Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public

Department of the Treasury

	artment of t nal Revenu	the Treasury ue Service	Go to www.irs.gov/Form990 for instructions and the latest in	nformation.	1/2	Inspection					
Α	For the	2023 ca	lendar year, or tax year beginning , and en		5 69/1	~					
В	Check if a	applicable:	C Name of organization OCEAN DISCOVERY INSTITUTE	D Employe	r identificatio	number					
	Address	change	Doing business as								
	Name cha	anne	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	33-086253		0					
\equiv			4255 Thorn Street	E Telephon	e number						
Ш	Initial retu	ırn	City or town State ZIP code	(619) 795-	8365						
	Final return	/terminated	San Diego CA 92105		•						
$\overline{}$	Amended		Foreign country name Foreign province/state/county Foreign postal of	G Gross red	2 atrion	4,572,081					
님	Amended	return									
Ш	Applicatio	n pending		H(a) Is this a group return	for subordinates?	Yes X No					
			Shara Fisler 4255 Thorn Street, San Diego, CA 92105	H(b) Are all subordina	tes included?	Yes No					
1	Tax-exen	npt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527	If "No," attach a I	ist. See instruc	tions					
	Website	· ww	w.oceandiscoveryinstitute.org	H(c) Group exemption	number						
					T	flogal dominila: OA					
	-	organization		of formation: 1999	IVI State C	f legal domicile: CA					
F	art I	<u> </u>	mmary								
Φ	1	Briefly d	escribe the organization's mission or most significant activities:	Schedule O							
Governance			(
Ē											
Š	2	Check th	his box if the organization discontinued its operations or disposed of	of more than 25%	of its net as	ssets.					
	3	Number	of voting members of the governing body (Part VI, line 1a)		3	21					
Activities &	4	Number	of independent voting members of the governing body (Part VI, line 1b) .		4	21					
ţį	5	Total nu	mber of individuals employed in calendar year 2023 (Part V, line 2a)		5	60					
₹	6		mber of volunteers (estimate if necessary)		6	50					
Ac	7a		related business revenue from Part VIII, column (C), line 12		7a	0					
	b		elated business taxable income from Form 990-T, Part I, line 11		7b						
				Prior Year		Current Year					
ø	8	Contribu	utions and grants (Part VIII, line 1h)	3,35	2,003	3,784,679					
Ž	9	Program	n service revenue (Part VIII, line 2g)		5,000	295,000					
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		318	109,687					
ď	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19	9,388	261,633					
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		6,709	4,450,999					
	13		and similar amounts paid (Part IX, column (A), lines 1–3)		0	0					
	14		paid to or for members (Part IX, column (A), line 4)	-	0	0					
ຜ	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	1.86	9,986	2,579,201					
Se	16a		onal fundraising fees (Part IX, column (A), line 11e)	.,00	0	0					
Expenses	b		ndraising expenses (Part IX, column (D), line 25) 516,114								
Ä	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	1 10	7,196	1,164,140					
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		7,182	3,743,341					
	19		e less expenses. Subtract line 18 from line 12		9,527	707,658					
- 5	_		. (//	Beginning of Curren		End of Year					
ets	20	Total ass	sets (Part X, line 16)		9,328	20,081,274					
Ass	21		bilities (Part X, line 26)		4,684	10,483,389					
Net Assets or Fund Balances	22		ets or fund balances. Subtract line 21 from line 20		34,644	9,597,885					
TOP TO	art II		nature Block			-,,					
			y, I declare that I have examined this return, including accompanying schedules and statements,	and to the best of my k	nowledge						
and	belief, it is	s true, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any know	1 1						
o:		1			10/8/2	s ·					
Sig		Signa	ature of officer	Date							
He	re	Sha	ara Fisler Execu	utive Director							
			or print name and title								
			t/Type preparer's name Preparer's signature	Date		PTIN					
Pa	id		Moly		Check if	· I					
	eparer	. Rola	and W Munger	9/13/2024	self-employed	P01871456					
	e Only	-	o's name Munger & Company, CPAs	Firm's EIN	47-33427	32					
			s's address 1818 Avocado Road, Oceanside, CA 92054	Phone no.	760-730-8	3020					
Ma	v the IR	RS discus	s this return with the preparer shown above? See instructions			X Yes No					

rom	990	(2023)
Pa	art	Ш

Statement o	f Program	Service	Accomp	lishments
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	Check if Schedule O contains a	response or note to any line in th	is Part III	X
1	Briefly describe the organization's mission:			
	See Schedule O			
2	Did the organization undertake any significant p	program services during the year which	h were not listed on	
_	the prior Form 990 or 990-EZ?			X No
	If "Yes," describe these new services on Schedu			
3	Did the organization cease conducting, or make	e significant changes in how it conduc	ts, any program	
	services?		Yes	X No
	If "Yes," describe these changes on Schedule C			
4	Describe the organization's program service acc			
	expenses. Section 501(c)(3) and 501(c)(4) orgathe total expenses, and revenue, if any, for each		mount of grants and allocations to others,	
	the total expenses, and revenue, it any, for each	r program service reported.		
4a	(Code:) (Expenses \$ 2,	,836,660 including grants of \$) (Revenue \$ 295,0	000)
	OCEAN DISCOVERY INSTITUTE (THE INSTIT			: <u></u> /
	1999. TO INSPIRE THE NEXT GENERATION	OF SCIENCE LEADERS, OCEAN D	SCOVEY INSTITUTE CREATES	
	LEARNING EXPERIENCES FOR YOUNG PEC			E
	STATUS, AND EDUCATIONAL OPPORTUNITY			
	PRIMARILY BENEFIT LOWER INCOME STUD			
	PEOPLE PARTICIPATE IN HANDS ON SCIENCE SERVE 10,000 STUDENTS. THE INSTITUTE A)
	COMMUNITY MEMBERS AS VOLUNTEERS.			
	GOMMONT MEMBERO/G VOCONTECTO			
4b	(Code:) (Expenses \$	A) (Revenue \$	
)		
			<u>~</u>	
			4	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule	O.)		
4d	Other program services (Describe on Schedule (Expenses \$ 0 including gr	The second secon	venue \$ 0)	

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," 1 X 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 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 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 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 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 9 Χ 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a X b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 14a 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 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 17 X on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . , Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

33-086	2531	P	age 4
		Yes	No
	22		Х
	23		Х
	24a 24b		X
	24c 24d		
t 	25a		Х
	25b		X
	26		X
	27		X
	200		V
	28a 28b		x
	28c 29		X X X
art I .	30 31		X
	32		X X X
	33		
	34 35a		X X X
lled d	35b		
a 	36		х

Dor	Charlist of Dequired Scheduler (continued)	2001		age "
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	Γ	163	140
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the		-	
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated			V
	employees? If "Yes," complete Schedule J	23		Χ_
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_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	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		Χ
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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule		1	
	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			SAME OF STREET
•	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV.	28c		Χ
29	Did the organization receive more than \$25,000 in noncash 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			
30	conservation contributions? If "Yes," complete Schedule M	30		Y
24	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .	31		X
31		31		
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		v
00		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
	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,	24		v
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			V
	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			
214427	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par			î	
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	13 (6.0.15)		
b	Enter the number of Forms W-2G included on 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?	1c	X	
		C	990	(2022)

Par			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 60			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
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,	,		.,
2	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			
E o	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	2000	V
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	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	-00		
•	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
_	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		_^
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ü	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		
10	Section 501(c)(7) organizations. Enter:			
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			
11	Section 501(c)(12) organizations. Enter:		200	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	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	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see 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 9	990 (2023) OCEAN DISCOVERY INSTITUTE 33-086			age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S			ions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken 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	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue (Joae.	Yes	Na
100	Did the organization have local chapters, branches, or affiliates?	10a	res	No X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		_^
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
11a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	IIa	^	
b 12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	4200
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe on Schedule O how this was done.	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employees of the organization	15b	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 arrangement			
	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 its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	501(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy,		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

Elvia Meza 619-795-8365 4255 Thorn Street, San Diego, CA 92105

Form 990 (2023)	OCEAN DISCOVERY INSTITUTE				33-
Part VII	Compensation of Officers, Directors,	Trustees, Ke	ey Employees,	Highest Co	mpensated
	Employees, and Independent Contra	ctors			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

Check this box if fleither the organization flor any	related organiz	lated organization compensated any current officer, director, or tr								
				(0	(C)					
		Position					b.,			
(A) Name and title	(B) Average	(do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable	(E) Reportable	(F) Estimated amount
realite and thic	hours							compensation	compensation	of other
	per week	Individual rustee or director	ŭ	Q	Ke	en	Fo	from the	from related	compensation from the
	(list any hours for	랿		Officer	y e	hes	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	organization and
	related	cto La	Institutional	1	JD (yee Yee	7	1099-NEC)	1099-NEC)	related organizations
	organizations below	_ E	a to	Sep.	ууе	ğ				
	dotted line)	tee	l trustee			ensa				E
	4		ŏ	4		Highest compensated employee				
(1) Shara Fisler	40.00	A					_			
Executive Director	0.00		4	Х				151,847		
(2) Lindsay McKay	40.00	ά.								-
Associate Director	0.00)			Х			124,735		
(3) Sandy MacKenzie	40.00									
Director of Philanthropy	0.00				Х			119,258		
(4) Elvia Meza	40.00									
Director of Finance & Admin	0.00				Х			110,306		
(5) Scott Grimes	5.00									0.000.000
Board Member	0.00	X								
(6) Dan McClellan	5.00									
Board Member	0.00	Х						- NA		
(7) Kristen Koch	5.00									
Board Member	0.00	Х								
(8) Kurt Gering	5.00									
Board Member	0.00	Х							***	
(9) Matthew Mitchell	5.00									
Board Member	0.00	X	_							
(10) Heather Bentley	5.00									
Vice Chair	0.00	X		Х						
(11) Rudy Vargas	5.00									
Chair	0.00	Х	_	Х						
(12) Theodore J. Griswold	5.00									
Board Member	0.00	X	_		_					
(13) John Johns	5.00									
Board Member	0.00	X		_	_					
(14) Dr. Noelle Norton	5.00									
Board Member	0.00	Х								

Pa	rit VII Section A. Officers, Directors, Tru	ıstees, Key Em _l	ploye	es,	and	Hi	ghes	t Co	ompensated Em	ployees (contin	ued)	
	(A) Name and title	(B) Average hours per week (list any	box, office	unles er an	Position check more than colless person is both and a director/trust Company of the colless person is both and a director/trust Company of the colless person is both and a director/trust Company of the colless person is both and a director/trust Company of the colless person is both and a director of the colless person is both and a d			an	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(I Estimate of o compe from	d amount ther nsation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	employee	Highest compensated employee	mer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organiza related org	ition and
(15)	Tara Marathe	5.00							6.4			
Secre		0.00	X	_	Х							
	Jessica Mier	5.00										
	d Member	0.00	X	_					4	·		
	Jasmine Davenport	5.00										
	d Member	0.00	X	_	_			1				
	Vanessa Sandoval	5.00						1				
	d Member	0.00	X					-				
	Sean Caddell	5.00					1	100				
	d Member	0.00	X	_		_	-	7				
	Tres Conrique	5.00	\ ,			di	The same	1				
	d Member	0.00	X		4		1	- 4				
	Ileana Ovalle	5.00		-4	4	9						
	d Member	0.00	X	-	-	10	-	-				
	Scott Pearson	5.00	A.	1	7	6						
	d Member	0.00 5.00	^	-	-	-	-	-				
	Devon Gibson	0.00			х							
Treas		5.00	N		^							
	Barbra Calantas d Member	0.00	X									
-		5.00	_				 					
	Anai Novoa d Member	0.00	ev .									
1b	Subtotal	0.00					L		506,146	0		0
C	Total from continuation sheets to Part VII, Se	ection A				•			000,140	0		0
d	Total (add lines 1b and 1c)	100			•				506,146	0		0
2	Total number of individuals (including but not lin							ved				
-	reportable compensation from the organization		iou u		٠, ٠		10001	•••	more than \$100	,000 0.		4
											Y	es No
3	Did the organization list any former officer dire employee on line 1a? If "Yes," complete Sched										3	X
4	For any individual listed on line 1a, is the sum of										Star Bridge	
4	the organization and related organizations grea									h		
	a district the second s									•	4	X
_										idual		A
5	Did any person listed on line 1a receive or accr										5	
Cool	for services rendered to the organization? If "Ye ion B. Independent Contractors	es, complete so	neau	ile J	Ю	Suc	ii pei	SUI	/	· · · · · ·	5	X
1	Complete this table for your five highest compe	neeted indepen	dont (oont	root	orc	that		aived more than	\$100.000 of		
1	compensation from the organization. Report co										tax vear	
	(A)	inperiodicin for t	.,,,	21011	<u>uu.</u>	,	0110	<u>.</u>	(B)	- I garmadion o	(C)	
	Name and business add	ress							Description of sen	vices (Compensa	tion
												0
-									* () () () () () () () () () (0
												0
												0
								\vdash				0
2	Total number of independent contractors (include	ding but not limit	ed to	tho	se li	iste	d abo	ve)	who received			
	more than \$100,000 of compensation from the						0					

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or	note to any line in	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
Ø 10	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
ည် ၌	С	Fundraising events	1c	0				
fts,	d	Related organizations	1d	0				
<u>e</u>	е	Government grants (contributions)	1e	0				
Sir	f	All other contributions, gifts, grants, and					1	
utic		similar amounts not included above	1f	3,784,679		4.4		
를 함	g	Noncash contributions included in						
P P		lines 1a-1f	1g	\$ 0			0	
	h	Total. Add lines 1a-1f			3,784,679			
				Business Code				
20	2a	Program fees and income			295,000	295,000		
Program Service Revenue	b				0			
ram Ser Revenue	C				0			
ran Se	d				0			
go.	e	All ables are seen and in a series			0			
₫.	T	All other program service revenue			295,000			
	g 3	Total. Add lines 2a–2f			295,000			
	3	other similar amounts)			109,687			109,687
	4	Income from investment of tax-exempt bor		0	-		105,007	
	5	Royalties		0				
		(i) Rea		(ii) Personal	A PROPERTY OF THE PARTY OF THE			
	6a	Gross rents 6a						
	b	Less: rental expenses . 6b						
	С	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from (i) Secur	ities	(ii) Other				
		sales of assets	0					
		other than inventory 7a	0	0				
ne	b	Less: cost or other basis	The same					
Revenue		and sales expenses 7b	0	0				
Re	С	Gain or (loss) 7c	0	0				
-	d	Net gain or (loss)			0			
Othe	8a	Gross income from fundraising						
		events (not including \$ 0						
		of contributions reported on line 1c).		000 745				
	h	See Part IV, line 18	8a 8b	382,715 121,082				
		Net income or (loss) from fundraising even			261,633			261,633
	C	Gross income from gaming activities.			201,033			201,033
	Ja	See Part IV, line 19	9a	o				
	b	Less: direct expenses	9b	0				
	c	Net income or (loss) from gaming activities			0			
	10a		, T					
		returns and allowances	10a	o				
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventor			0		1.5.5 to 10.00	
Ø				Business Code				
on le	11a				0			
ane	b				0			
Miscellaneous Revenue	С				0			
isc	d	All other revenue			0			
Σ	е	Total. Add lines 11a-11d			0			
	12	Total revenue. See instructions			4,450,999	295,000	0	371,320

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete

ection 501(c)(3) and 501(c)(4)	organizations must com	plete all columns. All other or	rganizations must complete column	(A).
--------------------------------	------------------------	---------------------------------	-----------------------------------	------

	Check if Schedule O contains a response or note	to any line in this Pa	art 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		-		
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	506,146	160,526	204,659	140,961
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	1,749,135	1,467,178	51,825	230,132
8	Pension plan accruals and contributions (include		4		
	section 401(k) and 403(b) employer contributions)	18,496	13,354	2,109	3,033
9	Other employee benefits	129,836	93,702	14,760	21,374
10	Payroll taxes	175,588	126,727	19,969	28,892
11	Fees for services (nonemployees):	+ 4			
а	Management	0			
b	Legal	36		36	
С	Accounting	10,800		10,800	
d	Lobbying	0			
е	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	NV .			
_	(A), amount, list line 11g expenses on Schedule O.)	183,227	167,437		15,790
12	Advertising and promotion	854	854		
13	Office expenses	82,293	78,904		3,389
14	Information technology	22,518		22,518	
15	Royalties	0			
16	Occupancy	71,034	66,772	2,131	2,131
17	Travel	110,726	110,445		281
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	12,925	12,925		
20	Interest	17,585		5,678	11,907
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	470,116	389,370	32,996	47,750
23	Insurance	33,930	27, <u>3</u> 74	6,556	
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.)				
а	Equipment and Rental Maintenance	48,471	37,686	8,060	2,725
b		0			
С	Postage and Printing	29,210	25,774		3,436
d	Licenses and Permits	5,954	5,954	3	
е	All other expenses	64,461	51,678	8,470	4,313
25	Total functional expenses. Add lines 1 through 24e	3,743,341	2,836,660	390,567	516,114
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaig <u>n a</u> nd				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

33-0862531

Form 990 (2023)

Part X Balance Sheet

Pa	art X						
		Check if Schedule O contains a response or	note to any	line in this Part X .			X
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			4,247,879	1	918,259
	1 2				4,247,079	2	1,924,045
	3	Savings and temporary cash investments			0	3	1,324,043
		Pledges and grants receivable, net			90,726	4	195,042
	5	Accounts receivable, net			90,720	4	195,042
	٦	trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons			o	5	
	6	· · · · · · · · · · · · · · · ·				3	
	١	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	
S	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			5,650	8	4,699
As	9	Prepaid expenses and deferred charges		_	84,707	9	61,911
	10a	Land, buildings, and equipment: cost or	í . i		05,707		01,011
	IVa	other basis. Complete Part VI of Schedule D	10a	17,467,640			
	ь		10b	2,674,194	15,178,859	10c	14,793,446
	11	Investments—publicly traded securities			0	11	2,156,971
	12			400	0	12	2,100,071
	13	Investments—other securities. See Part IV, line 11			0	13	0
	14				0	14	0
	15	Intangible assets			31,507	15	26,901
	16				19,639,328		20,081,274
-	17	Total assets. Add lines 1 through 15 (must equal line 33)			63,805	17	85,209
	18	Grants payable			0	18	00,200
	19	Deferred revenue			87,500	19	
	20	Tax-exempt bond liabilities			0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	
တ	22	Loans and other payables to any current or former officer, director,					
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%					
ᅙ		controlled entity or family member of any of the			0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties			148,361	23	144,496
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Part X of Schedule D			10,555,018	25	10,253,684
	26	Total liabilities. Add lines 17 through 25			10,854,684	26	10,483,389
(n)		Organizations that follow FASB ASC 958, che					
<u> </u>		and complete lines 27, 28, 32, and 33.		_			
<u>8</u>	27	Net assets without donor restrictions		[8,110,856	27	7,671,431
ä	28	Net assets with donor restrictions			673,788		1,926,454
힡		Organizations that do not follow FASB ASC S					
正	,	and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			0	29	
ets	30	Paid-in or capital surplus, or land, building, or e		_	0	30	
188	31	Retained earnings, endowment, accumulated in			0	31	
et /	32	Total net assets or fund balances			8,784,644	32	9,597,885
ž	33	Total liabilities and net assets/fund balances.	<u> </u>		19,639,328	33	20,081,274

Form **990** (2023)

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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		4,450	0,999
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,743	3,341
3	Revenue less expenses. Subtract line 2 from line 1	3		707	7,658
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8,784	4,644
5	Net unrealized gains (losses) on investments	5		108	5,583
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)				
	column (B))	10		9,597	7,885
Part	XII Financial Statements and Reporting	40			
	Check if Schedule O contains a response or note to any line in this Part XII.				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			200	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on			SEA.	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. За		Х
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		

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