | | | |
| | | d include, if applicable, the text of the footn | | • | | |
| | organization's acc | counting for conservation easements. | · | | | |
| Pa | rt III Organiza | ations Maintaining Collections of | Art, Historical Trea | asures, or Other S | Simila | r Assets. |
| | Complete i | f the organization answered "Yes" on Form | 990, Part IV, line 8. | | | |
| 1a | If the organization | elected, as permitted under FASB ASC 95 | 8, not to report in its reve | nue statement and bal | ance sl | neet works |
| | of art, historical tre | easures, or other similar assets held for pub | olic exhibition, education, | or research in furthera | nce of I | public |
| | - | Part XIII the text of the footnote to its finar | | | | |
| b | | elected, as permitted under FASB ASC 95 | | | | |
| | | sures, or other similar assets held for public | exhibition, education, or | research in furtheranc | e of pul | blic service, |
| | - | ing amounts relating to these items: | | | | |
| | | ided on Form 990, Part VIII, line 1 | | | | \$ |
| ~ | • • | | | | | \$ |
| 2 | | received or held works of art, historical trea | | | provide | 9 |
| - | • | unts required to be reported under FASB A | • | | | ¢ |
| a | nevenue included | on Form 990, Part VIII, line 1 | | | | \$ |

| b | Assets included in Form 990, Part X |
|--------|--|
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. |
| 232051 | 1 09-01-22 |

\$

| Sche | | r For Marine Sc: | | | | | 46-535 | | Pa | ige 2 |
|----------|--|---------------------------------|---------------------------|--------------------------|------------|---|------------|-----------|---------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Historical Tr | easures, or | Other S | Similar | Assets | (contin | ued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check any of the | e following that r | nake sign | ificant u | se of its | | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | c | Loan or ex | change program | n | | | | | |
| b | Scholarly research | e | • Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | - | • | - | | | e in Part | XIII. | | |
| 5 | During the year, did the organization solicit of | | | | | | | - | | 1 |
| Dee | to be sold to raise funds rather than to be ma | | | | | | | Yes | | No |
| Pai | t IV Escrow and Custodial Arran | | ete if the organizat | ion answered "Y | es" on Fo | orm 990, | Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Pa | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | | | | | | 7.2 | | |
| | on Form 990, Part X? | | | | | | ∟ | Yes | | No |
| D | If "Yes," explain the arrangement in Part XIII | and complete the fol | llowing table: | | | | | Amount | | |
| | Designing belongs | | | | | 10 | | Amount | | |
| | Beginning balance | | | | | 1c 1d | | | | |
| u | Additions during the year | | | | | 1e | | | | |
| f | Distributions during the year Ending balance | | | | | 1f | | | | |
| | Did the organization include an amount on F | | | | | <u> </u> | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | - | • | | | H | |
| Par | | | | | | | | | | |
| | · | (a) Current year | (b) Prior year | (c) Two years | | | ears back | (e) Four | years t | ack |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end balance | e (line 1g, column (| a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| с | | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | ation that are held a | and administere | d for the | | | Г | . T | |
| | organization by: | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | ? | | | | 3b | | |
| 4 Dar | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm | <u>u</u> | wment funds. | | | | | | | |
| I ai | Complete if the organization answere | |) Part IV line 11a | See Form 990 | Dart X lin | o 10 | | | | |
| | | | , , | , í | , | | - | | | |
| | Description of property | (a) Cost or c basis (investr | • • | st or other s (other) | | umulateo eciation | | (d) Book | value | |
| 1- | Land | | | 660,427. | acpre | 5141011 | | | 660,4 | 127 |
| | Land | | | 864,638. | | 26,1 | 64 | | 838,4 | |
| | Buildings | | | 23,024. | | 1,7 | | | 21,2 | |
| | Leasehold improvements | | | 18,340. | | 12,0 | | | | 272. |
| | Equipment | | | 56,278. | | 21.5 | | | 34,7 | |
| | Other | | V column (D) line | , | | / | | 1 | 561,2 | |
| TULA | . Aud intes la tribugit le. (Column (a) must é | <u>qual Form 990, Part</u> | <u>, column (B), line</u> | <u>10C.</u>) | | | | -,- | ,- | |

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |
| Part X Other Liabilities. | |

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) Loan payable - Eidl | 350,000. |
| (3) MORTGAGE PAYABLE | 402,255. |
| (4) other | 8,223. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 760,478. |

I otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

| Sche | edule D (Form 990) 2022 Noyo Center For Marine Science | 46-5359631 | Page 4 |
|------|---|----------------------|----------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F | Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 687,396. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments 2a | | |
| b | Donated services and use of facilities 2b | | |
| с | Recoveries of prior year grants 2c | | |
| d | | | |
| е | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 687,396. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) 4b | | |
| с | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 687,396. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | ^r Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 798,142. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities 2a | | |
| b | | | |
| с | Other losses 2c | | |
| d | Other (Describe in Part XIII.) 2d | | |
| е | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 798,142. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) 4b | | |
| с | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) | . 5 | 798,142. |
| Pa | rt XIII Supplemental Information. | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The Center follows the guidance of FASB ASC 740 - Accounting for

Uncertainty in Income Taxes.

As of December 31, 2021 management evaluated the Center's tax positions

and concluded that the Center had maintained its tax-exempt status and had

taken no uncertain tax positions that require adjustments to the financial

statements.

| (Form 990) Department of the Treasury Internal Revenue Service | Go t | e organization answered "Yes" o rganization entered more than t Attach to Form 99 | | | | r 19, or if the | | ~~~~ |
|--|--|---|--|---------------------------------------|--|---|----------|---|
| | | Attach to Form 99 | | on For | m 990-EZ, line 6a. | , | | 2022 |
| Internal Revenue Service | | | | | | | _ | pen to Public |
| | | o www.irs.gov/Form990 for inst | ructions | and th | ne latest information | | | spection |
| Name of the organization | | r For Marine Science | | | | | 59631 | ification number |
| Part I Fundrais | _ | Complete if the organization ans | worod "V | `~~" ~~ | Earm 000 Dart IV li | | | lara ara pat |
| | complete this part | | wereu r | 65 01 | i Fonn 990, Part IV, II | ne 17. Fonn 9 | 90-EZ II | iers are not |
| a Mail solicitati b Internet and c Phone solicit d In-person sol 2 a Did the organizatio | ons email solicitations ations icitations n have a written o | f 🧾 Solic | itation of itation of ial fundra | non-g gover aising e ling of | overnment grants nment grants events ficers, directors, trust | tees, or | Yes | No |
| b If "Yes," list the 10 compensated at lea | | riduals or entities (fundraisers) pur organization. | suant to | agreer | nents under which th | ne fundraiser is | to be | |
| (i) Name and address or entity (fund | | (ii) Activity | have c | ntrol of | (iv) Gross receipts from activity | (v) Amount p to (or retained fundraise listed in col | t by) t | (vi) Amount paid o (or retained by) organization |
| | | | Yes | No | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Tatal | | | | I | | | | |
| Total 3 List all states in white or licensing. | ch the organizatio | n is registered or licensed to solic | it contrib | utions | or has been notified | it is exempt fro | om regi | stration |
| | | | | | | | | |

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

Part II 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.

| | Annual Auction & | ., | | (d) Total events |
|------------------------------------|---|---|----------------|-----------------------|
| | AIIIIUAI AUCCIOII « | | None | (add col. (a) through |
| | Spring Event | | | col. (c)) |
| | (event type) | (event type) | (total number) | |
| Gross receipts | 57,071. | | | 57,071. |
| Less: Contributions | 45,360. | | | 45,360. |
| Gross income (line 1 minus line 2) | 11,711. | | | 11,711. |
| Cash prizes | | | | |
| Noncash prizes | | | | |
| Rent/facility costs | | | | |
| Food and beverages | | | | |
| Entertainment | | | | |
| Other direct expenses | 1,329. | | | 1,329. |
| | | | | 1,329. |
| | | | | |
| | Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses | Noncash prizes Rent/facility costs Food and beverages Entertainment | Noncash prizes | Noncash prizes |

\$15,000 on Form 990-EZ, line 6a.

| anue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|-------------------------|--|------------------|---|
| Revenue | 1 | Gross revenue | | | | |
| s | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| irect E) | 4 | Rent/facility costs | | | | |
| | 5 | | | | | |
| | 6 | Volunteer labor | └── Yes % └── No | └── Yes % | Yes % | |
| | 7 | Direct expense summary. Add lines 2 through | ı 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| 9 | | ter the state(s) in which the organization condu | | | | |
| | | the organization licensed to conduct gaming ac 'No," explain: | | | | Yes No |
| | _ | | | | | |
| | | ere any of the organization's gaming licenses re 'Yes," explain: | | | | Yes No |
| | | | | | | |
| | | | | | | |

| Scł | nedule G (Form 990) 2022 Noyo Center For Marine Science | 46-5359 | 631 | Page 3 |
|-----|--|-------------|----------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | _ | |
| | to administer charitable gaming? | L | _ Yes | No |
| | Indicate the percentage of gaming activity conducted in: | | | |
| | a The organization's facility | | | % |
| I | b An outside facility | 13 | b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name | | | |
| | Address | | | |
| 15 | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | No No |
| I | b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amour | nt | | |
| | of gaming revenue retained by the third party \$ | | | |
| | c If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation \$ | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | Yes | 🗌 No |
| I | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | e | | |
| | organization's own exempt activities during the tax year \$ | | | |
| Pa | art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and | d Part III, | lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Integroundstop All of continued | |
|-------------------------------------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| SCHEDULE L | I | Tra | insactior | ıs V | Vith | Inte | erested | Persons | | | 0 | MB No. | 1545-00 | 47 |
|--|-----------------------------|----------|--|-----------------|--------------------|------------------|--------------------------------|--|---------|---------------|--------|----------|-------------|----------|
| (Form 990) Department of the Treasury | Complete if | | ganization ansv 28b, or 28c, (| wered or For | "Yes" m 990- | on For EZ, Pa | | IV, line 25a, 25b, 26, | 27, 2 | 8a, | 0 | 2 | 02 0 Puk | 2 |
| Internal Revenue Service | | to ww | vw.irs.gov/Forn | n990 f | or inst | ruction | ns and the lat | est information. | | | In | spect | ion | |
| Name of the organizatio | | | | | | | | | | | | ificati | on nu | mber |
| Dort L Execce | - | | or Marine Sc | | | | ()(4) | | | | 59631 | | | |
| | | | | | | | | ction 501(c)(29) orgar , or Form 990-EZ, Pa | | | | | | |
| 1 | | | Relationship bet | | | | | | | | D. | (d) | Corre | cted? |
| (a) Name of disqua | ified person | (| person and o | | | | (0 | c) Description of trans | sactio | n | | | | No |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | _ | _ | |
| | | | | | | | | | | | | - | - | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 Enter the amount of | | | 0 | • | | | • | • • | | | | | | |
| | | | | | | | | | | | | | | |
| 3 Enter the amount of | of tax, if any, on i | ine 2, a | above, reimburs | sea by | the org | ganizati | ion | | | Ф | | | | |
| Part II Loans to | o and/or From | n Int | erested Pers | sons | | | | | | | | | | |
| Complete | f the organizatio | n ansv | vered "Yes" on | Form § | 990-EZ, | , Part V | /, line 38a or F | orm 990, Part IV, line | e 26; o | or if th | e orga | nizatio | tion number | |
| | n amount on For | | 1 | Ť – | 2. oan to or | | | | | | (h) An | proved | | 1.11 |
| (a) Name of interested person | (b) Relation (b) With organ | | (c) Purpose of loan | fro | m the iization? | • |) Original ipal amount | (f) Balance due | |) In ault? | bý bo | ard or | (I) V | |
| | _ | | | | From | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | - | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total | | | | | | | ¢ | | | | | | | |
| Total | or Assistance | e Ben | efiting Inter | este | d Per | sons. | <u></u> \$ | | | | | | | |
| | f the organizatio | | • | | | | | | | | | | | |
| (a) Name of intere | ested person | | (b) Relationship interested pers the organiz | son an | | • | c) Amount of assistance | (d) Type assistand | | | | | | f |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Schedule L (Form 990) 2022

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 (b) Relationship between interested (d) Description of (a) Name of interested person (c) Amount of organization's person and the organization transaction transaction revenues? Yes No elias henderson former board member 16,845.grant writi Х lilly semans Niece of Executive 1,112.Retail Cler 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: elias henderson (b) Relationship Between Interested Person and Organization: former board member & Son of board member Linda Ruffing (c) Amount of Transaction \$ 16,845. (d) Description of Transaction: grant writing (e) Sharing of Organization Revenues? = No (a) Name of Person: lilly semans (b) Relationship Between Interested Person and Organization: Niece of Executive Director (c) Amount of Transaction \$ 1,112. (d) Description of Transaction: Retail Clerk (e) Sharing of Organization Revenues? = No

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

| 2022 |
|----------------|
| Open to Public |
| Inspection |

Employer identification number

| Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30 |
|---|
| Attach to Form 990. |

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

Name of the organization

| • | Center | For | Marine | Science | |
|---|--------|-----|--------|---------|--|

| | Noyo Center For Ma | rine Scie | ence | | | 46-5 | 35963 | 1 | |
|-----|--|--------------------------------------|--|---|--------|---|-------|-----|----|
| Pa | rt I Types of Property | | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | no | (d) Method of de oncash contribu | | 0 | s |
| 1 | Art - Works of art | Х | 1 | 4,880. | cost | @ \$40/each | of 12 | 2 | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | |
| | trust interests | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | |
| | Historic structures | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other (<u>new gangway and</u>) | Х | 1 | 15,000. | fmv | | | | |
| 26 | Other (<u>wood donation</u>) | X | 3 | 6,000. | | | | | |
| 27 | Other (planters, silve) | X | 8 | 5,019. | | | | | |
| 28 | Other (commercial espr) | Х | 1 | 4,000. | fmv | | | | |
| 29 | Number of Forms 8283 received by the organiz | ation during | the tax year for co | ontributions | | | | | |
| | for which the organization completed Form 828 | 33, Part V, D | onee Acknowledg | ement | | | | | |
| | | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | | | | | hat it | | | |
| | must hold for at least 3 years from the date of | | ntribution, and whi | ch isn't required to be used | for | | | | |
| | exempt purposes for the entire holding period? | • | | | | | 30a | | X |
| | If "Yes," describe the arrangement in Part II. | | | | | | | | |
| 31 | Does the organization have a gift acceptance p | | | | tions? | | 31 | X | |
| 32a | Does the organization hire or use third parties of | | - | | | | | | |
| | contributions? | | | | | | 32a | | X |

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

b If "Yes," describe in Part II.

| Schedule M (| Form 990) 2022 Noyo Center For Marine Science | 46-5359631 | Page 2 |
|-------------------|--|---------------------------|---------------|
| Part II | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, | and whether the organiza | ation |
| | is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb | ination of both. Also com | plete |
| | this part for any additional information. | | |
| Dowt T Ot | han munage of Dranantu. | | |
| <u>rait 1, 00</u> | her Types of Property: | | |
| kayak | | | |
| | | | |
| (a) Check | if applicable = X | | |
| (h) Number | of Contributions = 1 | | |
| | of contributions = 1 | | |
| (c) Revenu | e Reported on Form 990, Part VIII \$ 2249. | | |
| | | | |
| (d) Method | of determining revenue: fmv | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 232142 09-09-22 | | Schedule M (Form | ı 990) 2022 |

| SCHEDULE O (Form 990) | Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on |)-EZ | OMB No. 1545-0047 |
|--|---|------|------------------------------|
| Department of the Treasury Internal Revenue Service | Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. | | Open to Public Inspection |
| Name of the organization | | | r identification number |
| Form 990 Dort I | | | |
| , | Line 1, Description of Organization Mission: | | |
| of scientific | | | |
| research and publi | c education in the sciences relating to marine and | | |
| coastal resources. | | | |
| | | | |
| Form 990, Part III | , Line 4b, Program Service Accomplishments: | | |
| informative exhibi | ts at the Discovery Center and Crow's Nest. This | | |
| program also hoste | d high school and college interns, working on data | | |
| collection and art | iculation projects. We continue to collect rare or | | |
| valuable specimens | for our growing natural history collection. | | |
| | | | |
| Form 990, Part III | , Line 4c, Program Service Accomplishments: | | |
| to create a desira | ble, restorative seafood product. If successful, | | |
| this effort could | continue to reduce the purple urchin population that | | |
| prevents the regro | wth of bull kelp forests. Another component of our | | |
| conservation aquac | ulture is a red abalone broodstock program in which | | |
| we collaborate wit | h various partners to raise red abalone-now 70% | | |
| reduce in numbers | before outplanting them back into the nearshore | | |
| ecosystem. We con | tinue to develop content for our ocean immersion dome | | |
| highlighting these | efforts, providing a 360 degree underwater | | |
| experience to our | visitors at the Discovery Center Science Museum. | | |
| | | | |
| Form 990 Part VI | Section B. line 11b: | | |

The Executive Director, Operations Manager and the Treasurer review the

Form 990. A draft is sent to the Board prior to filing for their review

and comments.

| Schedule O (Form 990) 2022 Name of the organization | Page Employer identification number |
|---|--|
| Noyo Center For Marine Science | 46-5359631 |
| | |
| Form 990, Part VI, Section B, Line 12c: | |
| Ve 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 2. | |
| | |
| 990 Part XII Line 2c | |
| The Finance/Audit Committee process of review has not changed from the | |
| prior year. | |
| | |
| | |
| | |
| | |
| | |