Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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.

Address change Number and street or PC. Doc if mail is not delivered to street address) Roombaute 33-0862531	A			endar year, or tax year beginning	, and e	nding		(A)	
Name change	В	Check if a	applicable:	C Name of organization OCEAN DISCOVERY INSTITUTE			D Employer i	dentification	number
Name cheege Chy or brown State ZiP code Chy or brown State ZiP code Chy or brown	∐.	Address	change	Doing business as				•	000
Initial return State Application price State Application price Application Application price Application Applicati				Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		33-0862531		
San Diego CA 92105 Carriery remainded Presign country name Foreign province/state/scountry Foreign postal code Carriery Foreign postal code Carriery Foreign country name Foreign province/state/scountry Foreign postal code Carriery Carri		Name ch	ange	4255 Thorn Street			E Telephone r	number	
Final Intervitemental Company Final Intervitemental Company Foreign province Intervitemental Company Foreign province Intervitement Foreign province Interv		Initial retu	ırn	City or town State	ZIP code		(040) 705 00	CE	
Amended return Foreign postal code C	\Box			San Diego CA	92105		(619) 795-83	505	
Application pending Famme and address of principal officer: Sharaf Fisiter 4255 Thorn Street, San Diego, CA 92105 Tax-expends status:	ш.	Finai return	/terminated	Foreign country name Foreign province/state/county	Foreign postal	code			
Application pending Famme and address of principal officer: Sharaf Fisiter 4255 Thorn Street, San Diego, CA 92105 Tax-expends status:	\Box	Amended	return		N=0. 150		G Gross recei	pts \$	4,019,373
Tax-excempt status: X Sol (c) (C) Cost (c	\equiv			F. Name and address of mining of the					
Tax-exempt status: X 501(c)(X) 501(c) (meet no.) 4847(a)(1) or 527 Webster: WWW.0ceandiscoveryinstitute.org Fit (Pics appeared in instructions Fit (Pics	<u></u>	Application	on pending	* *				400	Yes X No
Website: WWW OceanScoveryinstitute org				Shara Fisler 4255 Thorn Street, San Diego, CA 92105		H(b) Ar	e all subordinates	included?	Yes No
Website: WWW oceandiscoveryinstitute.org	1	Tax-exen	npt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)) or 527	lf'	"No," attach a list.	See instructi	ons
Part Summary Briefly describe the organization's mission or most significant activities: See Schedule O See Schedule O	_	Website	. \		<u></u>	Han Cr	ave everation of	ımbor	
Summary Company Comp	-				T	W			
The property of the program service revenue (Part VIII, column (A), lines 3.4, and 70). Total revenue—add lines 8 through 11 (must equal Part VIII), column (A), lines 1-3). Total revenue—add lines 8 through 11 (must equal Part VIII), column (A), lines 1-3). Total revenue—add lines 8 through 11 (must equal Part VIII), column (A), lines 5-10). Total revenue—add lines 8 through 11 (must equal Part VIII), column (A), lines 5-10). Total total revenue—add lines 8 through 11 (must equal Part VIII), column (A), lines 5-10). Total total revenue—add lines 8 through 11 (must equal Part VIII), column (A), lines 5-10). Total total revenue—add lines 8 through 11 (must equal Part VIII), column (A), lines 5-10). Total total revenue—add lines 8 through 11 (must equal Part VIII), column (A), lines 5-10). Total total revenue—add lines 8 through 11 (must equal Part VIII), column (A), lines 5-10). Total total revenue—add lines 8 through 11 (must equal Part VIII), column (A), lines 5-10). Total total revenue—add lines 8 through 11 (must equal Part VIII), column (A), lines 5-10). Total total revenue—add lines 8 through 11 (must equal Part VIII), lines 15-10. Total total revenue—add lines 8 through 11 (must equal Part VIII), column (A), lines 15-10. Total total revenue—add lines 8 through 11 (must equal Part VIII), column (A), lines 5-10). Total fundraising expenses (Part IX, column (A), lines 15-10). Total fundraising expenses (Part IX, column (A), lines 15-10). Total fundraising expenses (Part IX, column (A), lines 15-10). Total fundraising expenses (Part IX, column (A), lines 15-10). Total sessets or tund balances. Subtract line 21 from line 20. Total isabilities (Part X, line 16). Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). Total isabilities (Part X, line 16). Total expenses (Part X, line 16). Total expen		77-575 TO 20 Books	organization	: X Corporation Trust Association Other	L Yea	r of forma	ation: 1999	M State of	legal domicile: CA
Check this box	P	art I	Sui	nmary		-			
Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 2,704,159 3,352,00 295,000		1	Briefly d	escribe the organization's mission or most significant activitie	s: See	Schedu	ıle O		
Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 2,704,159 3,352,00 295,000	8								
Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 2,704,159 3,352,00 295,000	an					77			
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Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 2,704,159 3,352,00 295,000	£	5	Total nu	mber of individuals employed in calendar year 2022 (Part V, li	ine 2a)			5	41
Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 2,704,159 3,352,00 295,000	₩.	6			40		Г	6	212
B Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	Ä	7a			•			7a	0
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8		 ~	1101 0111	tated business taxable income nomin cim see 1, 1 at 1, into 1		<u> </u>		-	Current Vear
9		۵	Contribu	tions and grants (Part VIII, line 1h)				150	
11 Other revenue (Part VIII, column (A), lines 5, 68, 8c, 9c, 10c, and 11e).	3	1000	Dragram	tions and grants (Part VIII, line III)					
11 Other revenue (Part VIII, column (A), lines 5, 68, 8c, 9c, 10c, and 11e).	en G	220	Program	service revenue (Part VIII, line 2g)					
11 Other revenue (Part VIII, column (A), lines 5, 68, 8c, 9c, 10c, and 11e).	é								318
13 Grants and similar amounts paid (Part IX column (A), lines 1–3)	-								199,388
14 Benefits paid to or for members (Part IX, column (A), line 4)							2,962,	133	3,846,709
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . 1,350,631 1,869,987 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0		13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)				0	0
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . 1,350,631 1,869,987 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0		14	Benefits	paid to or for members (Part IX, column (A), line 4)				0	0
16a Professional fundraising fees (Part IX, column (A), line 11e) 0	S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines	s 5–10) . .		1.350.	631	1,869,986
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 2,270,058 2,977,18 19 Revenue less expenses. Subtract line 18 from line 12 692,075 869,52 20 Total assets (Part X, line 16) 19,370,181 19,639,33 21 Total liabilities (Part X, line 26) 11,455,064 10,854,664 22 Net assets or fund balances. Subtract line 21 from line 20 7,915,117 8,784,64 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Signature of officer Shara Fisler Type or print name and title Print/Type preparer's name Preparer's signature Roland W Munger Print/Type preparer's name Preparer's signature Roland W Munger Print/Type preparer's name Preparer's signature Roland W Munger Firm's name Munger & Company, CPAs Firm's name Munger & Company, CPAs Firm's address 2170 South El Camino Real, Suite 217, Oceanside, CA 92054 Phone no. 760-730-8020	38	16a					.,,		0
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19 Revenue less expenses, Subtract line 18 from line 12 Beginning of Current Year End of Year									
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Shara Fisler Shara Fisler Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Roland W Munger Firm's name Munger & Company, CPAs Firm's address 2170 South El Camino Real, Suite 217, Oceanside, CA 92054 Phone no. 760-730-8020	200					Beginn			
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Shara Fisler Shara Fisler Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Roland W Munger Firm's name Munger & Company, CPAs Firm's address 2170 South El Camino Real, Suite 217, Oceanside, CA 92054 Phone no. 760-730-8020	Z P	21							10,854,684
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Shara Fisler Type or print name and title Print/Type preparer's name Preparer's signature Roland W Munger Firm's name Munger & Company, CPAs Firm's address 2170 South El Camino Real, Suite 217, Oceanside, CA 92054 Phone no. 760-730-8020			Net asse	ts or fund balances. Subtract line 21 from line 20			7,915,	117	8,784,644
Sign Here Signature of officer Shara Fisler Paid Preparer Use Only Prim's name Munger & Company, CPAs Firm's address 2170 South El Camino Real, Suite 217, Oceanside, CA 92054 Firm's address 2170 South El Camino Real, Suite 217, Oceanside, CA 92054 Phone no. 760-730-8020	Pa	rt II	Sig	nature Block					
Sign Here Signature of officer Shara Fisler Paid Preparer Use Only Prim's name Munger & Company, CPAs Firm's EIN 47-3342732 Firm's address 2170 South El Camino Real, Suite 217, Oceanside, CA 92054 Poate Executive Director Executive Director Date Check if Self-employed P01871456 Firm's EIN 47-3342732 Phone no. 760-730-8020					- and the second of the second		and and an experience of the second		
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Shara Fisler Type or print name and title Print/Type preparer's name Preparer Use Only Roland W Munger Munger & Company, CPAs Firm's name Munger & Company, CPAs Firm's address 2170 South El Camino Real, Suite 217, Oceanside, CA 92054 Phone no. 760-730-8020	Sic	ın					9	LLt	165
Paid Preparer Use Only Shara Fister Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Roland W Munger Roland W Munger Firm's name Munger & Company, CPAs Firm's EIN Firm's Address Firm's address Firm's address Firm's address Firm's Address Firm's Address Firm's EIN			Signatu	re of officer			Date (1 -	
Print/Type preparer's name	пе	e	Shara	Fisler	Exec	utive D	irector		
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Preparer Use Only Roland W Munger 8/23/2023 self-employed P01871456 Firm's name Munger & Company, CPAs Firm's EIN 47-3342732 Firm's address 2170 South El Camino Real, Suite 217, Oceanside, CA 92054 Phone no. 760-730-8020	Pai	id		All Ma				eck if	
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Firm's address 2170 South El Camino Real, Suite 217, Oceanside, CA 92054 Phone no. 760-730-8020		•	1 1000	s name Munger & Company, CPAs			Firm's EIN 4	17-334273	2
	US	Uniy			10 CA 020E4				
May the IRS discuss this return with the preparer shown above? See instructions			the second				Phone no.	00-130-80	
Tes	May	the IR	S discus	s this return with the preparer shown above? See instructions	3				X Yes No

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?
	services?
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.
4a	(Code:) (Expenses \$ 2,220,999 including grants of \$) (Revenue \$ 295,000)
	OCEAN DISCOVERY INSTITUTE (THE INSTITUTE) IS A CALIFORNIA NON-PROFIT CORPORATION ORGANIZED IN
	1999. TO INSPIRE THE NEXT GENERATION OF SCIENCE LEADERS, OCEAN DISCOVEY INSTITUTE CREATES
	LEARNING EXPERIENCES FOR YOUNG PEOPLE TRAIDITIONALLY EXCLUDED FROM SCIENCE DUE TO RACE, INCOME
	STATUS, AND EDUCATIONAL OPPORTUNITY. THE EDUCATION SERVICES ARE PROVIDED TUITION FREE AND
	PRIMARILY BENEFIT LOWER INCOME STUDENTS IN CITY HEIGHTS, CA CURRENTLY, APPROXIMATELY 6,000 YOUNG PEOPLE PARTICIPATE IN HANDS ON SCIENCE AND CONSERVATION PROGRAMS AND THE INSTITUE IS GROWING TO
	SERVE 10,000 STUDENTS. THE INSTITUTE ALSO ENGAGEES SAN DIEGO TEACHERS, STEM PROFESSIONALS, AND
	COMMUNITY MEMBERS AS VOLUNTEERS
	COMMUNITY MEMBERS AS VOLUNTEERS.
41	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(7)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	,
Aci	Other program continue (Describe on Cabadula O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 2,220,999

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			_
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		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		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		Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
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,		TRAN	
	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		- 1	
	Schedule D, Part VI	11a	Χ	
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		Х
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		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		.	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes,"</i>			.,
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
D	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	1	v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Х
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	"		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		^
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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		Х
	25. State of the s			

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
	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			
00	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%			
27	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		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27		X
20	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? <i>If</i>			2000
u	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		<u> </u>
٠	"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			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Tage 1	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
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	Wife h		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

Form 9	Form 990 (2022) OCEAN DISCOVERY INSTITUTE 33-0862531							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4	1						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	1	100	3				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	25						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
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		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).	- W.	25/24	1995				
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						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.2						
	required to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	2.00	17.17.					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
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			4357				
	sponsoring organization have excess business holdings at any time during the year?	8		34.56221				
9	Sponsoring organizations maintaining donor advised funds.			2000				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	IN QUARTED IN	00000000				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:	0.0						
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	124		36.95				
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.	104	200	1960				
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? <i>If "No," provide an explanation on Schedule O</i>	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	- "						
- en	excess parachute payment(s) during the year?	15		Х				
		13						
40	If "Yes," see the instructions and file Form 4720, Schedule N.	155000	14446	V				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>				
	If "Yes," complete Form 4720, Schedule O.		2353	28-				
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 "Vas " complete Form 6060	100	2011					

Part VI

Sect	tion A. Governing Body and Management			
4.			Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 1a 19			
	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.			
h				
b 2	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		_
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		X
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	,		\
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	0		
7 4	one or more members of the governing body?	70		\ _V
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		X
D	stockholders as nessens other than the security to the	7h		_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		X
Ü	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	OD	^	
-	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		\I }	
	new 211 energy (11110 eventual 21 equation maintainer about pension net required by the internal revenue c	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
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	Χ	
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		X
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		
	ion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed CA	047		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	U1(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website			
19				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol and financial statements available to the public during the tax year.	сy,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0				
	Elvia Meza 619-795-8365 4255 Thorn Street, San Diego, CA 92105			

Dort VIII	Company of Officers Disease T. A. K. E. J. W. W. E. J. W. E. J. W. E. J. W. E. J. W.	33-0002331	Page
Form 990 (2022)	OCEAN DISCOVERY INSTITUTE	33-0862531	D "

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.

							-			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box.	unles er an	Pos neck	erson	n oth sor/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(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	-	b							
Executive Director (2) Scott Grimes	0.00	_	-	X	\vdash	\vdash		132,755		7,191
Board Chair	5.00	100		x						
(3) Dan McClellan	5.00	^	\vdash	-	⊢	 	_			
Board Member	0.00	X								
(4) Mindy Dominek	5.00	<u> </u>	\vdash	_			_			
Treasurer	0.00	X		Х						
(5) Kurt Gering	5.00	<u> </u>	\vdash	<u> </u>	\vdash					
Secretary	0.00	X		х						
(6) Carolina Barraza	5.00		T							
Board Member	0.00	x								
(7) Heather Bentley	5.00									
Board Member	0.00	X								
(8) Rudy Vargas	5.00									
Vice Chair	0.00	Х		X						
(9) Theodore J. Griswold	5.00									
Board Member	0.00	Х								
(10) John Johns	5.00									
Board Member	0.00	Х								
(11) Dr. Noelle Norton	5.00									
Board Member	0.00	X								
(12) Tara Marathe	5.00									
Board Member	0.00	X		_						-
(13) Jessica Mier	5.00	١								
Board Member	0.00	Х	\vdash		\vdash		-			
(14) Jasmine Davenport	5.00									
Board Member	0.00	Χ								

Form 990 (2022)

33-0862531

Part VII Section A. Officers, Directors, Iru	istees, Key Emi	oloye	es,	and	HI E	gnes	t Co	ompensated En	iployees (contin	ued)
(A) Name and title	(B) Average hours per week	box,	unles er and	Pos neck ss pe d a d	rson	than is both	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(15) Vanessa Sandoval	5.00	V						-	7	
Board Member (16) Vanessa Sandoval	0.00 5.00	X	_	_	_		-			
Board Member	0.00	х								
(47) O OI-I-II	5.00	<u> </u>			-					
Board Member	0.00	х					1			
(18) Tres Conrigue	5.00						1			
Board Member	0.00	х								
(19) Ileana Ovalle	5.00					4				
Board Member	0.00	X								
(20) Scott Pearson	5.00					1			2	
Board Member	0.00	X				9	-4			
(21)			. 0	4	The same		1			
(00)		-	-	7	-	-	-			
(22)		1		9						
(23)		V								
(24)										-
(25)	*									
1b Subtotal								132,755	0	7 101
c Total from continuation sheets to Part VII, Se			٠		٠			132,733	0	7,191
d Total (add lines 1b and 1c)	400							132,755		7,191
Total number of individuals (including but not line)	mited to those lis									7,101
reportable compensation from the organization				,						1
X .										Yes No
3 Did the organization list any former officer dire										
employee on line 1a? If "Yes," complete Sched	ule J for such inc	dividu	ıal .							3 X
4 For any individual listed on line 1a, is the sum of	•	•						•		
the organization and related organizations grea	ter than \$150,00	00? If	"Ye	s,"	com	plete	Sc.	hedule J for suc	h	
individual										4 X
5 Did any person listed on line 1a receive or accr	7. E			•			-			Cat has a
for services rendered to the organization? If "Ye	es," complete Sc	hedu	le J	for	suc	h pei	rson	<u></u>		5 X
Section B. Independent Contractors									\$400.000 f	
 Complete this table for your five highest compe compensation from the organization. Report co 										av vear
(A)	inperisation for t	110 00	alCi i	uai	yca	Cit	<u>g</u>	(B)	organization's	(C)
Name and business add	ress							Description of ser	vices (Compensation
										C
										C
										C
		_								
2 Total number of independent automates ("")	ding but not the "	- 1 100	41	a c ''	24-	d c1-		uba rassinad		C
2 Total number of independent contractors (included more than \$100,000 of compensation from the		ea to	เทอ	se II	ste	abo 0	35.	who received		
			-	-						THE OWNER OF THE OWNER OWNER OF THE OWNER OWN

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 0	1a	Federated campaigns	1a	0				sections 312-314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
ن ق	С	Fundraising events	1c	0				
ifs r	d	Related organizations	1d	0				
nia G	е	Government grants (contributions)	1e	1,059,579				
Contributions, Gifts, and Other Similar An	f	All other contributions, gifts, grants, and					1	Shipping to the
he te		similar amounts not included above	1f	2,292,424		4.4		
불중	g	Noncash contributions included in						
Son		lines 1a–1f	1g					
	h	Total. Add lines 1a–1f			3,352,003			
ø	2-	Drogram food and income		Business Code	205.000	205 000		
Program Service Revenue	2a b	Program fees and income			295,000			
gram Serv Revenue	C				0			
E S	d				. 0			
Re	6				0			
õ	f	All other program service revenue			0			
0_	q	Total. Add lines 2a–2f			295,000			
	3	Investment income (including dividends, in			. 4			
		other similar amounts)			318			318
	4	Income from investment of tax-exempt bon	d pro	ceeds	0			
	5	Royalties			0			
		(i) Rea	1	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses . 6b						
	С	Rental income or (loss) 6c	0	0				
	d 7a	Net rental income or (loss)	ties .	(ii) Other	0			
	/a	sales of assets	ues .	(ii) Other				
		other than inventory 7a	0	o				
9	b	Less: cost or other basis	-					
Revenue		and sales expenses 7b	0	o				
Sev.	С	Gain or (loss) 7c	0					
-	d	Net gain or (loss)			0			
Othe	8a	Gross income from fundraising						
0		events (not including \$ 0						
		of contributions reported on line 1c).						
		See Part IV, line 18	8a	372,052				
		Less: direct expenses	8b	172,664	400.200			400,000
	с 9а	Gross income from gaming activities.	lS .	 	199,388			199,388
	Ja	See Part IV, line 19	9a	ol				
	b	Less: direct expenses	9b	0				
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less						
		returns and allowances	10a	0				
	b	Less: cost of goods sold	10b	0				
	С	Net income or (loss) from sales of inventor	/ . .		0			
S				Business Code				RVC RESERVED
e e	11a				0			
scellaneo Revenue	b				0			
is se	C	All all			0			
Miscellaneous Revenue	d	All other revenue		L	0		PERSONAL PROPERTY.	
	<u>е</u> 12	Total. Add lines 11a–11d	• •		3.846.709	295.000	0	199 706
	14	I JULIA I LEVETIUE. OUU III SII UCIIONS			3.040.709	. 290.000	(1)	199 70h

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete all columns.	s. All other organizations 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		Long	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	132,755	53,115	39,820	39,820
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	1,535,468	1,114,641	193,731	227,096
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	13,391	9,374	1,875	2,142
9	Other employee benefits	93,743	65,620	13,124	14,999
10	Payroll taxes	94,629	66,240	13,248	15,141
11	Fees for services (nonemployees):	4.4			
а	Management	0			
b	Legal	0	<u> </u>		
С	Accounting	9,800		9,800	
d	Lobbying	0			
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	A 440.000	440.400		
40	(A), amount, list line 11g expenses on Schedule O.)	118,899	113,182	5,717	
12	Advertising and promotion	2,678	21.000	2,678	
13	Office expenses	94,306	91,090	1,608	1,608
14	Information technology	28,112	22,490	2,811	2,811
15	Royalties	70.007	00.004	7,000	7.000
16 17	Occupancy	78,827	63,061	7,883	7,883
18	Travel	91,609	89,696	1,913	
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	10,486		2,097	8,389
21	Payments to affiliates	10,400		2,007	0,309
22	Depreciation, depletion, and amortization	522,978	418,382	52,298	52,298
23	Insurance	34,299	26,310	7,989	32,230
24	Other expenses. Itemize expenses not covered	01,200	20,010	1,000	
	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	47,946	40,955	4,146	2,845
b	Bad debt	0			
С	Postage and Printing	20,951	16,761	2,095	2,095
d	Licenses and Permits	7,439	7,439		
е	All other expenses	38,866	22,643	12,196	4,027
25	Total functional expenses. Add lines 1 through 24e	2,977,182	2,220,999	375,029	381,154
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if		ļ		
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X X (A) (B) Beginning of year End of year 1 3,571,016 1 4,247,879 2 0 2 3 O 3 0 4 55,498 4 90,726 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 0 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 6 Assets 7 74 5,725 8 5,650 9 Prepaid expenses and deferred charges . . . 9 90,514 84,707 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 17,421,128 Less: accumulated depreciation 10b 2,242,270 15,647,428 **10c** 15,178,859 11 Investments—publicly traded securities 0 11 0 12 Investments—other securities. See Part IV, line 11. 0 12 0 13 Investments—program-related. See Part IV, line 11. . . 0 13 0 14 Intangible assets 0 14 0 15 0 15 31,507 16 Total assets. Add lines 1 through 15 (must equal line 33) . 19,370,181 16 19,639,328 17 47,376 17 63,805 18 18 19 11,032,642 19 87,500 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 22 Liabilities 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 0 22 Secured mortgages and notes payable to unrelated third parties 23 375,046 23 148,361 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 10,555,018 Total liabilities. Add lines 17 through 25 26 11,455,064 26 10,854,684 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 . . . 7,510,231 27 8,110,856 28 404,886 28 673,788 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 0 30 Paid-in or capital surplus, or land, building, or equipment fund 0 30 31 Retained earnings, endowment, accumulated income, or other funds . . . 0 31 32 7,915,117 32 8,784,644 Total liabilities and net assets/fund balances . . . 19,370,181 33 19,639,328

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?...

If the organization changed either its oversight process or selection process during the tax year, explain on

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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.

Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Form 990 (2022)

3a

3b

2c | X