Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Open to Public Inspection

<u>A</u>	For the	2021 ca	lendar year, or tax year begin	nning		, and e	nding					
В	Check if a	applicable:	C Name of organization OC	EAN DISCOVERY INS	TITUTE			D Employ	yer identifi	cation number	r	
	Address	change	Doing business as									
	Nama ab		Number and street (or P.O. box	if mail is not delivered to st	reet address)	Room/suite	3	33-08625	31			
Ш	Name ch	ange	4255 Thorn Street					E Telepho	one numbe			18
	Initial retu	ırn	City or town		State	ZIP code		(610) 705	0265			
\Box	C'	W	San Diego		CA	92105	7	(619) 795	D-0303			
Ш	Final return	/terminated	Foreign country name	Foreign province/state	/county	Foreign postal	code					
	Amended	l return	*					G Gross r	receipts \$		3,0	42,629
	A 1: 4: -		F Name and address of principal of	officer:			112-3 1- 4-1				1,, [<u> </u>
Ш	Application	n pending	77		00405	7		s a group retu	TO. 40		i i	X No
			Shara Fisler 4255 Thorn St	reet, San Diego, CA	92105			all subordin			Yes	No
I	Tax-exer	npt status:	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or 527	If "N	lo," attach a	i list. See ir	nstructions		
.1	Website	· • www	w.oceandiscoveryinstitute.or	a	W PRODU		H(c) Gro	up exemptio	on number	•		
<u> </u>						1. v		1				
		organization		Association O	ther >	L Yea	r of format	ion: 199	9 MS	tate of legal do	micile:	CA
	art I		mmary									
•	1	Briefly d	escribe the organization's m	ission or most signif	cant activitie	s: See	Schedul	e O				
Activities & Governance												
na												
Æ	2	Check th	his box ▶ if the organiz	ration discontinued it	s operations	or disposed	of more	than 25º	% of its n	et assets		
9	3		of voting members of the go			-				ci assets.		16
ಪ												16
es	4		of independent voting mem						4			16
¥	5		mber of individuals employe						5			34
ਓ	6		mber of volunteers (estimate						6			216
4	7a		related business revenue fro						7a			0
	b	Net unre	elated business taxable inco	me from Form 990-T	, Part I, line	<u>11</u>			7b			
								Prior Year		Curren	it Year	
ø	8	Contribu	itions and grants (Part VIII, I	ine 1h)	<u>.</u>			2,5	05,206	**	2,7	04,159
2	9	Program	service revenue (Part VIII,	line 2g) . 🔈 . 🔍 .	.)			2	95,000			95,000
Revenue	10		ent income (Part VIII, columi						-401			13,571
ď	11		venue (Part VIII, column (A)				_		-2,363			23,455
	12		enue—add lines 8 through 11				_	2.7	97,442			62,133
	13		and similar amounts paid (Pa					2,1	500		2,3	
			1.5									0
	14		paid to or for members (Par						0		4.0	
es	15		other compensation, employe					1,2	53,603		1,3	50,631
Expenses	16a		onal fundraising fees (Part I)						0			0
Š	b		ndraising expenses (Part IX,			303,840						
Ш	17		kpenses (Part IX, column (A)						91,129		9	19,427
	18	Total exp	penses. Add lines 13–17 (mu	ust equal Part IX, col	umn (A), line	e 25) . . .		2,1	45,232		2,2	70,058
	19	Revenue	e less expenses. Subtract lin	e 18 from line 12.				6	52,210		6	92,075
20.0			. (/)				Beginni	ng of Curre	ent Year	End o		
sets	20	Total ass	sets (Part X, line 16)			[18,7	55,488		19,3	70,181
Ass	21	Total liab	oilities (Part X, line 26)						32,446			55,064
Net Assets or Fund Balances	22		ets or fund balances. Subtra	ct line 21 from line 2	0				23,042			15,117
	art II	175-2770	nature Block					.,,-			.,-	
			y, I declare that I have examined this	return, including accompa	nvina schedules	and statements	and to the	e best of my	knowledge	•		
	a San tana tanan		ct, and complete. Declaration of prep									
٠.			30-						0	+177		
Sig			Signature of officer					Date	21	1		
He	re	N	Shara Fisler			Evec	utive Dir	rector				
			Type or print name and title			LACO	ative Di	CCIO				
		Drint	VType preparer's name	Preparer's sig	un attura		Date	— т		DTIN		
D-	: A		11700 preparer a name	Tiepaler's sig	mature //		Date		Check	if PTIN		
Pa		Rola	and W Munger	Wor	W//		5/23	3/2022	self-empl		7145	6
	eparer		's name ► Munger & Comp	any CPAs				Firm's EIN		1		
US	e Only	<i>,</i> –			17 0	da 04 0005 1						
			i's address ▶ 2170 South El C	- Action - Company				Phone no.		30-8020		
Ма	y the IF	RS discus	s this return with the prepare	er shown above? Se	e instruction	s				. X Y	es [No

Ра	rt III	Check if Schedule O contains		nis Part III............	X
1	Briefly d See Sch	escribe the organization's mission:			
	000 001	icalic O			
2	Did the	pragnization undertake any significa	nt program services during the year which	sh were not listed on	
2	the prior] No
3	Did the	organization cease conducting, or m	ake significant changes in how it conduc		_,
		?		Yes X	No
4	Describe	e the organization's program service	accomplishments for each of its three la	rgest program services, as measured by	
		es. Section 501(c)(3) and 501(c)(4) or expenses, and revenue, if any, for expenses		mount of grants and allocations to others,	
	lile lotai	expenses, and revenue, it any, for the	each program service reported.		
4a	(Code:		1,620,663 including grants of \$) (Revenue \$ 295,000)
			STITUTE) IS A CALIFORNIA NON-PROF ON OF SCIENCE LEADERS, OCEAN D		
				FROM SCIENCE DUE TO RACE, INCOME	
			IITY. THE EDUCATION SERVICES ARE		
				RENTLY, APPROXIMATELY 6,000 YOUNG	
				MS AND THE INSTITUE IS GROWING TO	
		10,000 STUDENTS. THE INSTITU INITY MEMBERS AS VOLUNTEER	C	CHERS, STEM PROFESSIONALS, AND	
	OOMINIC				
41-	(O = d = :) (F	in testing amounts of 0) (D.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4b	(Code:) (Expenses \$) (Revenue \$	
			···		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(0000.	1	moraamig grante er 🗸	, (noremac 🗸	/
			,		
			·		
4d	Other pr	ogram services (Describe on Sched	ule O.)		
1000T/	(Expens			venue \$ 0)	
4e	Total pro	gram service expenses	1,620,663		

Part	V 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		Χ
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		Χ
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		Х
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		Х
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		Х
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			
	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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		48.0	430
	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	Х	
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		Χ
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		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
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		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		Х
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	33 3			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
45	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			V
16	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	4.		v
17		16		Х
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		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		_X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	v	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Х	
13	If "Yes," complete Schedule G, Part III	10		Y
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	,	Х
				/\

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		Х
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			
0.4	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	04-		
h	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	 	\vdash
C	to defease any tax-exempt bonds?	240		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
200	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	200		<u> </u>
	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):			100
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			.,
20	"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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	20		
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		<u> </u>
02	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		 ^
•••	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
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			
	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			
16-20-5	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			\sqcup
			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 on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10,22		
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2021)

Form 9	90 (2021) OCEAN DISCOVERY INSTITUTE 33-086	2531	Pa	age 5
Par	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		534	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 34			
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		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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
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			
	required to file Form 8282?	7c		Χ_
d	If "Yes," indicate the number of Forms 8282 filed during the year	1319,699 24 34 57		
е	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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	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:	1 200		
а	Initiation fees and capital contributions included on Part VIII, line 12	16		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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.)	No.		
12a	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?	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			
	Enter the amount of reserves on hand	MIN)		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
	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		<u>X</u>
	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		Χ
	If "Yes," complete Form 4720, Schedule O.	1		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1000
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			100

Elvia Meza

4255 Thorn Street, San Diego, CA 92105

Form 9	90 (2021) OCEAN DISCOVERY INSTITUTE 33-08	32531	Р	age 6
Par	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		"	
	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 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	۰		
, u	one or more members of the governing body?	7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1a		_X_
D	stockholders, or persons other than the governing body?	76		_
0		7b	F 90 F 80 S	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0	V	1000
a	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	Ļ	X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.		
40-	Did the consecutive time have been been been been been been been be		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	Х	
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 "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.		77/2	4118
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		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100	200	
~				
	narticination in joint ventilire arrangements under applicable federal tax law, and take steps to safeguard	407501111	3.151.11	
	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?	16h		
Sect	the organization's exempt status with respect to such arrangements?	16b		
	the organization's exempt status with respect to such arrangements?	16b		
17	the organization's exempt status with respect to such arrangements? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA			
	the organization's exempt status with respect to such arrangements?			
17	the organization's exempt status with respect to such arrangements? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
17 18	the organization's exempt status with respect to such arrangements? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website Upon request Other (explain on Schedule O)	501(c)		
17	the organization's exempt status with respect to such arrangements? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	501(c)		

619-795-8365

Form 990 (2021)	OCEAN DISCOVERY INSTITUTE	33-0862531	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, H	ighest Compensated	

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

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, 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 i	related organization compensated any	current officer,	director, or trustee.
	(C)		

	T			10	-1				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	ss pe	ition more ti	han one both an /trustee	Reportable	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Shara Fisler	40.00	40	6						
Executive Director	0.00		-	Х	_		137,510		10,257
(2) Scott Grimes	5.00								
Board Chair	0.00	X	-	Х	\perp	_			
(3) Dan McClellan	5.00					ı			
Board Member	0.00	Х	┼	Ш	_	-			
(4) Mindy Dominek	5.00	.,							
Treasurer	0.00	Х	╀	Х	-				
(5) Claudia Rodriguez	5.00	١.,							
Board Member	0.00	Х	₩	Н	_		-		
(6) Kurt Gering	5.00	١.,						}	
Secretary	0.00	X	\vdash	X	-				
(7) Carolina Barraza	5.00	,,							
Board Member	0.00	Х	-	Н		-			
(8) Heather Bentley	5.00	,							
Board Member	0.00	X	-	-	+	+	_		-
(9) Rudy Vargas	5.00			,		- 1	1		u u
Vice Chair	0.00	Х	\vdash	Х	+	-+			
(10) Theodore J. Griswold	5.00								
Board Member	0.00	Х	\vdash		+	-			
(11) Stewart A. Halpern	5.00								
Board Member	0.00	Х	\vdash		+	\dashv			
(12) John Johns Board Member	5.00								
	0.00	X	┼		-	-	-		
(13) Dr. Noelle Norton Board Member	5.00	_							
(14) Tara Marathe	0.00 5.00	Х	-	\vdash	+	_	 		
Board Member		\ \							
Doard Welliber	0.00	X							

P	art VII Section A. Officers, Directors, Tru	ustees, Key Em _l	ploye	es,	and	Hi,	ghes	t C	ompensated Em	ployees (contin	ued)		
	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson irecto	than is both	n an	(D) Reportable compensation	(E) Reportable compensation		(F) nated am of other	ount
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	npensati from the nization I organiz	and
(15)	Jessica Mier	5.00											
	rd Member	0.00	Х										
	Jasmin Sanders	5.00											
	rd Member Vanessa Sandoval	0.00 5.00	X					_	-	,			
-11	rd Member	0.00	Х	100				1					
(18)								1					
(19)							-						
(20)					_	4							
(21)					4			4					
(22)						8							
(23)		4			1								
(24)			X										
										>			
(25)			9										
1b	Subtotal							•	137,510	0		10	,257
С	Total from continuation sheets to Part VII, So	700			•				0	0			0
d 2	Total (add lines 1b and 1c).				_				137,510	0		10	,257
2	Total number of individuals (including but not lir reportable compensation from the organization		ieu a	DOV	e) w	mo	recei	veu	i more than \$100,	000 01			1
	operation and the organization											Yes	No
3	Did the organization list any former officer, dire									į.			
	employee on line 1a? If "Yes," complete Sched	ule J for such ind	dividu	ıal .	*		, ,				3		Χ
4	For any individual listed on line 1a, is the sum of												
	the organization and related organizations greating industrial									'			
_											4		X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye										5	100	~
Sec	tion B. Independent Contractors	es, complete sc	neuu	10 0	101	Suc	πρει	301	<i></i>		3		X
1	Complete this table for your five highest compe	ensated independ	dent o	cont	ract	ors	that	rece	eived more than \$	100,000 of			
	compensation from the organization. Report co	mpensation for t	he ca	alen	dar	yea	r end	ling	with or within the	organization's t	ax ye	ar.	
	(A) Name and business add	ress							(B) Description of serv	ices C	(C) ompen		
													0
													0
								_					0
	* ***							_					0
2	Total number of independent contractors (included more than \$100,000 of companyation from the		ed to	thos	se li	sted	dabo						
	more than \$100,000 of compensation from the	organization						0				ARREST.	

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
9 9	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
عَ ق	С	Fundraising events	1c	328,997				
fts P	d	Related organizations	1d	0				
<u>a</u>	е	Government grants (contributions)	1e	527,891				
Sim	f						1	
함		similar amounts not included above	1f	1,847,271				
들	g	Noncash contributions included in						
d th	9	lines 1a–1f	1g	\$ 19,108				
ပြွန်	h	Total. Add lines 1a–1f			2,704,159			
		Totali, as imos is in	• •	Business Code	2,101,100		King and the second	
ě	2a	Program fees and income			295,000	295,000		
<u>~</u>	b				0	20,000		
gram Serv Revenue	С				0			-
E S	d				0		-	
Re	e				0	-		
Program Service Revenue	f	All other program service revenue			Ò			
Δ.	q	Total. Add lines 2a–2f			295,000			
	3	Investment income (including dividends, in			200,000			
	•	other similar amounts)			1,120			1,120
	4	Income from investment of tax-exempt bon			0			1,120
	5	Royalties		A 400	0			
		(i) Rea		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from (i) Securi	ties	(ii) Other				
		sales of assets	-					
		other than inventory 7a	0	2,500				
9	b	Less: cost or other basis	-	2,000				
Revenue		and sales expenses 7b	0	17,191				
6	c	Gain or (loss) 7c	0					
P. R	d				-14,691			-14,691
e l	8a	Net gain or (loss) . Gross income from fundraising			14,001		DISTRIBUTE OF	-14,001
t t	100.00	events (not including \$ 328,997						
		of contributions reported on line 1c).						
		See Part IV, line 18	8a	39,850				
	b	Less: direct expenses	8b	61,751				
	С	Net income or (loss) from fundraising even	ts		-21,901			-21,901
	9a	Gross income from gaming activities.						
		See Part IV, line 19	9a	o				
	b	Less: direct expenses	9b	0				
	С	Net income or (loss) from gaming activities			0			
ľ	10a	Gross sales of inventory, less						
		returns and allowances	10a	o				
	b	Less: cost of goods sold	10b	1,554				
	c	Net income or (loss) from sales of inventor			-1,554			
v		() saise 5 sinter		Business Code	1,001			
о Ф	11a				0			***
Miscellaneous Revenue	b				0			
s selection	C				0			***
SS SS	d	All other revenue			0	· · · · · · · · · · · · · · · · · · ·		
Ξ	е	Total. Add lines 11a–11d			0			
	12	Total revenue. See instructions		•	2 962 133	295 000	0	-35 472

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX								
	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						
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		100				
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors,							
	trustees, and key employees	137,510	55,004	41,253	41,253			
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	1,036,253	707,942	170,024	158,287			
8	Pension plan accruals and contributions (include		4					
	section 401(k) and 403(b) employer contributions)	0						
9	Other employee benefits	89,141	57,942	16,045	15,154			
10	Payroll taxes	87,727	57,023	15,791	14,913			
11	Fees for services (nonemployees):	4.4	-					
а	Management	125,182	118,240	6,942				
b	Legal	0						
C	Accounting	14,100		14,100				
d	Lobbying	0						
е	Professional fundraising services. See Part IV, line 17	0						
f	Investment management fees	0	4 5 4 4 4 4					
g	Other. (If line 11g amount exceeds 10% of line 25, column	mr.						
	(A), amount, list line 11g expenses on Schedule O.)	0						
12	Advertising and promotion	45		45				
13	Office expenses	37,013	33,576	1,719	1,718			
14	Information technology	28,737	22,989	2,874	2,874			
15	Royalties	0						
16	Occupancy	84,924	67,940	8,492	8,492			
17	Travel	23,355	22,472	883				
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	0						
20	Interest	6,462		1,292	5,170			
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	508,256	406,605	50,826	50,825			
23	Insurance	25,286	17,581	7,705				
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.)							
a	Equipment and Rental Maintenance	37,499	30,256	4,369	2,874			
b	Bad debt	0	40.040	4.533	4.570			
C	Postage and Printing	15,763	12,610	1,577	1,576			
d	Licenses and Permits	1,975	1,975	1010				
e	All other expenses	10,830	8,508	1,618	704			
25	Total functional expenses. Add lines 1 through 24e .	2,270,058	1,620,663	345,555	303,840			
26	Joint costs. Complete this line only if the			ľ				
	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation. Check here if							
	following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet

(A) (B) Beginning of year End of year 1,569,326 1 3,571,016 2 600,000 2 3 320,000 3 4 80,621 55,498 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% o 5 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 74 7,279 8 5,725 9 49,892 9 90,514 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 17.377.800 16,128,370 10c Less: accumulated depreciation 10b 1.730.372 15,647,428 11 Investments—publicly traded securities 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 Other assets. See Part IV, line 11 15 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 33) 18,755,488 16 19,370,181 17 39.945 17 Accounts payable and accrued expenses 47,376 18 18 19 11,111,667 19 11,032,642 20 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 0 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 380.834 23 375,046 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 0 25 Total liabilities. Add lines 17 through 25 26 11,532,446 26 11,455,064 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . . . 6,977,161 27 7,510,231 28 245,881 28 404,886 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund ol 30 31 Retained earnings, endowment, accumulated income, or other funds . . . 0 31 32 7,223,042 32 7,915,117 Total liabilities and net assets/fund balances 18,755,488 19,370,181

Form 990 (2021)

Part	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)		2,962	2,133
2	Total expenses (must equal Part IX, column (A), line 25)		2,270	0,058
3	Revenue less expenses. Subtract line 2 from line 1		692	2,075
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			3,042
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))		7,915	5,117
Part				
	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:			500
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.	28		
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 Donsolidated 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		- 4	
	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			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		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		
		Form	990 ((2021)