Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Α	For the	2020 ca	endar year, or tax year beginnir	ng		, and er	nding					
В	Check if a	applicable:	C Name of organization OCEAN	N DISCOVERY INS	TITUTE			D Employ	er identifica	ition number		
	Address o	change	Doing business as									
		-	Number and street (or P.O. box if ma	33-0862531								
	Name cha	ange	4255 Thorn Street					E Telephor	ne number			
	Initial retu	ırn	City or town		State	ZIP code		(040) 705				
\sqsubseteq	IIIIIai Tetu	1111	San Diego		CA	92105	1	(619) 795-	8365			
	Final return	/terminated		Foreign province/state		Foreign postal	code					
	Amended	Leatura	r oreign country name	oreign province/states	recurry	, oroign poota		G Gross re	ceipts \$		2.806	6,267
Ш	Amended	return										
	Applicatio	n pending	F Name and address of principal office	er:			H(a) Is th	is a group return	n for subordina	ates?	res X	No
			Shara Fisler 4255 Thorn Stree	t. San Diego, CA	92105		H(b) Are	all subordina	ates included	d? .	res 🗌	No
	_					or 527	lf "I	No," attach a	list. See inst	tructions		
		npt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	0 D 527	A STATE OF THE PARTY OF THE PAR					
J	Website	: • ww	w.oceandiscoveryinstitute.org				H(c) Gro	oup exemption	number P	•		
ĸ	Form of o	organizatior	: X Corporation Trust	Association Ot	her ▶	L Yea	r of forma	tion: 1999	M Sta	te of legal dom	icile:	CA
		1						1000				
	art I		mmary				0 1 1	1 0				
d)	1	Briefly d	escribe the organization's miss	ion or most signifi	cant activitie	s: See	Schedu	ie O				
ဦ												
na							<u>/</u>					
Ver	2	Check t	nis box ▶ if the organizati	on discontinued it	s operations	or disposed	of more	than 25%	of its ne	t assets.		
9	3		of voting members of the gove						3			13
ంర	4		of independent voting member						4			13
es					All Control	40030			5			35
Ħ	5		mber of individuals employed in									
Activities & Governance	6	Total nu	mber of volunteers (estimate if	necessary)	Link in				6			129
ď	7a		related business revenue from						7a			0
	b	Net unre	elated business taxable income	from Form 990-T	, Part I, line	11			7b			0
								Prior Year		Current		
Ф	8	Contribu	itions and grants (Part VIII, line	1h)				2,40	06,862		2,50	5,206
2	9		service revenue (Part VIII, line					29	95,000		29	5,000
Revenue	10		ent income (Part VIII, column (A				9,365			-401		
ď	11		venue (Part VIII, column (A), lir	460				-;	33,230		-:	2,363
	12		enue—add lines 8 through 11 (mu	All Aller					77,997			7,442
	13		and similar amounts paid (Part I					2,0	6,280		_,,,	500
									0,200			000
	14		paid to or for members (Part I)					4.0			1 05	
es	15		other compensation, employee b					1,2	40,559		1,25	3,603
ns L	16a		onal fundraising fees (Part IX,						0			0
Expenses	b	Total fur	ndraising expenses (Part IX, col	umn (D), line 25)	•	292,072						
யி	17	Other ex	cpenses (Part IX, column (A), lii	nes 11a-11d, 11f-	-24e)			1,1	05,193		89	1,129
	18	Total ex	penses. Add lines 13-17 (must	equal Part IX, col	lumn (A), line	25)		2,3	52,032		2,14	5,232
	19		e less expenses. Subtract line					3:	25,965		65	2,210
- 5							Beginn	ing of Curre		End of	Year	
Net Assets or	20	Total as	sets (Part X, line 16)						48,508	1	8.75	5,488
188	21								77,676			2,446
et	20		ets or fund balances. Subtract I						70,832			3,042
Kerter Prop		4		ine 21 nom ine 2	0			0,0	10,032		1,22	3,042
Р	art II	Sig	nature Block						lun au de alexa			
Und	der penalti	ies of perjur	y, I declare that I have examined this retu	irn, including accompa	inying schedules	and statements	, and to th	has any kno	wlodge			
and	belief, it i	is true, corre	ect, and complete. Declaration of prepare	er (other than officer) is	based on all line	offiation of which	ii preparei	illas ally kilo	wieuge.			
Si	gn											
	ere		Signature of officer					Date				
110			Shara Fisler			Exec	cutive D	irector				
			Type or print name and title	,^								
-		Prin	t/Type preparer's name	Preparer's si	nature	2	Date	e		PTIN		
Pa	nid			1/1/20	,11//	h		14/0001	Check	if DO197	4.450	
	eparei	r Rol	and W Munger	Mol	con //		5/	11/2021	self-employ		1456	
	se Only		n's name ► Munger & Compan	y, CPAs				Firm's EIN	▶ 47-334	2732		
50		Firn	n's address ▶ 2170 South El Cam	nino Real. Suite 2	17, Oceansid	de, CA 92054	1	Phone no.	760-73	80-8020		
N / -	ny tha IF		ss this return with the preparer s							X Yes		No
IVIZ	av ine it	SO DISCUS	s mis remui wiin me brebafel s	SHOWIT ADDVE! SE	C II ISLI UCLIUII					. /	- 1	1140

Form 990 (2020)

Total program service expenses

33-0862531

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	See Schedule O
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,493,505 including grants of \$) (Revenue \$ 295,000)
	Ocean Discovery Institute is a California non-profit corporation organized in 1999 that uses ocean
	science to empower young people from underserved urban communities to transform their lives,
	community, and world as science and conservation leaders. The Institute's Education Services are
	provided tuition free and primarily benefit lower income students in City Heights, CA. Each year, approximately 5,000 young people participate in hands-on science and conservation programs and The
	Institute is growing to serve over 10,000 individuals over the next three years. The Institute
	engages San Diego teachers, STEM professionals, and community members in a volunteer program. In
	2018, 346 volunteers provided 7,829 hours in support of The Institute's Mission.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	(Ελροπούο ψ υ molading grants of φ υ) (Nevertible φ υ)

1,493,505

Part	Checklist of Required Schedules		· ·	N
			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
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)			
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
_		-		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		V
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
·	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	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		Х
40				<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
ī		11f		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	- 111		-^-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	\ \	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			,.
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
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			
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
		10		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47		
0.0000	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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_ •	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
		THE REAL PROPERTY.		

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete 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	3	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	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				
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			١
	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%			.,
07	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			\ \
20	persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		
h	If"Yes," complete Schedule L, Part IV	28a		X
b	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		
С	If"Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>	-	<u> </u>
02	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	10	l x	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			ago .
			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 35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
4	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7g		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
O	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	\neg	
10	Section 501(c)(7) organizations. Enter:	35		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b		14b	$ \bot $	
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		Χ
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
	If "Yes," complete Form 4720, Schedule O.			

Part VI

Sect	ion A. Governing Body and Management				
		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 13			
	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 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with			
_	any other officer, director, trustee, or key employee?	NO.	2	Name of States	Х
3	Did the organization delegate control over management duties customarily performed by or under				
3	supervision of officers, directors, trustees, or key employees to a management company or other process.		3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
4			5		X
5	Did the organization become aware during the year of a significant diversion of the organization's		6		X
6	Did the organization have members or stockholders?		-6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		7-		
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during			
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r				
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	Code.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	irposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	describe in Schedule O how this was done		12c	Χ	
13	Did the organization have a written whistleblower policy?		13	Χ	
14	Did the organization have a written document retention and destruction policy?		14	Χ	
15	Did the process for determining compensation of the following persons include a review and appro				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•			
а	The organization's CEO, Executive Director, or top management official.		15a	Х	
b	Other officers or key employees of the organization		15b	Χ	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	nement			
104	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		100		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?		16b		
Soct	ion C. Disclosure		.0.5		
<u> 3ect</u>	List the states with which a copy of this Form 990 is required to be filed CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990	and 990-T (Section !	501(c)		
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		-01(0		
		ріу. kplain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	•	icv		
13	and financial statements available to the public during the tax year.	commot of interest por	. o y ,		
20	State the name, address, and telephone number of the person who possesses the organization's	nooks and records			
20		619-795-8365			
	Elvia Meza 4255 Thorn Street, San Diego, CA 92105	019-190-000			
	7200 HIGH OLICEL, GAH DICUG, GA 32 100				

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Form 990 (2020)

Part VII

Board Member

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A.	Officers	, Directors,	Trustees	Ke	y Employ	ees,	and Hig	ghest	Com	pensated	Employ	ees
------------	----------	--------------	----------	----	----------	------	---------	-------	-----	----------	--------	-----

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box in heither the organization nor an	y related organiz	allor	COL	npe	nsa	ted ar	iy c	urrent officer, dir	ector, or trustee.	
				(C)					
					ition					
(A) Name and title	(B)					than o		(D)	(E)	(F)
Name and the	Average hours					is both or/truste		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	9 5	_	T-	100	7		from the	from related	compensation
	(list any hours for	함	Stitu	Officer	ву в	ghe	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	dual	to	1	mpl	st c	4	(**-2/1033-141100)	(**-2/1033-141100)	related organizations
	organizations below	_ i	alt	1	Key employee) mg				
	dotted line)	or director	Institutional trustee	6	Ф	ens				
	4		8	1		Highest compensated employee				
(1) Shara Fisler	40.00	K		-	-					
Executive Director	0.00		9	X				144,552		4,401
(2) Scott Grimes	5.00	+						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Board Chair	0.00	100		X						
(3) Dan McClellan	5.00									
Vice Chair	0.00	X		Х						
(4) Mindy Dominek	5.00									
Treasurer	0.00	X		Х						
(5) Claudia Rodriguez	5.00									
Secretary	0.00	X		X						
(6) Drew Auker	5.00									
Board Member	0.00	Х								
(7) Carolina Barraza	5.00									
Board Member	0.00	X								
(8) Tres Conrique	5.00									
Board Member	0.00	X								
(9) Rudy Vargas	5.00									
Board Member	0.00	X								
(10) Theodore J. Griswold	5.00									
Board Member	0.00	X								
(11) Stewart A. Halpern	5.00									
Board Member	0.00	X								
(12) John Johns	5.00									
Board Member	0.00	X								***************************************
(13) Dr. Noelle Norton	5.00									
Board Member	0.00	X								
(14) Dave Bialis	5.00									

P	Section A. Officers, Directors, Tru	ustees, Key Em	ploye	ees,	((d Hi C) sition	ghes	t Co	ompensated Em	iployees (conti	nued)		
	(A) Name and title	(B) Average hours per week	box,	unles er an	ss pe d a d	rson	is both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	CO	(F) nated am of other mpensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	orga	from the inization d organiza	
(15)									44				
(16)													
(17)										r			
(18)													
(19)							4						
(20)													
(21)				4	4			-4					
(22)			10			0							
(23)													
(24)				•									
(25)		**											
1b	Subtotal	- E						>	144,552	C	-	4	,401
c d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c).								144,552	0	+	4	,401
2	Total number of individuals (including but not lir	mited to those lis											, 10 1
	reportable compensation from the organization	>										Yes	1 No
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>										3	163	X
4	For any individual listed on line 1a, is the sum of	of reportable con	npens	satio	n a	nd c	other	con	npensation from				, , , , , , , , , , , , , , , , , , ,
	the organization and related organizations greated individual										4		X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye										5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compe compensation from the organization. Report co										tax ye	ar.	
	(A) Name and business addi								(B) Description of serv		(C Comper)	
													0
		With a first the state of the s											0
													0
													0
2	Total number of independent contractors (include more than \$100,000 of compensation from the			tho	se li	stec	d abo	ve) 0	who received				U

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	ise or	note to any line ir	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
25 00	1a	Federated campaigns	1a	0				sections 312-314
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b	Membership dues	1b	0				
	С	Fundraising events	1c	524,005				
	d	Related organizations	1d	0				
	е	Government grants (contributions)	1e	433,820				
Sin	f	All other contributions, gifts, grants, and					A secondaria	
uti Per		similar amounts not included above	1f	1,547,381		A 500		
를 를 등	g							
e P		lines 1a–1f	1g	\$ 27,307				
	h	Total. Add lines 1a–1f			2,505,206			
4				Business Code				
jc S	2a	Program fees and income			295,000	295,000		
er ue	b				0			
n S	C				0			
Rev	d				0			
90.	e				0			
<u>~</u>	Т	All other program service revenue			0			
	g				295,000	Maria de la companya della companya		
	3	Investment income (including dividends, in						
	4	other similar amounts)			4,521			4,521
	5	Income from investment of tax-exempt bon Royalties		A 40 1	0			
	3	Royalties		(ii) Personal	0			
	6a	Gross rents 6a		(ii) i ersonar				
	b	Less: rental expenses 6b						
	C	Rental income or (loss) 6c	0	0		par 1 Page 1		
	d	Net rental income or (loss)			0			
	7a	Gross amount from (i) Securit	ties .	(ii) Other				
		sales of assets	400					
		other than inventory 7a	0	1,500			1000000	
en	b	Less: cost or other basis	1					
Revenue		and sales expenses 7b	0	6,422				
è	С	Gain or (loss) 7c	0	-4,922				
<u> </u>	d	Net gain or (loss)			-4,922			-4,922
Other	8a	Gross income from fundraising						
		events (not including \$ 524,005						
		of contributions reported on line 1c).						
		See Part IV, line 18	8a	0				
	b	Less: direct expenses	8b	2,099				
	C	Net income or (loss) from fundraising event	S	•	-2,099			-2,099
	9a	Gross income from gaming activities.	•					
	h	See Part IV, line 19.	9a	0				
	b	Less: direct expenses	9b	0				
	с 10а	Net income or (loss) from gaming activities Gross sales of inventory, less	• •		0			
	Iva		10a	40				
	b		10a	304				
	C	Net income or (loss) from sales of inventory			-264			201
S		The modifie of Glossy from sales of inventory	· · ·	Business Code	-204			-264
Miscellaneous Revenue	11a			222223 0000	0			
Revenue	b				0			
	С				0			
S &	d	All other revenue			0			
Σ	е	Total. Add lines 11a-11d			0			
	12	Total revenue. See instructions		D	2 797 442	295 000	n	-2 764

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete colum	n(A).	
--	-------	--

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	domestic governments. See Part IV, line 21	0			Address of the second				
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	500	500						
3	Grants and other assistance to foreign			A					
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0		A STATE OF THE STA					
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors,								
	trustees, and key employees	144,552	57,820	43,366	43,366				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and	_							
_	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	945,625	607,188	185,571	152,866				
8	Pension plan accruals and contributions (include								
^	section 401(k) and 403(b) employer contributions)	07.004	F2.0F0	40.470	45.004				
9	Other employee benefits	87,964	53,658	18,472	15,834				
10	Payroll taxes	75,462	46,032	15,847	13,583				
11	Fees for services (nonemployees):	167,266	158.472	0 704					
a b	Management	107,200	150,472	8,794					
C	Accounting	12,780	V	12,780					
d	Lobbying	12,780		12,700					
e	Professional fundraising services. See Part IV, line 17	0							
f	Investment management fees	0							
g	Other. (If line 11g amount exceeds 10% of line 25, column								
9	(A) amount, list line 11g expenses on Schedule O.)	0							
12	Advertising and promotion	0							
13	Office expenses	38,176	35,184	1,496	1,496				
14		25,443	20,355	2,544	2,544				
15	Royalties	0							
16	Information technology	53,837	43,069	5,384	5,384				
17	Travel	8,904	8,484	420					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest	4,824		965	3,859				
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	506,487	405,189	50,649	50,649				
23	Insurance	21,459	15,120	6,339					
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)	07.500	00.405	0.454	4.050				
a	Equipment and Rental Maintenance	27,532	22,125	3,451	1,956				
b	Bad debt	0	4.004	F25	F2F				
C C	Postage and Printing	5,351	4,281	535	535				
d	Licenses and Permits All other expenses	1,716 17,354	1,716 14,312	3,042					
е 25	Total functional expenses. Add lines 1 through 24e	2,145,232	1,493,505	359,655	292,072				
26	Joint costs. Complete this line only if the	2,140,232	1,483,505	339,033	232,012				
20	organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation. Check here								
	following SOP 98-2 (ASC 958-720)								

Part X **Balance Sheet**

Χ Beginning of year End of year 1,386,836 1 1,569,326 2 200,000 2 600,000 3 224,901 3 320,000 4 95,692 4 80,621 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0 6 0 7 0 7.583 7.279 8 9 Prepaid expenses and deferred charges . . . 49,892 61,353 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 17,383,163 Less: accumulated depreciation 10b 1,254,793 16,072,143 10c 16,128,370 11 0 11 12 Investments—other securities. See Part IV, line 11 . . . 0 12 0 13 0 Investments—program-related. See Part IV, line 11... 0 13 14 14 0 0 15 15 0 0 16 18,755,488 Total assets. Add lines 1 through 15 (must equal line 33) 18,048,508 16 71,009 17 17 39,945 18 18 0 19 11.406.667 11.111.667 19 20 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 0 21 Loans and other 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 22 0 Secured mortgages and notes payable to unrelated third parties 23 0 23 380.834 24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete 25 0 0 11,477,676 Total liabilities. Add lines 17 through 25. 11,532,446 26 Net Assets or Fund Balances Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33, 27 Net assets without donor restrictions . . . 5,854,187 27 6,977,161 716,645 28 245.881 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 0 31 Retained earnings, endowment, accumulated income, or other funds . . . 0 31 32 6,570,832 32 7,223,042 Total liabilities and net assets/fund balances. 18,048,508 18,755,488

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,442
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,232
3	Revenue less expenses. Subtract line 2 from line 1				2,210
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6,570	0,832
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	A. .			
	column (B))	10		7,22	3,042
Part					
	Check if Schedule O contains a response or note to any line in this Part XII.			· T.,	<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
0-	Schedule O. Wasseth a comprise time legislate tempera compiled or reviewed by an independent accountant?		2a		X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		. 20		1
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		Oh	-	
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			1	
	separate basis, consolidated basis, or both:			100	
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			1	
	the audit, 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				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		. 3a		X
h	the Single Audit Act and OMB Circular A-133?		. Ja	+	+^
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b		
	required addition addition, explain with on ochequie of and describe any steps taken to didding such addits.		30	000	

Form **990** (2020)