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

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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)

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 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
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	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.	