DISASTER RELIEF CA-2023-02

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 2023 A For the 2022 calendar year, or tax year beginning OCT 2022 and ending SEP Check if applicable C Name of organization D Employer identification number X Address change Name change CALIFORNIA OCEAN SCIENCE TRUST 65-1261006 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1610 R STREET 300 510-251-8320 11,328,706. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 95811 SACRAMENTO, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ELIZABETH WHITEMAN for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.OCEANSCIENCETRUST.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other Year of formation: 2003 M State of legal domicile: CA Trust Part I Summary Briefly describe the organization's mission or most significant activities: SCIENCE ADVISOR TO STATE **Activities & Governance** AGENCIES, CONVENING WORKING GROUPS & STAKEHOLDERS RELATED TO THE 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 13 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 709,055. 11,135,578. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 2.109. 193,128. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 11 711,164 11,328,706 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,115,175. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 953,368. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 214,660. 370,467. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,168,028. 1,485,642. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -456,864. 9,843,064. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,828,866. 11,776,170. Total assets (Part X, line 16) 454,576. 884,156. 21 Total liabilities (Part X, line 26) 三年 374,290. 892,014 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ELIZABETH WHITEMAN, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 07/27/24 P00184377 THOMAS O. HATFIELD THOMAS O. HATFIELD self-employed Paid MOWAT MACKIE & ANDERSON LLP Firm's EIN 94-6357165 Preparer Firm's name Firm's address 1999 HARRISON STREET, SUITE 1500 Use Only Phone no. 510 - 893 - 1120 OAKLAND, CA 94612-3577 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Fai	Clatement of Frogram 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:
	CALIFORNIA OCEAN SCIENCE TRUST (OST) IS A NON-PROFIT ORGANIZATION
	DEDICATED TO ACCELERATING PROGRESS TOWARDS A HEALTHY AND PRODUCTIVE
	OCEAN FUTURE FOR CALIFORNIA. CREATED BY STATE LEGISLATION, OST BRIDGES
	THE GAP BETWEEN CUTTING-EDGE SCIENTIFIC RESEARCH AND SOUND OCEAN
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$1,063,034. including grants of \$) (Revenue \$)
	PROJECTS AND INITIATIVES UNDERTAKEN DURING THIS PERIOD INCLUDE THE
	COMPLETION OF THE UPDATED SEA LEVEL RISE GUIDANCE REPORT; EXPLORING
	NATURE-BASED INSURANCE SOLUTIONS TO SEA LEVEL RISE THROUGH CONVENING
	INDUSTRY, POLICY-MAKERS, AND THE ACADEMIC SCIENCE COMMUNITY; ADVANCING
	SCIENCE-BASED PATHWAYS FOR MULTI-BENEFIT SEAWEED FARMING; ELEVATING
	AWARENESS AND UNDERSTANDING OF OCEAN-BASED CDR AMONG CALIFORNIA'S
	LAWMAKERS; LAUNCHING DEVELOPMENT OF SCIENTIFICALLY RIGOROUS
	RECOMMENDATIONS REGARDING WIND ENERGY SITING, AND AN ENVIRONMENTAL
	MONITORING AND EVALUATION FRAMEWORK, AND SYNTHESIZING SCIENTIFIC
	INFORMATION ABOUT BIODIVERSITY IMPACTS AND POTENTIAL PROTECTION
	MEASURES; AND CONTINUING OUR WORK TO EXPLORE DYNAMIC FISHERY PERMITTING
	ALTERNATIVES ON A STATE AND FEDERAL LEVEL.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{1}{2} \text{ including grants of \$}\frac{1}{2} \text{ (Revenue \$}\frac{1}{2} \t
4e	Total program service expenses 1,063,034.
	Form 990 (2022)

Form 990 (2022) CALIFORNIA OCEAN SCIENCE TRUST 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		X
0	Schedule D, Part III	-		1
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			
	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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
.5		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
13	,	19		x
20-	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b O4	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			_v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form	990 (2022) CALIFORNIA OCEAN SCIENCE TRUST 65-126	1006	Р	age 4
Pai	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 employees? If "Yes," complete			
	Schedule J	23	Х	
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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.10		
·	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
	• • • • • • • • • • • • • • • • • • • •	240		\vdash
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
	Schedule L, Part I	25b		
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%			177
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	1
Pai		, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1	5		
		ō		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	
				(2022)

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	990 (2022) CALIFORNIA OCEAN SCIENCE TRUST 65-1261	000	P	age ɔ
Par	TV 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 13		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	37
	0 , , , , , , , , , , , , , , , , , , ,	3a		X
	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	.		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filling requirements for FinCFN Form 114. Beneat of Foreign Benk and Financial Accounts (FDAR)			
E o	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
oa	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.2		
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-		
	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.	40		
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 13b	-		
	Enter the amount of reserves on hand Did the examination receive any payments for indeed tenning convices during the tay year?	140		Х
14a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation on School to O	14a 14b		 ^ `
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10		
13	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	.5		
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		

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If "Yes," complete Form 6069

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line oa, ob, or rob below, describe the circumstances, processes, or changes on schedule O. see instructions.									
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management			l						
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 10	-								
	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	4								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х						
•	officer, director, trustee, or key employee?	2								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x						
	of officers, directors, trustees, or key employees to a management company or other person?	<u>3</u> 4		X						
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		X						
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- °								
7a		70	Х							
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a	21							
b		7b		x						
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75								
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	- 21	х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00								
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	(This Section B requests information about policies not required by the internal nevertie Gode.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	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	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
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	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
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	X							
b	Other officers or key employees of the organization	15b		X						
	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								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finano	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	LORI ZOOK - 510-251-8320 1610 R STREET, 300, SACRAMENTO, CA 95811									
	1010 K SIKEEI, 300, SACKAMENIO, CA 33011									

Form **990** (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ELIZABETH WHITEMAN EXECUTIVE DIRECTOR	40.00			х				161,532.	0.	6,929.
(2) ANTHONY C ROGERS	40.00			25				101,332.	•	0,525.
EMPLOYEE	1000	1				x		118,881.	0.	8,619.
(3) LORI ZOOK	40.00									
DIR OF FINANCE AND ADMINIS				х				107,652.	0.	13,985.
(4) NANCY SUTLEY	1.00									
CHAIR		Х		Х				0.	0.	0.
(5) PHILLIP TAYLOR	1.00	1							_	_
TREASURER	1	Х		Х				0.	0.	0.
(6) JONATHAN BISHOP	1.00	ļ								•
TRUSTEE	1 00	Х						0.	0.	0.
(7) GARY GRIGGS	1.00	·							0	•
TRUSTEE (8) JEN ECKERLE	1.00	Х	\vdash					0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(9) ALEXIS JACKSON	1.00							0.	0.	<u> </u>
TRUSTEE	1.00	х						0.	0.	0.
(10) MARGARET LEINEN	1.00									
TRUSTEE		Х						0.	0.	0.
(11) MICHELE PERRAULT	1.00									
TRUSTEE		Х						0.	0.	0.
(12) KARINA NIELSEN	1.00									
TRUSTEE		Х						0.	0.	0.
(13) MARGARET SPRING	1.00]							_	_
TRUSTEE		Х						0.	0.	0.
		1								
		<u> </u>				_				
	-	1								
	+	 								
		1								
-						\vdash				
		1								
		1		ı				1		Form 990 (2022)

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Section A. Officers	s, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)	—			
(A)		(B)	(C)						(D)	(E)			(F)	
Name and title	Э	Average	Position (do not check more than one					ne	Reportable	Reportable		Est	imate	ed
		hours per	box	, unles	ss per	son i	s both	an	compensation	compensatio	- 1		ount	of
		week		Cei aii	u a ui	I ecto	ii/ti usi	cc)	from	from related			other	
		(list any hours for	recto						the	organization		comp		
		related	ord	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	,0/		om th	
		organizations	ruste	trus		ee ee	npen		1099-NEC)	1099-1420)		•	nizat relat	
		below	dual t	rtio na	_	nploy	st cor	-	10001420)				nizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3		
											\dashv			
											\dashv			
											\dashv			
											\dashv			
											\dashv			
1b Subtotal									388,065.		0.	29	, 5	
c Total from continuation									0.		0.			0.
d Total (add lines 1b and									388,065.		0.	29	, 5	<u> 33.</u>
2 Total number of individual compensation from the or		ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	,			3
oompondation from the o	rgarnzation												Yes	No
3 Did the organization list a	ny former officer,	director, truste	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complet	e Schedule J for st	uch individual										3		X
4 For any individual listed of	•	•							•	•				
and related organizations												4	Х	
5 Did any person listed on		•				,			· ·					v
rendered to the organizat Section B. Independent Con		plete Schedule	e J fo	or su	ıch r	oers	on .					5		Х
1 Complete this table for yo											ensat	ion fro	m	
the organization. Report		he calendar ye	ear e	ndin	ıg w	ith c	or wit	hin T		ear.				
N	(A) ame and business	address	NC	ONE	C				(B) Description of s	ervices	C	(C) ompen		n
								\dashv						
								\dashv						
								\dashv						
2 Total number of independ			ot lin	nited	l to t	thos (ted	above) who received mo	ore than				
\$100,000 of compensation	on irom the organiz	аноп					,					Form 9	90 ε	2022

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Part

t VIII	Statement of Revenue
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			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ij gi					10,494,434.				
ns, Sirr			Government grants (contributions)	1e	10,454,454.				
utic		T	All other contributions, gifts, grants, and	1 1	611 111				
ĕ			similar amounts not included above	1f	641,144.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$		11 125 570			
O g		n	Total. Add lines 1a-1f		Destruction of the	11,135,578.			
					Business Code				
ce	2	а							
ervi		b							
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			193,128.			193,128.
	4		Income from investment of tax-exen						
	5		Royalties						
				i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
	7		` '	Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>o</u>		-	and sales expenses 7b						
enn		c	Gain or (loss) 7c						
ě			Net gain or (loss)						
her Revenue	٥		Gross income from fundraising events (i						
Oth	0	а	including \$						
١			contributions reported on line 1c). S	-					
			•						
		L	Part IV, line 18						
			Less: direct expenses						
	^		Net income or (loss) from fundraising						
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less return	I .					
			and allowances						
			Less: cost of goods sold						
\rightarrow		С	Net income or (loss) from sales of in	ventory					
က္					Business Code				
Miscellaneous Revenue	11	а							
ane		b							
cell Sev		С							
Ais		d	All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			11,328,706.	0.	0.	193,128.

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 207,568. 305,246. 54,944. 42,734. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 690,993. 470,168. 124,103. 96,722. Other salaries and wages 7 Pension plan accruals and contributions (include 3,210. 2,183. 578. 449. section 401(k) and 403(b) employer contributions) 41,110. 27,955. 7.400. 5,755. Other employee benefits 9 74,616. 50,739. 13,431 10,446. 10 Payroll taxes Fees for services (nonemployees): Management Legal 7,303. 40,570. 27,587. 5,680. Accounting 1,500. 1,020. 270. 210. Lobbying Professional fundraising services. See Part IV, line 17 16,027. 10,898. 2,244. 2,885. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 141,711. 126,601. 8,500 6,610. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 5,071. 3,448. 913. 710. Office expenses 13 13,374. 9,093. 2,408. 1,873. Information technology 14 15 Royalties 32,301 4,522. 5,814. 21,965. 16 Occupancy 29,509. 21,403. 4,053. 4,053. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,227. 1,021. 2,185. 1,021. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,095. 6,085. 4,138. 852. Depreciation, depletion, and amortization 22 9,761. 6,638. 1,756. 1,367. 23 Other expenses. Itemize expenses not covered 24 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.) 60,809. 60,809. FELLOW SPONSORSHIPS MISCELLANOUS 9,522. 8,636. 565. 321. С All other expenses 1,485,642. 1,063,034. 237,039. 185,569. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		235,148.	1	248,714.	
	2	Savings and temporary cash investments			1,465,104.	2	388,032.
	3	Pledges and grants receivable, net		101,714.	3	260,314.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges			20,283.	9	26,313.
	10a	Land, buildings, and equipment: cost or other	·				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	6,617.	10c	7,937.		
	11	Investments - publicly traded securities			11	10.011.060	
	12	Investments - other securities. See Part IV, lin		12	10,844,860.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1 000 066	15	11 776 170		
	16	Total assets. Add lines 1 through 15 (must e			1,828,866.	16	11,776,170.
	17	Accounts payable and accrued expenses		36,381.	17	104,480.	
	18	Grants payable	418,195.	18	779,676.		
	19	Deferred revenue			410,195.	19	119,010.
	20	Tax-exempt bond liabilities		- (O - - -		20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sul controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				27	
		parties, and other liabilities not included on lir					
		of Schedule D		·		25	
	26	Total liabilities. Add lines 17 through 25			454,576.	26	884,156.
		Organizations that follow FASB ASC 958, c	heck he	e X	•		,
es		and complete lines 27, 28, 32, and 33.		_			
anc	27	Net assets without donor restrictions			1,374,290.	27	10,892,014.
Bal	28					28	
pu		Organizations that do not follow FASB ASC					
Fu		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances		1,374,290.	32	10,892,014.	
	33	Total liabilities and net assets/fund balances			1,828,866.	33	11,776,170.

Form **990** (2022)

Par	T XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,32 ,48					
2	2 Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1	3		,84 ,37					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B)) 10 10								
Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis		l						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:		l						
	X Separate basis Consolidated basis Both consolidated and separate basis		l						
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	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.	l						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		l						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X			
b	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	(2022)			

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CALIFORNIA OCEAN SCIENCE TRUST

Employer identification number

65-1261006 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	• •	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	658,635.	1162842.	782,878.	709,055.	11135578.	14448988.
2	Tax revenues levied for the organ-	-		-			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	658,635.	1162842.	782,878.	709,055.	11135578.	14448988.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						14448988.
	ction B. Total Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	658,635.	1162842.	782,878.			14448988.
	Gross income from interest,	•		•	•		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	34,013.	213,131.	87,998.	2,109.	193,128.	530,379.
9	Net income from unrelated business	-	-	-	-	-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			265.			265.
11	Total support. Add lines 7 through 10						14979632.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for th					01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (li	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	96.46 %
	Public support percentage from 2021					15	92.71 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2022

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

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Schedule A (Form 990) 2022

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3c		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
- Ou		
9b		
9c		
40-		
10a		
10b		
100		

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Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sect	tion C. Type II Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
		1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
•	7			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continued working relationship with the capported organization(c).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization supported a governmental entity. Provided in Part VI.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction Task Assume Vivo Task Assume Viv		- 1	NI -
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	and those definition of the definition of the definition	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	and the state of t	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu		·		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	inization (see	
	instructions).				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

CALIFORNIA OCEAN SCIENCE TRUST

OMB No. 1545-0047

Name of the organization

Employer identification number

65-1261006

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	lly a section 501(c)(7	covered by the General Rule or a Special Rule. '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	sections 509(a)(1) ar contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; ine 1. Complete Parts I and II.				
	contributor, during t literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions of is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \$				
	-	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify				

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

CALIFORNIA OCEAN SCIENCE TRUST

65-1261006

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OCEAN PROTECTION COUNCIL 715 P ST., 20TH FLOOR SACRAMENTO, CA 95814	\$10,497,859. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE BUILDERS INITIATIVE FOUNDATION PO BOX 2023 BENTONVILLE, AR 72712	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CALIFORNIA OCEAN SCIENCE TRUST

65-1261006

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$	Cabactula P. (Farra 000) (0000)		

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** CALIFORNIA OCEAN SCIENCE TRUST 65-1261006 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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Schedule B (Form 990) (2022)

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	oloyer identification number
	CALIFOR	NIA OCEAN SCIENC	E TRUST		65-1261006
Pa	art I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)(3).	
	Enter the amount of any excise tax	-		-	 \$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
<u>k</u>	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt und	ler section 501(c),	except section 501(c)(3).
	Enter the amount directly expended	, ,	•		\$
2	Enter the amount of the filing organ				
	exempt function activities				\$
3	Total exempt function expenditures		·		
	line 17b				
4	3 3				
5	Enter the names, addresses and en made payments. For each organiza	• •	•	-	
	contributions received that were pro				•
	political action committee (PAC). If				g g
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

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Part II-A Complete if the org		npt under section			ection under
section 501(h)).	tion balance to an offi	listed are up (and list in	Dort IV sook offiliated	avalla mambaria nam	a address FIN
			Part IV each affiliated	group member's nam	ie, address, Eliv,
	e of excess lobbying	•	iaiana anal		
	tion cnecked box A ar	nd "limited control" pro	ovisions apply.	(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" means amou	ints paid or incurred.)		totals	iotais
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	-				
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c and 1d)			
f Lobbying nontaxable amount. Ente	er the amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.			ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
			•		
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	laaa amtan 0				
i Subtract line 1f from line 1c. If zero			[
j If there is an amount other than ze					
reporting section 4911 tax for this					Yes No
		eraging Period Under			
(Some organizations the	nat made a section 5		have to complete all o	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		T
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
7 7					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots Johnving expenditures					

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 CALIFORNIA OCEAN SCIENCE TRUST 65-12610 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state, or			
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?		Х	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	
c Media advertisements?		Х	
d Mailings to members, legislators, or the public?		Х	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		1,500
j Total. Add lines 1c through 1i			1,500
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			1.
Part III-A Complete if the organization is exempt under section 501(c)(4), section 504(1)(2)	on 501(c)(5), or sec	tion
501(c)(6).		1	- V
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he prior year?	3	Ai a sa
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered			
answered "Yes."	NO ON (b) Fait i	II-A, IIIIe 3, 13
Dues, assessments and similar amounts from members		1	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 			
expenses for which the section 527(f) tax was paid).	ioui		
a Current year		2a	
b Carryover from last year			
c Total			
		1 _ 1	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			
expenditures next year?		4	
5 Taxable amount of lobbying and political expenditures. See instructions		5	
Part IV Supplemental Information			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list): Part II- <i>A</i>	A. lines 1 a	nd 2 (See
nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	. ,,	,	•
PART II-B, LINE 1, LOBBYING ACTIVITIES:			
LOBBYING FEES WERE PAID TO RESOLUTE, A SACRAMENTO BAS	ED LOBB	YING Z	AND
STRATEGIC COUNSEL FIRM. THE PURPOSE WAS TO RAISE OST	'S PROF	ILE I	N THE
LEGISLATURE, LAUNCH THE LEGISLATIVE SCIENCE SERVICES	PROGRAM	(DIR	ECTLY
ADVISING LEGISLATORS ON SCIENCE TOPICS), UPDATING THE	LEGISL	ATION	WHICH
WINDLED TODAY OF ACT 1112 1212 1212 1212 1212			_
MANDATED FORMATION OF OST, AND ADVOCATING FOR A LINE	TIEM IN		
			le C (Form 990) 20

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number 65-1261006

	CALIFORNIA OCEAN SO			65-1261006
Par			s or Accoun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	rised funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?		•	Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990). Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recrea		of a historically	important land area
	Protection of natural habitat		of a certified his	•
	Preservation of open space		or a cortinoa riic	
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the for	m of a conservat	ion easement on the last
_	day of the tax year.	ned conservation contribution in the for	II of a consciva	Held at the End of the Tax Year
_	•		2a	
a	Total number of conservation easements Total acreage restricted by conservation easements		0.	
b	-	usture included in (a)		
C	Number of conservation easements on a certified historic structure of conservation easements included in (c) acquired a		<u>20</u>	
d			اما	
_				ali mina ar Ale a Alexa
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ie organization	during the tax
4	year	nament is leasted		
4	Number of states where property subject to conservation eas	<u> </u>	_	
5	Does the organization have a written policy regarding the per		т	
_	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing co	nservation ease	ments during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conser	ation easement	s during the year
_			O/L\/4\/D\/:\	
8	Does each conservation easement reported on line 2(d) above			□ Vaa □ Na
_	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	·		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ments that desc	ribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or (Other Similar	· Accate
ı aı	Complete if the organization answered "Yes" on Form			Addeta.
та	If the organization elected, as permitted under FASB ASC 95	, ,		
	of art, historical treasures, or other similar assets held for put	·	•	DUDIIC
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of pub	olic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financ	ial gain, provide	
	the following amounts required to be reported under FASB A	_		
	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

11256.01

Schedule D (Form 990) 2022

,937

7,937

e Other

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

d Equipment

19,748.

27,685.

Schedule D (Form 990) 2022 CALIFORNIA	OCEAN SCIENCE	TRUST	65-1261006 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) RAINY DAY FUND	1,480,389.	END-OF-YEAR MAI	RKET VALUE
(B) ORGANIZATIONAL			
(C) ADVANCEMENT FUND	1,509,112.	END-OF-YEAR MAI	
(D) FUTURE FUND	7,855,359.	END-OF-YEAR MAI	RKET VALUE
(E)			
(F)			
(G)			
(H)	10 044 050		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	10,844,860.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	L		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 1	5.
	Description	,	(b) Book value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X	, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			I

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022

(9)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		Г	10 005 222
1				1	10,987,339.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	205 240		
а			-325,340.		
b					
С	1 , 3				
d	7	2d			205 240
е				2e	-325,340.
3	Subtract line 2e from line 1			3	11,312,679.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	16 007		
a	1		16,027.		
b	,	4b		_	16 007
_C				4c	16,027. 11,328,706.
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St	atomonte With	Evnances per E	5	11,348,700.
Га	Complete if the organization answered "Yes" on Form 990, Part IV, li		Expenses per n	eturi	1.
	•				1,469,615.
1	Total expenses and losses per audited financial statements			1	1,409,013.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مما			
a					
b	, , , , , , , , , , , , , , , , , , , ,				
C					
d	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		00	0
e	•			2e 3	1,469,615.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	1,400,010.
4		4a	16,027.		
a b			10,027.		
C	A 1117 A 149	·		4c	16 027.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			5	16,027. 1,485,642.
	rt XIII Supplemental Information.	0.)			1,100,0121
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4· Part IV lines 1b a	nd 2h: Part V line 4	· Part)	(line 2· Part XI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			, , , , , , , ,	χ, πιο Σ, τ αι τ λι,
	za ana 15, ana 1 artim, miss za ana 15. i ilos complete tino part to promac a	ary additional informs	2011.		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

CALIFORNIA OCEAN SCIENCE TRUST

65-1261006 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

Х

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELIZABETH WHITEMAN	(i)	161,532.	0.	0.	0.	6,929.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							_
	(i)							_
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						l	

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

CALIFORNIA OCEAN SCIENCE TRUST

Employer identification number 65-1261006

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OCEAN & COASTAL MATTERS, ADMINISTERING OF SCIENCE STUDIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MANAGEMENT. OST DELIVERS ON THIS MANDATE BY DRAWING RESOURCES TO
SOLUTIONS-ORIENTED SCIENCE, SUPPORTING GRADUATE EDUCATION TO FOSTER THE
SCIENCE-POLICY WORKFORCE OF TOMORROW, AND DELIVERING PRAGMATIC, SALIENT
SCIENCE ADVISE TO CALIFORNIA POLICYMAKERS, REGULATORS, AND MANAGERS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE SECRETARY OF THE CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY, THE
SECRETARY OF THE CALIFORNIA NATURAL RESOURCES AGENCY AND THE STATE OF
CALIFORNIA DIRECTOR OF FINANCE EACH APPOINT ONE TRUSTEE. THE NATURAL
RESOURCES SECRETARY RECEIVES NOMINATIONS FOR THE REMAINING SEVEN TRUSTEES
AND APPOINTS THE TRUSTEES AS FOLLOWS: THREE TRUSTEES REPRESENTING THE
CALIFORNIA STATE UNIVERSITY AND THE UNIVERSITY OF CALIFORNIA; TWO TRUSTEES
REPRESENTING OCEAN AND COASTAL INTEREST GROUPS OF THE STATE; AND TWO
TRUSTEES REPRESENTING THE GENERAL PUBLIC.
FORM 990, PART VI, SECTION A, LINE 8B:
OST DOES NOT HAVE COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE
BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR AND BOARD FINANCE SUBCOMMITTEE REVIEWED THE FORM 990

BEFORE IT WAS FILED WITH THE IRS; A COPY OF THE FILED 990 WILL BE PRESENTED

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization CALIFORNIA OCEAN SCIENCE TRUST Employer identification number 65-1261006

AT THE NEXT FULL BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

CALIFORNIA OCEAN SCIENCE TRUST GOVERNANCE DOCUMENTS INCLUDE A CONFLICT OF

INTEREST POLICY REQUIRING ALL MEMBERS OF THE BOARD OF TRUSTEES TO DISCLOSE

ANY AFFILIATIONS WITH OUTSIDE ENTITIES THAT HAVE RECEIVED, CURRENTLY

RECEIVE, OR HAVE PLANS OR ASPIRATIONS TO RECEIVE FUNDING FROM THE TRUST;

SUCH MEMBERS ARE REQUIRED TO RECUSE THEMSELVES FROM PARTICIPATING IN

DECISION-MAKING THAT IMPACTS THEIR AFFILIATED ENTITIES. THIS POLICY WILL

CONTINUE TO BE ENFORCED IN THE CURRENT YEAR AND IN FUTURE YEARS.

IN ADDITION, ALL MEMBERS OF THE OST BOARD OF TRUSTEES ANNUALLY FILE A

CALIFORNIA FORM 700 STATEMENT OF ECONOMIC INTERESTS, WHICH INCLUDES

DISCLOSURES OF ALL BUSINESS INTERESTS, INVESTMENTS, INCOME, PROPERTY,

AND/OR GIFTS.

FORM 990, PART VI, SECTION B, LINE 15A:

- THE OST BOARD OF TRUSTEES EVALUATES THE EXECUTIVE DIRECTOR ANNUALLY ON
 HIS/HER PERFORMANCE TO ENSURE THAT THE ORGANIZATION PROVIDES A FAIR YET
 REASONABLE AND NOT EXCESSIVE COMPENSATION FOR THE EXECUTIVE DIRECTOR.
- A RECOMMENDATION OF SALARY AND BENEFIT LEVEL ADJUSTMENT IS MADE TO THE

 FULL BOARD BY THE BOARD CHAIR AFTER OBTAINING DATA FROM A VARIETY OF

 SOURCES RELATING TO EXECUTIVE COMPENSATION LEVELS AT OTHER COMPARABLE

 ORGANIZATIONS. THE BOARD MADE UP OF INDIVIDUALS WITH NO KNOWN CONFLICTS

 OF INTEREST THEN VOTES ON THE MATTER IN EXECUTIVE SESSION.
- DECISIONS ARE DOCUMENTED VIA CORRESPONDENCE FROM THE BOARD CHAIR, WHICH IS THEN PLACED IN THE PERSONNEL FILE.

Schedule O (Form 990) 2022	Page 2
Name of the organization CALIFORNIA OCEAN SCIENCE TRUST	Employer identification number 65-1261006
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATIONS' GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQU	JEST.
FORM 990, PART XII, LINE 2C:	
THE BOARD AUDIT & FINANCE SUBCOMMITTEE ASSUMES RESPONSIBIL	ITY FOR
OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACC	COUNTANT. THIS
COMMITTEE MEETS 2-4 TIMES ANNUALLY, AND REVIEWS BUDGETS, F	'INANCIAL
STATEMENTS, TAX RETURNS, ETC., PRIOR TO THEIR PRESENTATION	TO THE FULL
BOARD.	

TAXABLE YEAR **2022**

California Exempt Organization Annual Information Return 228941 01-10-23 FORM

199

Ca	lendar Year	2022 or fiscal year beginning (mm/dd/yyyy) $10/01/2022$, and ending (mm/d	ld/yyyy)	09	9/30/2023		_
		nization name		rnia corpo	ration	number		_
<u>C</u> .	ALIFO	RNIA OCEAN SCIENCE TRUST		553	<u>671</u>	<u>- </u>		_
Ad	ditional inform	ation. See instructions.	FEIN		~ ~ 1	0.0.6		
				55-12 PMB no.	26 I	.006		_
	eet address (s		- [PIVIB NO.				
L Cit		STREET, NO. 300		ZIP code				-
	, ACRAM:			581	1			
_	eign country			oreign po		ode		-
	,							
A	First retu	n Yes X No I Did the organization have any	change	s to its	guidel	lines		_
В	Amended						X No	
C	IRC Secti	on 4947(a)(1) trust Yes X No J If exempt under R&TC Section	1 23 701	ld, has t	he org	ganization		
D	Final info	mation return? engaged in political activities?	See in	structior	ns			
	•	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt uni	der R&	TC Secti	on 23	3701g? • Yes ∑	K No	
		(mm/dd/yyyy) ● If "Yes," enter the gross receip						
Ε		counting method: (1) Cash (2) X Accrual (3) Other L Is the organization a limited lia	-			•	X No	
F		turn filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Did the organization file Form					∵	
^	, ,	Other 990 series report taxable income?					<u>.▼</u> No	
G H		roup filing? See instructions • Yes X No N Is the organization under audivaluation in a group exemption Yes X No IRS audited in a prior year?					Z No	
п		panization in a group exemption Yes No IRS audited in a prior year? . hat is the parent's name? 0 Is federal Form 1023/1024 per						
	11 100, 1	Date filed with IRS						
F	Part I c	omplete Part I unless not required to file this form. See General Information B and C.						_
		1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		•	1	193,12	2 8 oc)
		2 Gross dues and assessments from members and affiliates		•	2		00	
		3 Gross contributions, gifts, grants, and similar amounts received ST	MT :	<u>l</u> •	3	11,135,57	78 oc	<u>)</u>
	Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.			ı	11 200 76	\	
	and	This line must be completed. If the result is less than \$50,000, see General Information B			4	11,328,70)6 oc	<u>)</u>
F	Revenues	5 Cost of goods sold • 5		00				
		6 Cost or other basis, and sales expenses of assets sold 6		00	- 1		100	_
		7 Total costs. Add line 5 and line 68 Total gross income. Subtract line 7 from line 4			7 8	11,328,70	16 00	
_		9 T. I			9	1,485,64		
E	enses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		····	10	9,843,06		
_		11 Total payments			11		00	_
		12 Use tax. See General Information K		_ [12		00	_
		13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		• [13		OC	_
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			14		00	<u>_</u>
		15 Penalties and interest. See General Information J			15		00	<u>)</u>
_		16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	d to the l	(a)	16	ledge and belief	00)
Sig	an l	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	as any kr	nowledge.	, KIIUWI	cago and belief,		
He		0:	Date			Telephone		
_		of officer DIRE				● PTIN		4
			Check if	lavad 🟲		1		
D-	:	3gradic	sen-emp	loyed		P00184377 ● Firm's FEIN		4
Pa	ia eparer's	Firm's name (or yours, MOWAT MACKIE & ANDERSON LLP				94-6357165		
	e Only	if self- employed) 1999 HARRISON STREET, SUITE 1500			● Telephone		1	
-00	- Cilly	and address OAKLAND, CA 94612-3577				510-893-112	20	
_		May the FTB discuss this return with the preparer shown above? See instructions		• X	Yes	'		٦
_								_

CALIFORNIA OCEAN SCIENCE TRUST

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

228951	01-	10-23

		1	Gross sales or receipts from all	busines	ss activities. See instru	ctions		•	1		00
		2	Interest					•	2		13,288 00
		3	Dividends						3		179,840 00
Receip	ots	4	Gross rents						4		00
from		5	Gross royalties					•	5	<u></u>	00
Other		6	Gross amount received from sa	le of as	sets (See instructions)			•	6		00
Source	es	7								<u> </u>	102 120
		8	Total gross sales or receipts fro			-			8		193,128 00
		9	Contributions, gifts, grants, and						9 10		00
		10 11	Disbursements to or for member Compensation of officers, direct	tore an	d truetage		SEE STA	∆ ТЕМЕИТ 2 •	11		305,246 00
		12	Other salaries and wages						12		690,993 00
Expen	ses	13	Interest						13		00
and		14	Taxes						14		74,616 00
Disbur	se-	15	Rents						15		32,301 00
ments		16	Depreciation and depletion (See	instruc	ctions)			•	16		6,085 00
		17	Other expenses and disburseme	ents	,		SEE STA	ATEMENT 3 •	17		376,401 00
			Total expenses and disburseme					art I, line 9	18		1,485,642 00
Sche	edul	e L	Balance Sheet		Beginning of	taxabl	e year	End	of tax	able	year
Assets					(a)		(b)	(c)			(d)
1 Ca							1,700,252			•	636,746
			s receivable							•	
			ceivable							•	
			state government obligations							•	
			in other bonds							<u>. </u>	
			in stock							•	
	ortga									•	
			ments STMT 4							•	10,844,860
10 a	Depr	eciab	le assets		65,774			27,6	85		
b	Less	accu	mulated depreciation	(59,157)		6,617				7,937
11 La	and									•	
12 01	ther a	ssets	STMT 5				121,997			•	286,627
13 To	otal a	ssets					1,828,866				11,776,170
			et worth								
			yable				36,381			•	104,480
			s, gifts, or grants payable							•	
			otes payable							•	
1/ M	ortga	ges p	ayable STMT 6				418,195			•	779,676
18 U	mer II Spital	abiliti	es STMT 6 c or principal fund				410,193			•	119,010
			tal surplus. Attach reconciliation							•	
			nings or income fund				1,374,290			•	10,892,014
			ies and net worth				1,828,866				11,776,170
Sche				per bo	oks with income per re	turn		•			
			Do not complete this sch	edule if				ss than \$50,000.			
1 N	et inc	ome p	oer books		• 9,517,	724	7 Income recorded	d on books this year			
			me tax		•		not included in t	his return. Attach schedul	е	•	
			pital losses over capital gains		•		1	is return not charged			
			recorded on books this year.				against book inc	•			
			dule		•					•	
			corded on books this year not	*	225	3 4 0		and line 8			
			this return. Attach schedule		• 325, 9,843,		10 Net income per r				9,843,064
<u>0</u> 10	ılal. A	uu III	ne 1 through line 5				Subtract line 9 fr	rom line 6		—	9,043,004

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	S	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT		
OCEAN PROTECTION COUNCIL	715 P ST., 20TH FLOOR SACRAMENTO, CA 95814		10,497,859.		
THE BUILDERS INITIATIVE FOUNDATION	PO BOX 2023 BENTONVILLE, AR 72712		241,952.		
TOTAL INCLUDED ON LINE 3			10,739,811.		

CA 199 COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ELIZABETH WHITEMAN 1610 R STREET, 300 SACRAMENTO, CA 95811	EXECUTIVE DIRECTOR 40.00	179,230.
ANTHONY C ROGERS 1610 R STREET, 300 SACRAMENTO, CA 95811	EMPLOYEE 40.00	0.
LORI ZOOK 1610 R STREET, 300 SACRAMENTO, CA 95811	DIR OF FINANCE AND ADMINIS 40.00	126,016.
NANCY SUTLEY 1610 R STREET, 300 SACRAMENTO, CA 95811	CHAIR 1.00	0.
PHILLIP TAYLOR 1610 R STREET, 300 SACRAMENTO, CA 95811	TREASURER 1.00	0.
JONATHAN BISHOP 1610 R STREET, 300 SACRAMENTO, CA 95811	TRUSTEE 1.00	0.
GARY GRIGGS 1610 R STREET, 300 SACRAMENTO, CA 95811	TRUSTEE 1.00	0.
JEN ECKERLE 1610 R STREET, 300 SACRAMENTO, CA 95811	TRUSTEE 1.00	0.
ALEXIS JACKSON 1610 R STREET, 300 SACRAMENTO, CA 95811	TRUSTEE 1.00	0.
MARGARET LEINEN 1610 R STREET, 300 SACRAMENTO, CA 95811	TRUSTEE 1.00	0.
MICHELE PERRAULT 1610 R STREET, 300 SACRAMENTO, CA 95811	TRUSTEE 1.00	0.

CALIFORNIA OCEAN SCIENCE TRUST				65-1261006
KARINA NIELSEN 1610 R STREET, 300 SACRAMENTO, CA 95811		TRUSTEE 1.	00	0.
MARGARET SPRING 1610 R STREET, 300 SACRAMENTO, CA 95811		TRUSTEE 1.	00	0.
TOTAL TO FORM 199, PART II, LIN	E 11			305,246.
CA 199	OTHER	EXPENSES		STATEMENT 3
DESCRIPTION				AMOUNT
FELLOW SPONSORSHIPS MISCELLANOUS PENSION PLAN CONTRIBUTIONS OTHER EMPLOYEE BENEFITS ACCOUNTING FEES LOBBYING FEES INVESTMENT MANAGEMENT FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE TOTAL TO FORM 199, PART II, LIN	E 17			60,809. 9,522. 3,210. 41,110. 40,570. 1,500. 16,027. 141,711. 5,071. 13,374. 29,509. 4,227. 9,761. 376,401.
CA 199	OTHER	INVESTMENTS		STATEMENT 4
DESCRIPTION			BEG. OF YEAR	END OF YEAR
RAINY DAY FUND ORGANIZATIONAL ADVANCEMENT FUND FUTURE FUND			0. 0. 0.	1,480,389. 1,509,112. 7,855,359.
TOTAL TO FORM 199, SCHEDULE L,	LINE 9	,	0.	10,844,860.

CA 199 OTHER AS	SSETS 	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES	101,714. 20,283.	260,314. 26,313.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	121,997.	286,627.
CA 199 OTHER LIAE	BILITIES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	418,195.	779,676.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	418,195.	779,676.
CA 199 EXPENSES RECORDED ON NOT DEDUCTED IN		STATEMENT 7
NOT DEDUCTED IN	THIS RETURN	
DESCRIPTION		AMOUNT
UNREALIZED LOSS		325,340.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		325,340.
CA 199 FUND BAI	ANCES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	1,374,290.	10,892,014.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	1,374,290.	10,892,014.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

September 30, 2023

Pre	na	red	Fo	r:

California Ocean Science Trust 1610 R Street 300 Sacramento, CA 95811

Prepared By:

Mowat Mackie & Anderson LLP 1999 Harrison Street, Suite 1500 Oakland, CA 94612

Amount of Tax:

Balance due of \$400

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

Return must be mailed on or before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

STATE OF CALIFORNIA

RRF-1 (Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a $\ minimum\ tax\ of\ \$800,\ plus\ interest,\ and/or\ fines\ or\ filling\ penalties.\ Revenue\ \&\ Taxation\ Code\ section$ 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

CALIFORNIA OCEAN SCIENCE TRUST Name of Organization List all DBAs and names the organization uses or has used	Am Org	nange of address nended report ganization requests email notifications	
1610 R STREET, NO. 300 Address (Number and Street)	State Ch	arity Registration Number0160864	
SACRAMENTO , CA 95811 City or Town, State, and ZIP Code	Corporat	ion or Organization No. 2553671	
510-251-8320 LORI.ZOOK@CALOST.ORG E-mail Address	Federal E	Employer ID No. <u>65-1261006</u>	
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Departm			
Total Revenue Fee Total Revenue Less than \$50,000 \$25 Between \$250,001 and \$1 million Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million		Total Revenue Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million Greater than \$500 million	Fee \$800 \$1,000 \$1,200
PART A - ACTIVITIES			
For your most recent full accounting period (beginning $\frac{10/01/202}{200}$	22_ end	ding <u>09/30/2023</u>) list:	
Total Revenue (including noncash contributions) \$ 11,328,706 Noncash Contributions \$ Program Expenses \$ 1,063,034	Total Exp	0 Total Assets \$ 11,776	5,170
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD O	OF THIS RE	EPORT	
Note: All questions must be answered. If you answer "yes" to any of the ques	tions belo	w, you must attach a separate page	
providing an explanation and details for each "yes" response. Please re	eview RRF	-1 instructions for information required.	Yes No
During this reporting period, were there any contracts, loans, leases or other fir and any officer, director or trustee thereof, either directly or with an entity in whany financial interest?		· ·	x
2. During this reporting period, was there any theft, embezzlement, diversion or mor funds?	nisuse of th	ne organization's charitable property	х
3. During this reporting period, were any organization funds used to pay any pena	alty, fine or	judgment?	x
4. During this reporting period, were the services of a commercial fundraiser, fund commercial coventurer used?	draising co	unsel for charitable purposes, or	х
5. During this reporting period, did the organization receive any governmental fun	nding?	SEE STATEMENT 9	х
6. During this reporting period, did the organization hold a raffle for charitable pur	rposes?		x
7. Does the organization conduct a vehicle donation program?			x
Did the organization conduct an independent audit and prepare audited financ generally accepted accounting principles for this reporting period?	cial stateme	ents in accordance with	x
9. At the end of this reporting period, did the organization hold restricted net asse	ets, while re	eporting negative unrestricted net assets?	х
I declare under penalty of perjury that I have examined this report, including ac and belief, the content is true, correct and complete, and I am authorized to sig		ng documents, and to the best of my know	<i>i</i> ledge
ELIZABETH WHITEMAN		EXECUTIVE DIRECTOR	
Signature of Authorized Agent Printed Name	T	Title Date	

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 9
PART B, LINE 5

NAME: CALIFORNIA OCEAN PROTECTION COUNCIL, CALIFORNIA RESOURCES AGENCY

ADDRESS: 1416 NINTH STREET, SUITE 1311, SACRAMENTO, CA 95814

CONTACT: JENN ECKERLE PHONE: 916-657-0198

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.