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ARMANINO LLP

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EXTENDED TO AUGUST 15, 2022

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For th	e 2020 calendar year, or tax year beginning OCT 1, 2020	and o	ending SI	EP 30, 2021	
В	Check if applicab	C Name of organization			D Employer ide	ntification number
	Addre	THE MARINE MAMMAL CENTER				
	Name	Doing business as			51-01444	134
	Initial		ress)	Room/suite	E Telephone nur	mber
	Final	2000 BUNKER BOAD FORM CRONKHIME	,		415-289-7	
	termi ated	City or town, state or province, country, and ZIP or foreign pos	stal code		G Gross receipts \$	17,241,957.
	Amer return	ded CATICAL THO CA 04065			H(a) Is this a grou	up return
	Appli	Finame and address of principal officer: V. R. BOERN				ates? Yes X No
	pend	SAME AS C ABOVE				ates included? Yes No
		empt status: X 501(c)(3)	4947(a)(1) o	r 527	20 20	ch a list. See instructions
J	Nebsi	te: WWW.MARINEMAMMALCENTER.ORG			H(c) Group exem	ption number
-	-		ther >	L Year o	of formation; 1975	M State of legal domicile: CA
Pa	art I	Summary				
Φ	1	Briefly describe the organization's mission or most significant activities			OCEAN	
Activities & Governance		CONSERVATION THROUGH MARINE MAMMAL RESCUE (CONTINU				
rns	2	Check this box if the organization discontinued its operation	ons or dispose	ed of more	than 25% of its net	assets.
ò	3	Number of voting members of the governing body (Part VI, line 1a)				3 20
ಹ	4	Number of independent voting members of the governing body (Part				4 20
es	5	Total number of individuals employed in calendar year 2020 (Part V, I				5 97
iviti	6	Total number of volunteers (estimate if necessary)				6 1100
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				7a 0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line	11	······		7b 0.
	_	0	-		Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)			16,139,23	
Revenue	9	Program service revenue (Part VIII, line 2g)			983,96	
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			507,51	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			157,97 17,788,69	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (17,700,03	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0. 0.
	14 15	Benefits paid to or for members (Part IX, column (A), line 4)			8,567,22	
Expenses	160	Salaries, other compensation, employee benefits (Part IX, column (A), Professional fundraising fees (Part IX, column (A), line 11e)			229,85	
Jen C	h	Total fundraising expenses (Part IX, column (D), line 25)		21	225,03	327,024.
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			6,162,24	17. 5,818,718.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line			14,959,32	
		Revenue less expenses. Subtract line 18 from line 12			2,829,36	
or Ses		Tissue for experience, and find to find find the			inning of Current Ye	
ets (20	Total assets (Part X, line 16)		509	44,857,21	
Assets of Balance	21	Total liabilities (Part X, line 26)			1,421,13	34. 1,775,292.
Net		Net assets or fund balances. Subtract line 21 from line 20			43,436,08	
	rt II	Signature Block				
		Ities of perjury, I declare that I have examined his return, including accompany				f my knowledge and belief, it is
true,	correc	t, and complete Declaration of preparer (other than officer) is based on all info	ormation of whic	ch preparer h	as any knowledge.	
		1/ Senfrell			1911.11.	15 9 2022
Sign	1	Signature of officer			Date	•)
Her	Ð	MARVIN SUCHOFF, CFO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature			ate Check	
Paid		MATTHEW PETROSKI MATTHEW PETROS	SKI	08	/04/22 self-en	mployed P00853132
Prep		Firm's name ARMANINO LLP			Firm's EIN	94-6214841
Use	Only	Firm's address 12657 ALCOSTA BLVD, STE. 500				
-		SAN RAMON, CA 94583-4600			Phone no.9	925-790-2600
May	the IF	RS discuss this return with the preparer shown above? See instruction	ns			X Yes No

Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MARINE MAMMAL CENTER ADVANCES GLOBAL OCEAN CONSERVATION THROUGH		
	MARINE MAMMAL RESCUE AND REHABILITATION, SCIENTIFIC RESEARCH, AND		
	EDUCATION. THE CENTER'S WORK IS GUIDED AND INSPIRED BY A SHARED VISION		
	OF A HEALTHY OCEAN FOR MARINE MAMMALS AND HUMANS ALIKE.		
2	Did the organization undertake any significant program services during the year which were not liste	d on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any progran	n 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 s	services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocati	•	•
	revenue, if any, for each program service reported.	,	į.
4a	(Code:) (Expenses \$ 9,231,022. including grants of \$) (Revenue \$	153,985.)
	RESCUE AND REHABILITATION: THE MARINE MAMMAL CENTER RESCUES AND		· · · · · · · · · · · · · · · · · · ·
	REHABILITATES SICK AND INJURED MARINE MAMMALS AT ITS STATE-OF-THE-ART		
	VETERINARY FACILITIES BY ENGAGING A DEDICATED WORKFORCE AND A		
	SUPPORTIVE COMMUNITY. SINCE 1975, THE CENTER HAS RESPONDED TO MORE		
	THAN 24,000 MARINE MAMMALS, INCLUDING SEA LIONS, ELEPHANT SEALS, HARBOR		
	SEALS, FUR SEALS, SEA OTTERS, AND MORE. IN AN EFFORT TO SAVE HAWAIIAN		
	MONK SEALS FROM EXTINCTION THE CENTER OPENED THE FIRST-EVER		
	REHABILITATION FACILITY DEVOTED TO THIS ENDANGERED SPECIES IN 2014, AND		
	SINCE THEN HAS REHABILITATED NEARLY 2 PERCENT OF THE TOTAL POPULATION,		
	WHICH IS ESTIMATED AT ABOUT 1,400 INDIVIDUALS (CONTINUED ON SCHEDULE O)		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
TD	SCIENTIFIC RESEARCH: THE MARINE MAMMAL CENTER LEARNS FROM THE PATIENTS	/ (Nevenue \$	
	IN ITS CARE AND CONTRIBUTES TO SCIENTIFIC UNDERSTANDING OF THE CHANGING		
	HEALTH OF OUR OCEAN, TAKING ACTION TO ADDRESS OCEAN THREATS AND SAVE		
	ENDANGERED SPECIES.		
	2 141 034	\ /- ·	141,696.)
4c	(Code:) (Expenses \$2,141,034. including grants of \$ EDUCATION: THE MARINE MAMMAL CENTER LEADS AS A TEACHING HOSPITAL BY) (Revenue \$	141,090.
	TRAINING VETERINARY PROFESSIONALS LOCALLY AND INTERNATIONALLY, AND INSPIRING FUTURE OCEAN STEWARDS THROUGH INNOVATIVE SCHOOL AND PUBLIC		
	EDUCATION PROGRAMS.		
	IN A TYPICAL YEAR, THE CENTER MAY REACH 100,000 CHILDREN AND ADULTS		
	THROUGH IN-PERSON PROGRAMMING. IN 2021, THE CENTER'S EDUCATION PROGRAMS		
	WERE DELIVERED ALMOST EXCLUSIVELY ONLINE DUE TO COVID-19 PRECAUTIONS.		
	WHILE THE CENTER LOOKS FORWARD TO RE-OPENING WHEN IT IS SAFE TO DO SO,		
	THE CENTER IS DELIGHTED THAT ITS ONLINE LEARNING PROGRAMS ALLOWED THE		
	CENTER TO REACH TWICE ITS TYPICAL NUMBERS (CONTINUED ON SCHEDULE O)		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 11,372,056.		
			Form 990 (2020)

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Form 990 (2020) THE MARINE MAMMAL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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	Х	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	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
•	Schedule D, Part III	- °		
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
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	, the first control of the fir			

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Form 990 (2020) THE MARINE MAMMAL CENTER Part IV Checklist of Required Schedules (continued)

	· (continued)		V	NI.
22	Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	, · · ·	23	х	
24 a	Schedule J			
Z-Tu	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		х
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	240		
·	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
2 04	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28		21		
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		Х
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C		28c		Х
20	"Yes," complete Schedule L, Part IV	29	х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
24	contributions? If "Yes," complete Schedule M	31		X
31 22	Did the organization required the transfer more than 25% of its net assets? If "Yes," complete	31		
32	,	32		х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		Х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b		35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31		37		х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
55		38	х	
Pa		1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
	2.155 25.15daile & containe a respense of frete to any into in the fact v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
٠	(gambling) winnings to prize winners?	10	х	

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Form 990	(2020) THE MARINE MAMMAL CENTER	51-0144434	Page 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)		

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	97			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			C -		х
L	any contributions that were not tax deductible as charitable contributions?			_6a_		Λ
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?		giits	6h		
7	Organizations that may receive deductible contributions under section 170(c).			6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	rovided to the navor?	7a		Х
	TENDE III II I		rovided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		Х
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 co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	, , , , , , , , , , , , , , , , , , , ,			9b		
10	Section 501(c)(7) organizations. Enter:	١	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	445	I			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
D	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		7	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	. <u></u> u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•			
	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				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b 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 Section A. Governing Body and Management Yes No 20 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 20 **b** Enter the number of voting members included on line 1a, above, who are independent 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, CT, FL, IL, MD, MI, MN, NJ, NC, OR, PA, VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MARVIN SUCHOFF, CFO - (415)-289-7336

Form **990** (2020)

2000 BUNKER ROAD, FORT CRONKHITE, SAUSALITO, CA 94965

Form 990 (2020) THE MARINE MAMMAL CENTER 51-0144434 Page **7**

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	ition	than o	one 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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) J. R. BOEHM	40.00	1								
CHIEF EXECUTIVE OFFICER	ļ			Х				276,987.	0.	10,730.
(2) SHAWN JOHNSON	40.00	4						405.405		11 006
DIR OF VET SCIENCE (THRU 8/20)	40.00					Х		197,405.	0.	11,226.
(3) JOHN WARNER	40.00	-				,,		100 204	_	0.760
CHIEF DEVEL & COMMS OFFICER	40.00					Х		192,394.	0.	9,762.
(4) MARVIN SUCHOFF CFO	40.00	-		х				175 415	0.	10 776
(5) LISA KNIGHT	40.00			^				175,415.	0.	18,776.
CHRO	40.00	1				x		175,066.	0.	8,783.
(6) RACHEL BERGREN	40.00							173,000.	· ·	0,703.
CHIEF PROGRAMS OFFICER	40.00	1				x		151,275.	0.	8,371.
(7) JASON BARCELON	40.00							101,270.	•	
VP OPERATIONS		1				x		147,419.	0.	11,457.
(8) CECILY MAJERUS	4.00							, -		, -
BOARD CHAIR		х		х				0.	0.	0.
(9) JULIAN BRANDES	1.00									
VICE CHAIR		х		х				0.	0.	0.
(10) BETTY HASLER	1.00									
BOARD SECRETARY		х		х				0.	0.	0.
(11) SANDOR STRAUS	1.00									
BOARD TREASURER		х		х				0.	0.	0.
(12) BRENDA BOTTUM	1.00									
DIRECTOR (START 3/21)		Х						0.	0.	0.
(13) JENNIFER BUSHMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) PAT CALLAHAN	1.00	<u> </u>								
DIRECTOR		Х						0.	0.	0.
(15) SUSIE CAMPBELL	1.00									
DIRECTOR		Х						0.	0.	0.
(16) HOWARD CARO	1.00]								
DIRECTOR (START 3/21)		Х					1	0.	0.	0.
(17) PHIL CARPENTER	1.00	1								
DIRECTOR (THRU 11/20)		Х						0.	0.	0. Form 990 (2020)

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Form 990 (2020)

Part VII Section A. Officers, Directors,		, <u>y</u>	,			J.100			,	(F)
(A)	(B)			((Posi				(D)	(E)	(F)
Name and title	Average		not cl	neck i	nore	than o		Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation	compensation	amount of
	(list any						,	from the	from related	other
	hours for	irecto						tne organization	organizations (W-2/1099-MISC)	compensation from the
	related	or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	ruste	l trus		99	npen		(***2/1099***********************************		and related
	below	lual t	tiona		ploy	yee or	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) JOSH COPP	1.00									
DIRECTOR		Х						0.	0.	0.
(19) JEENY FREIRE-KU	1.00									
DIRECTOR (START 3/21)		Х						0.	0.	0.
(20) GREG FRIEDMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(21) KAREN JOHNSON-MCKEWAN	1.00									
DIRECTOR		Х						0.	0.	0.
(22) JENNIFER LIVELY	1.00									
DIRECTOR		Х						0.	0.	0.
(23) CHRIS LUNDQUIST	1.00									
DIRECTOR		Х						0.	0.	0.
(24) MERRILL MAGOWAN	1.00									
DIRECTOR		Х						0.	0.	0.
(25) GLEN MATHISON	1.00									
DIRECTOR		Х						0.	0.	0.
(26) LISA PANTAGES	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal							•	1,315,961.	0.	79,105.
c Total from continuation sheets to Pa	art VII, Section A						▶	0.	0.	0.
d Total (add lines 1b and 1c)							•	1,315,961.	0.	79,105.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NEXT GENERATION FUNDRAISING, 1235	DIRECT MAIL PRINTING,	
WESTLAKES DR., SUITE 130, BERWYN, PA 19312	PROCESSING	246,242.
UPTIME USA, INC., 3470 MT. DIABLO BLVD.,		
S. A139, LAFAYETTE, CA 94549	INFORMATION TECHNOLOGY SUPPORT	176,516.
UNICORN GROUP, 83 HAMILTON DR., SUITE 100,		
NOVATO, CA 94949	CUSTOM PRINTSHOP	123,271.
VECTIS STRATEGIES, LLC, 2121 ROSECRANS		
AVE., SUITE 2380, EL SEGUNDO, CA 90245	STRATEGIC COMMUNICATIONS	122,488.
RED BANKS CONSULTING		
1079 CRAGMONT AVE., BERKELEY, CA 94708	PROJECT MANAGEMENT	119,335.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	
\$100,000 of compensation from the organization	7	
	·	000

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 THE MARINE MA	AMMAL CENTE	R							51-01444	134
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per							from	from related organizations (W-2/1099-MISC)	other
	week (list any	or or				oloyee		the organization		compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099*****100)	organization
	related	ee or	stee			nsate		(** 27 1000 111100)		and related
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				organizations
	below	vidua	itutio	Je.	Key employee	hesto	Former			
	line)	Indi	Inst	Officer	Key	Higi	Forr			
(27) BRIAN PUTLER	1.00									
DIRECTOR		Х						0.	0.	0.
(28) PHILIP UPTON	1.00									
DIRECTOR (START 3/21)		Х						0.	0.	0.
		ŀ								
						_				
			_			_				
			_							
-	-									
		-								
		-								
			L	L		L				
										
		-	-	_	_	-	_			
Total to Part VII, Section A, line 1c	<u></u>									
· · · · · · · · · · · · · · · · · · ·		_	_		_	_		· · · · · · · · · · · · · · · · · · ·		

Form 990 (2020) THE MARINE
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
S S		b Membership dues 1b c Fundraising events 1c					
fts,		d Related organizations 1d					
ij gi			2,105,102.				
ons,		e Government grants (contributions) 1e	2,103,102.				
utio er (f All other contributions, gifts, grants, and	12 712 600				
ĕ			12,713,600.				
ont		g Noncash contributions included in lines 1a-1f	146,199.	14 010 700			
O g		h Total. Add lines 1a-1f		14,818,702.			
			Business Code	152.005	152.005		
<u>c</u> e	2		541700	153,985.	153,985.		
erv		b EDUCATIONAL PROGRAM	611600	20,904.	20,904.		
ı S.		c					
ran 3ev		d					
Program Service Revenue		e					
Ē		f All other program service revenue					
		g Total. Add lines 2a-2f		174,889.			
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)	▶	256,361.			256,361.
	4	Income from investment of tax-exempt bond pro	oceeds 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a 82,678.					
		b Less: rental expenses 6b 159,568.					
		c Rental income or (loss) 6c -76,890.					
		d Net rental income or (loss)		-76,890.			-76,890.
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 1,613,828.	72,000.				
		b Less: cost or other basis					
ē		and sales expenses 7b 1,092,829.	72,000.				
her Revenue		c Gain or (loss) 7c 520,999.	0.				
3e		d Net gain or (loss)		520,999.			520,999.
e		a Gross income from fundraising events (not	,				
퉏	_	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events	•				
		a Gross income from gaming activities. See					
	Ū	Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities	_				
		a Gross sales of inventory, less returns					
	10	and allowances 10a	172,872.				
		b Less: cost of goods sold 10b	52,080.				
		c Net income or (loss) from sales of inventory		120,792.	120,792.		
			Business Code		,,		
sn	11	a INSURANCE PAYOUT	900099	50,627.			50,627.
e Teo	••	L .		55,527.			- 30,027.
Miscellaneous Revenue							
Sce Be		d All other revenue					
Ξ		d All other revenue		50,627.			
		e Total Add lines 11a-11d		15,865,480.	295,681.	0.	751,097.
	12	Total revenue. See instructions		10,000,400.	275,001.	ı	1 , , , , , , , ,

032009 12-23-20

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 respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	500,641.	230,582.	77,918.	192,143
6	trustees, and key employees	300,011.	250,502.	77,310.	172,111
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	6,467,991.	5,040,649.	567,827.	859,515
7	Other salaries and wages	0,107,331.	3,010,013.	307,027.	035,313
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	923,620.	738,032.	59,640.	125,948
9	Other employee benefits	504,119.	375,104.	60,977.	68,038
0	Payroll taxes	304,113.	373,104.	00,377.	00,030
1	Fees for services (nonemployees):				
a	Management				
b	Legal	117,216.		117,216.	
С.	Accounting	9,000.	9,000.	117,210.	
d	Lobbying	327,024.	9,000.		227 024
e	Professional fundraising services. See Part IV, line 17			101 204	327,024
f	Investment management fees	101,394.		101,394.	
g	Other. (If line 11g amount exceeds 10% of line 25,	070 170	740 575	F0 404	76 171
	column (A) amount, list line 11g expenses on Sch O.)	878,170. 26,686.	742,575.	59,424.	76,171 4,052
12	Advertising and promotion		21,462.	1,172.	
13	Office expenses	583,621.	406,613.	54,185.	122,823
14	Information technology	392,649.	235,980.	60,408.	96,261
15	Royalties	F04 002	F04 C21	252	
16	Occupancy	594,883.	594,631.	252.	F 045
17	Travel	91,963.	81,535.	5,183.	5,245
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 550	0.45	1 501	
19	Conferences, conventions, and meetings	1,770.	247.	1,501.	22
20	Interest	3,195.	2,566.	280.	349
21	Payments to affiliates	1 005 250	1 025 605	05.010	4 854
22	Depreciation, depletion, and amortization	1,867,378.	1,837,605.	25,019.	4,754
23	Insurance	225,890.	225,600.	290.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ANIMAL CARE COSTS	697,514.	694,684.	2,830.	
b	OTHER	104,539.	64,501.	9,020.	31,018
С	LETTERSHOP & ACKNOWLEDG	61,389.	11,914.		49,475
d	SERVICES DISTRICT CHARG	43,632.	43,632.		
е	All other expenses	17,829.	15,144.	1,800.	885
5	Total functional expenses. Add lines 1 through 24e	14,542,113.	11,372,056.	1,206,336.	1,963,723
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)				

Form 990 (2020) Part X Balance Sheet

Part)	X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	y line in this Part X		·····	(D)
					(A) Beginning of year		(B) End of year
Π-	1	Cash - non-interest-bearing			1,190,335.	1	1,004,352
2	2	Savings and temporary cash investments			403,651.	2	378,50
3	3	Pledges and grants receivable, net			1,422,510.	3	1,684,83
4	4	Accounts receivable, net			192,601.	4	1,433,26
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	onsL		5	
6	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
7 ي	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			77,608.	8	77,26
₹ 9	9	B			161,936.	9	173,12
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a				
	b	Less: accumulated depreciation	. 10b	20,445,472.	24,596,930.	10c	23,750,91
1.	1	Investments - publicly traded securities			16,615,682.	11	18,893,35
12	2	Investments - other securities. See Part IV, line	e 11		133,891.	12	154,50
13	3	Investments - program-related. See Part IV, lin	e 11			13	
14	4	Intangible assets				14	
15	5	Other assets. See Part IV, line 11			62,072.	15	86,46
16	6	Total assets. Add lines 1 through 15 (must equal line 33)			44,857,216.	16	47,636,57
17	7	Accounts payable and accrued expenses		1,114,690.	17	1,587,53	
18	8	Grants payable				18	
19	9	Deferred revenue			66,178.	19	6,09
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complet				21	
က္က 22	2	Loans and other payables to any current or fo					
┋		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the				22	
23		Secured mortgages and notes payable to unre				23	
24		Unsecured notes and loans payable to unrelate				24	
25	5	Other liabilities (including federal income tax,	•				
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X	240,266.		101 671
	_	of Schedule D				25	181,670
26	6			▶ ▼	1,421,134.	26	1,775,29
ဖွ		Organizations that follow FASB ASC 958, c	neck here				
ဍ ၂ ္	_	and complete lines 27, 28, 32, and 33.			39,026,846.	0=	40 142 40
27						27	40,142,483
28	8	Net assets with donor restrictions			4,409,236.	28	5,718,80
<u> </u>		Organizations that do not follow FASB ASC	958, cne	eck nere			
<u></u> ~	^	and complete lines 29 through 33.	1-			00	
29		Capital stock or trust principal, or current fund				29	
30		Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated			43,436,082.	31	45,861,287
		Total net assets or fund balances			44,857,216.	32	47,636,579
33	ა	Total liabilities and net assets/fund balances			44,007,210.	33	Form 990 (20

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15	,865,	480.
2	2 Total expenses (must equal Part IX, column (A), line 25)				
3					367.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43	,436,	082.
5	Net unrealized gains (losses) on investments	5	1	,101,	838.
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	45	,861,	287.
Pa	rt 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 in Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	c 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?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

2020

Open to Public Inspection

Name of the organization **Employer identification number** THE MARINE MAMMAL CENTER 51-0144434 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 or 990-EZ).) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	10,140,034.	8,418,533.	13,668,364.	16,139,238.	14,818,702.	63,184,871.
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	10,140,034.	8,418,533.	13,668,364.	16,139,238.	14,818,702.	63,184,871.
5	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)						5,518,694.
	Public support. Subtract line 5 from line 4.						57,666,177.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	10,140,034.	8,418,533.	13,668,364.	16,139,238.	14,818,702.	63,184,871.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	295,955.	325,267.	422,161.	387,891.	339,039.	1,770,313.
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.)	32,180.	2,815.	29,936.	189,598.	50,627.	305,156.
11	Total support. Add lines 7 through 10						65,260,340.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	5,671,584.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						>
	ction C. Computation of Public						
	Public support percentage for 2020 (lin					14	88.36 %
	Public support percentage from 2019					15	87.06 %
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies a	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2019. If the o	•		•		•	
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	•					*
	and if the organization meets the facts			=	•	VI how the organization	ation
	meets the facts-and-circumstances tes	-		*			
b	10% -facts-and-circumstances test	•				•	0% or
	more, and if the organization meets th				-		
	organization meets the facts-and-circu		-		• • • • • • • • • • • • • • • • • • • •		.
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	>

Page 3

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	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 organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ľ	• Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on 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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	rcentage	·			
15	Public support percentage for 2020 (I	ine 8, column (f), c	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves						
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2020. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						. .
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation If the organization						

032023 01-25-21

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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")? |f "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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		L

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Pa	rt IV Supporting Organizations (continued)			.g
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
·	detail in Part VI.	11c		
Sec	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		100	110
•	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	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		
Sec	supervised, or controlled the supporting organization. stion 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		163	NO
'	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		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	Total Divini Type in Cupper unit Cigarinations		Yes	No
4	Did the examination provide to each of its supported examinations, by the lest day of the fifth month of the		162	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
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	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in 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	3		
Sec	supported organizations played in this regard. stion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	ic)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
u	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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	<u>_</u> u		
J	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			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2.0		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
J	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	g
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing 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		
c	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 integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	't V │ Type III Non-Functionally Integrated	509(a	ı)(3) Supporting Orga	anizations _{(contin}	ued)	
Section	ion D - Distributions			•	·	Current Year
1	Amounts paid to supported organizations to accomplish	n exem	pt purposes		1	
2	Amounts paid to perform activity that directly furthers ex	xempt	purposes of supported			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	l - prov	vide details in Part VI)		5	
	Other distributions (describe in Part VI). See instruction		,		6	
	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to whi	ich the	organization is responsive	;		
	(provide details in Part VI). See instructions.				8	
9	Distributable amount for 2020 from Section C, line 6				9	
	Line 8 amount divided by line 9 amount				10	
	,		(i)	(ii)		(iii)
Section	ion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason	n-				
	able cause required - explain in Part VI). See instruction	ıs.				
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result grea	ater				
	than zero, explain in Part VI. See instructions.			I		
	Remaining underdistributions for 2020. Subtract lines 3	h				
	and 4b from line 1. For result greater than zero, explain a					
	Part VI. See instructions.	"'				
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:	\neg				
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Part IV, S line 1; Part Section	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, art IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. tructions.)
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME	
2016 AMOUNT: \$	1,200.
2017 AMOUNT: \$	2,675.
2018 AMOUNT: \$	28,610.
2019 AMOUNT: \$	178,398.
2020 AMOUNT: \$	50,627.
SPECIAL EVENTS	
2016 AMOUNT: \$	30,980.
2017 AMOUNT: \$	140.
2018 AMOUNT: \$	1,326.
2019 AMOUNT: \$	11,200.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

TH	51-0144434						
Organization type (check	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						
Note: Only a section 501(c	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule						
property) from any	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's	•					
Special Rules							
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, cor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amout Z, line 1. Complete Parts I and II.	or 16b, and that received from					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \text{\							
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), ut it must answer "No" on Part IV, line 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 ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

Name of organization

Employer identification number

THE MARINE MAMMAL CENTER

51-0144434

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

THE MARINE MAMMAL CENTER

51-0144434

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				

Employer identification number

Name of organization

	Evoluciyoly roligious shoritable sta santuling	ione to organizations described in a	notion E01(a)(7) (0) == (40) +	not total more than \$4 000 for the
rt III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) through (e) and the following line en	try. 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. onc	e.) > \$
	Use duplicate copies of Part III if additional	space is needed.		
No. om	(I-) D	(-) 11 (-)(0)	(d) D	and the second because of the board of
rt I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		-		
\vdash				
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
No. om				
om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held

— I		·		
<u> </u>				
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
No.		1		
om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
4111				
		-		
			 	
		·		
\vdash				
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
No.				
No. om	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
rt I				
		(e) Transfer of gif	t	
1	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
	,,,			
-		l		
-				

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Name of orga	onization	ions. Complete Fait III.		Emn	lover identification number
Name or orga		MAMMAL CENTER		Emp	51-0144434
Part I-A		anization is exempt und	er section 501(c)	or is a section 527 or	
 Provide Political 	a description of the organiz	ation's direct and indirect politic ures gn activities	al campaign activities in	n Part IV. ► \$	S
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(3).	
2 Enter th 3 If the or 4a Was a c	ne amount of any excise tax ne amount of any excise tax ganization incurred a sectio	incurred by the organization und incurred by organization manag n 4955 tax, did it file Form 4720	der section 4955 ers under section 4955 for this year?	▶ \$ ▶ \$	S Yes No
Part I-C	Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	:)(3).
2 Enter th	e amount directly expended the amount of the filing organ	by the filing organization for se ization's funds contributed to ot	ction 527 exempt funct	ion activities	3
3 Total ex	empt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL,		
5 Enter the made particular contribution	e names, addresses and en ayments. For each organiza utions received that were pro	nployer identification number (EI tion listed, enter the amount pai tomptly and directly delivered to additional space is needed, provided to the control of	N) of all section 527 pol d from the filing organiz a separate political orga	itical organizations to whicl ation's funds. Also enter th anization, such as a separat	n the filing organization e amount of political
	(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 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the organization 501(h)).			n 501(c)(3) and file	d Form 5768 (el	ection under
expenses, and share	of excess lobbying		n Part IV each affiliated	group member's nam	e, address, EIN,
Limit	s on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influence	•	-b - (-1: t) - b - bi\			
c Total lobbying expenditures (add lin	es 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures	(add lines 1c and 1c	d)			
f Lobbying nontaxable amount. Enter	the amount from th	e following table in bot	th columns.		
If the amount on line 1e, column (a) or	(b) is: The lol	obying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	,000 \$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (ent	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero			•		
j If there is an amount other than zero		line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y			0 504/1)		Yes No
(Some organizations th	at made a section 5	eraging Period Under 501(h) election do not rate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity.	Yes	No	Am	ount
1	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:				
	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
С	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?		Х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			23,585.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х	_	
j	Total. Add lines 1c through 1i				23,585.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- FO4/-\/F	·		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(0)(5), or s	ection	
	501(c)(6).			T	T
			_	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 the till-B Complete if the organization is exempt under section 501(c)(4), section				
Гаі	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '		•		3 ie
	answered "Yes."				, is
1	Dues, assessments and similar amounts from members		1	_	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		22	1	
	Carryover from last year)	
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART	II-B, LINE 1, LOBBYING ACTIVITIES:				
ACTI	VITIES INCLUDED DISCUSSIONS WITH KEY MEMBERS OF THE CA STATE				
LEGI	SLATURE AND STAFF TO MAKE CLEAR THE NEED FOR STATE FUNDING FOR THE				
WORK	OF CA MEMBERS OF THE NATIONAL MARINE MAMMAL HEALTH AND STRANDING	_		_	
MEIM:	IODY (MMICH)				
NEJW	ORK (MMHSN).				

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE MARINE MAMMAL CENTER

Employer identification number

51 - 0144434

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds 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 advise	ed funds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring
_			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		1 1
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
4	year	nament is leasted	
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Land volunteer modes devoted to morntoning, inspecting,	rialiting of violations, and officially cons	orvation casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
•	▶ \$		ion cacomonic daming and year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(r	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	•	
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	_	
а	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) 2020

032051 12-01-20

12020804 701245 112297.1

a Public exhibition d Loan or exchange program b Shotshairy research e Other c Preservation for future generations d Loan or exchange program c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. D Part IV Eventual and a part of the organization of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yee No Part IV Eventual and a part of the organization's collection? Yee No Part IV Eventual and a part of the organization's collection? Yee No Part IV Eventual and a part of the organization's collection? Yee No Part IV Eventual and a part of the organization's collection? Yee No Part IV Eventual and a part of the organization's collection? Yee No Part IV Eventual and a part of the organization answered 'Yee's on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. c Beginning balance 1d Additions during the year 1d Eventual and the year 1d Additions during the year 1d Eventual and the year 1d Additions during the year 1d Eventual and the year 1d Additions during the year 1d Eventual and the year 1d Part Yee No Part X Iventual and the year 1d Part X Iventual and the year 1d Part Yee No Part X Iventual and the year 1d Part Yee No Part X Iventual and the year 1d Part X Part X	Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or	Other 9	Similar A	ssets	(continu	ıed)	
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that r	nake sigr	nificant use	of its	·	,	
b Scholarly research e		collection items (check all that apply):									
C	а	Public exhibition	d	l 🔲 Loan or exc	hange progran	n					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 bes old to raise funds arther than to be maintained as part of the organization's collection? Part Y	b	Scholarly research e Other									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations									
To be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how they further th	e organization	ı's exemp	ot purpose i	n Part	XIII.		
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Call IV	5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other	similar a	ssets				
Teported an amount on Form 990, Part X, line 21. Teles or ganization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No											No
Tall Sith eorganization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes	Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Y	es" on F	orm 990, P	art IV, I	ine 9, or		
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: Complete the segment of the transparent in Part XIII and complete the following table:		reported an amount on Form 990, Par	t X, line 21.								
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV. line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Tuve years back (d) Three years back (d) Th	1a	Is the organization an agent, trustee, custodic	an or other intermed	iary for contributions	s or other asse	ets not inc	cluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV. line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Tuve years back (d) Three years back (d) Th		on Form 990, Part X?						\square	Yes		No
C Beginning balance C	b										
d Additions during the year Distributions during the year Ending balance									Amount		
E Stributions during the year 1 E 1	С	Beginning balance					1c				
tending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	Additions during the year					1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year					1e				
Describe in Part XIII. Check here if the explanation has been provided on Part XIII. Part X Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	f	Ending balance					1f				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ıstodial accoui	nt liability	/?	L	Yes		No
1											
1a Beginning of year balance 2,747,400. 2,490,685. 628,772. 626,209. 618,234. b Contributions 102,500. 73,762. 1,713,286.	Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part I	V, line 10).				
b Contributions											
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 129,700. 124,700. 4,600. 65,612. 79,192. f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100	1a	Beginning of year balance					626	,209.	6	518,2	34.
d Grants or scholarships e Other expenditures for facilities and programs 129,700. 124,700. 4,600. 65,612. 79,192. f Administrative expenses g End of year balance 3,255,869. 2,747,400. 2,490,685. 628,772. 626,209. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ 100 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings (12, 075, 037, 7,340,270, 4,734,767, 616,536, 16,669,155, c Leasehold improvements (b) Eusephold improvements (c) Leasehold improvements (d) Book value (d) Book value (d) Foreign 12,075,037, 7,340,270, 4,734,767, 616,536, 1548,533, 6 Other) (d) Equipment (e) Graph 2,518,815, 1,798,457, 1,798,4	b	Contributions									
Percentages on lines 2a, 2b, and 2c should equal 100%. Cost or other basis (investment) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	С	Net investment earnings, gains, and losses	535,669.	307,653.	153,	,227.	68	,175.		87,1	.67.
and programs	d	Grants or scholarships									
Madministrative expenses 3,255,869 2,747,400 2,490,685 628,772 626,209	е	Other expenditures for facilities									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment .0000		and programs	129,700.	124,700.	4,	,600.	65	,612.	12. 79		.92.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100	f	Administrative expenses									
a Board designated or quasi-endowment ▶	g	End of year balance	3,255,869.	2,747,400.	2,490,	,685.	628	,772.	6	26,2	109.
b Permanent endowment ▶ 100	2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
c Term endowment ▶	а	Board designated or quasi-endowment	.0000	_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a	b	·									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 24, 285, 691. 7, 616, 536. 16, 669, 155. c Leasehold improvements 4 Equipment 5 Equipment 6 Equipment 9 Other 9 Are there endowment funds and administered for the organization by asi(i) X Yes No Yes No Yes No Sa(i) X Sa(ii) X Sa(iii) X Sa(iiii) X Sa(iiiiii) X Sa(iiii) X Sa(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Term endowment ▶	%								
Ves No (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) (iii)		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administere	d for the	organizatio	n	_		
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 24,285,691. 7,616,536. 16,669,155. Leasehold improvements 4,317,272. 2,518,815. 1,798,457.		by:									No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 24, 285, 691. 7, 616, 536. 16, 669, 155. c Leasehold improvements 4, 317, 272. 2, 518, 815. 1, 798, 457.									3a(i)	Х	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 24,285,691. 7,616,536. 16,669,155. c Leasehold improvements 12,075,037. 7,340,270. 4,734,767. d Equipment 3,518,384. 2,969,851. 548,533. e Other 4,317,272. 2,518,815. 1,798,457.									3a(ii)		<u> </u>
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 24,285,691. 7,616,536. 16,669,155. c Leasehold improvements 12,075,037. 7,340,270. 4,734,767. d Equipment 3,518,384. 2,969,851. 548,533. e Other 4,317,272. 2,518,815. 1,798,457.	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 24,285,691. 7,616,536. 16,669,155. c Leasehold improvements 12,075,037. 7,340,270. 4,734,767. d Equipment 3,518,384. 2,969,851. 548,533. e Other 4,317,272. 2,518,815. 1,798,457.				wment funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 24,285,691. 7,616,536. 16,669,155. c Leasehold improvements 12,075,037. 7,340,270. 4,734,767. d Equipment 3,518,384. 2,969,851. 548,533. e Other 4,317,272. 2,518,815. 1,798,457.	Pai										
basis (investment) basis (other) depreciation b Buildings 24,285,691. 7,616,536. 16,669,155. c Leasehold improvements 12,075,037. 7,340,270. 4,734,767. d Equipment 3,518,384. 2,969,851. 548,533. e Other 4,317,272. 2,518,815. 1,798,457.								-			
b Buildings 24,285,691. 7,616,536. 16,669,155. c Leasehold improvements 12,075,037. 7,340,270. 4,734,767. d Equipment 3,518,384. 2,969,851. 548,533. e Other 4,317,272. 2,518,815. 1,798,457.		Description of property	1 ' '		I .				(d) Book	value	
c Leasehold improvements 12,075,037. 7,340,270. 4,734,767. d Equipment 3,518,384. 2,969,851. 548,533. e Other 4,317,272. 2,518,815. 1,798,457.	1a	Land									
d Equipment 3,518,384. 2,969,851. 548,533. e Other 4,317,272. 2,518,815. 1,798,457.							<u> </u>	_			
e Other 4,317,272. 2,518,815. 1,798,457.	С	Leasehold improvements									
	d	Equipment						_			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							•	5.			
	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B). line 1	0c.))	>	23,7	750,9	12.

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			.
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	f-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. /h) must equal Form 000 Port V col. /P) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	Farma 000 Dart IV line	11 a Coa Farrer 000 Port V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	of-vear market value
	(a) Book value	(3) Mountain of Valuation, Cook of Orla C	, car marrier value
<u>(1)</u> (2)		<u> </u>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	÷ 15.)	>	
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CAPITAL LEASE			181,670.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> </u>	<u> </u>	181,670.
2. Liability for uncertain tax positions. In Part XIII, provide	•		t reports the

032053 12-01-20

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

Sche	edule D (Form 990) 2020 THE MARINE	MAMMAL CENTER			51-014443	4 Page 4
Par	t XI Reconciliation of Revenue p	er Audited Financial Stat	tements With R	evenue per Re	turn.	
	Complete if the organization answere	d "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per a	audited financial statements			1	17,269,287.
2	Amounts included on line 1 but not on Form	990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		2a	1,101,838.		
b	Donated services and use of facilities			243,795.		
С	Recoveries of prior year grants					
d	6.1 (5. 11. 1. 5. 1. 11. 1)			159,568.		
е			•		2e	1,505,201.
3	Subtract line 2e from line 1				3	15,764,086.
4	Amounts included on Form 990, Part VIII, line					
а	Investment expenses not included on Form 9	990, Part VIII, line 7b	4a	101,394.		
b	Other (Describe in Part XIII.)		4b			
С					4c	101,394.
5	Total revenue. Add lines 3 and 4c. (This mus				5	15,865,480.
Pai	rt XII Reconciliation of Expenses p				Return.	
	Complete if the organization answere	d "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited finance	cial statements			1	14,844,082.
2	Amounts included on line 1 but not on Form					
а	Donated services and use of facilities		2a	243,795.		
b	Prior year adjustments					
С			_			
d	Other (Describe in Part XIII.)			159,568.		
е			·		2e	403,363.
3	Subtract line 2e from line 1				3	14,440,719.
4	Amounts included on Form 990, Part IX, line					
а	Investment expenses not included on Form 9	·	4a	101,394.		
b	Other (Describe in Part XIII.)					
					4c	101,394.
5					5	14,542,113.
Pai	rt XIII Supplemental Information.		~ ;		•	
lines	de the descriptions required for Part II, lines 3 2d and 4b; and Part XII, lines 2d and 4b. Also				, Part X, line 2,	Part AI,
USES	OF THE ORGANIZATION'S ENDOWMENT	FUNDS - THE CENTER HAD \$	\$2,544,052 OF			
PERM	MANENTLY RESTRICTED FUNDS AS OF SE	PTEMBER 30, 2021. THE FU	JNDS WERE			
NAME	D FOR THE GEOFFREY C. HUGHES FOUND	DATION, THE SHIRLEY ANN	SPENCER FUND,			
THE	PINNIPED CHARITABLE REMAINDER UNI	TRUST, AN ENDOWMENT FOR	THE BRUCE AND			
TINA	A FAIRBANKS FUND FOR GLOBAL OCEAN	CONSERVATION AND MARINE	MAMMAL			
PROT	ECTION, THE BETTY AND BILL HASLER	ENDOWMENT FOR OCEAN CON	SERVATION, AN			
ENDO	WMENT HONORING SONDRA MATESKY, AND	D THE BARBARA AND ROBERT	MELI FUND			
FOR	MARINE MAMMAL WELFARE AND PROTECT:	ION.				
ОТНЕ	R THAN THE FAIRBANKS ENDOWMENT, T	HE ENDOWMENTS FUND GENER	RAL PROGRAMS.			

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization						Employer identification number		
THE MARINE	MAMMAL CENT	ER					51-014443	4
Part I Fundraising Activities required to complete this par		e organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	S	e X Solicita f X Solicita g Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events	tees,	or	
key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the	viduals or entitie	· ·			~	ne fur	X Yes	
or entity (fundraiser)		(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
NEXT GENERATION FUNDRAISING -	DIRECT MAIL		Yes	No				
1235 WESTLAKES DRIVE, SUITE	PROCESSING,	(LETTERSHOP)		Х	1,543,363.		327,024.	1,216,339.
Total					1,543,363.		327,024.	1,216,339.
Total List all states in which the organization or licensing.				utions		it is	•	
AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,K	S,KY,ME,MD,M	MA,MI,MN,MS,NV,N	H,NJ	, NM , N	Y,NC,ND			
OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,W	V,WI							

032081 11-25-20

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020 THE MARINE MAMMAL CENTER Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 8 Entertainment Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

Schedule G (Form 990 or 990-EZ) 2020

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain: _

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 THE MARINE MAMMAL CENTER	51-0144434	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other enti		
to administer charitable gaming?		☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events book		
Name		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming re	evenue? Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the amount	
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds	to	
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizatio	ns or spent in the	
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column	s (iii) and (v); and Part III, lines 9.	. 9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	- (, (.,,,,	,,,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I) NAME OF FUNDRAISER: NEXT GENERATION FUNDRAISING		
(I) ADDRESS OF FUNDRAISER:		
1235 WESTLAKES DRIVE, SUITE 130, BERWYN, PA 19312		

Schedule G	G (Form 990 or 990-EZ)	THE MARINE MAMMAL CENTER	51-0144434	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)		
í 				
-				

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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

THE MARINE MAMMAL CENTER

Employer identification number 51 - 0144434

Pa	art I 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		
2	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		
3	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 Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	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:	4 -	Х	
a	Receive a severance payment or change-of-control payment?	4a	Λ	
D	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b 4c		X
C	Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	Tes to any or lines 4a-c, list the persons and provide the applicable amounts for each item in Fart III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	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	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2020

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 compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(6)(1)-(0)	in column (B) reported as deferred on prior Form 990
(1) J. R. BOEHM	(i)	276,987.	0.	0.	0.	10,730.	287,717.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHAWN JOHNSON	(i)	121,191.	0.	76,214.	0.	11,226.	208,631.	0.
DIR OF VET SCIENCE (THRU 8/20)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN WARNER	(i)	192,394.	0.	0.	0.	9,762.	202,156.	0.
CHIEF DEVEL & COMMS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARVIN SUCHOFF	(i)	175,415.	0.	0.	0.	18,776.	194,191.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LISA KNIGHT	(i)	175,066.	0.	0.	0.	8,783.	183,849.	0.
CHRO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RACHEL BERGREN	(i)	151,275.	0.	0.	0.	8,371.	159,646.	0.
CHIEF PROGRAMS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JASON BARCELON	(i)	147,419.	0.	0.	0.	11,457.	158,876.	0.
VP OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							

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.
PART I, LINE 4A:
SHAWN JOHNSON RECEIVED A SEVERANCE PAYMENT OF \$76,214 WHICH WAS INCLUDED IN
HIS 2020 TAXABLE WAGES.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization Employer identification number THE MARINE MAMMAL CENTER 51-0144434

Par	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det	•	
		applicable		Form 990, Part VIII, line 1g	noncash contribut	ion amoun	ιτs
1	Art - Works of art			,			
2	Art - Historical treasures						
3	Art - Fractional interests	•					
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		7	137,124.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution	-					
	Historic structures						
14	Qualified conservation contribution	- Other					
15							
16	Real estate - Commercial	•					
17	Real estate - Other	•					
18	Collectibles	•					
19	Food inventory		1	1,800.			
20	Drugs and medical supplies		1	3,635.	FMV		
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts Other	\ X	3	3,640.	EM77		
25	V		3	3,040.	FHV		
26 27	Other (
28	Other (
<u>20 </u>	Number of Forms 8283 received by	the organization during	the tay year for co	ontributions			
	for which the organization complete	-	· •			(0
	ioi willon the organization complete	54 T 51111 5255, T 411 V, B	one of termious			Yes	No
30a	During the year, did the organization	n receive by contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it		110
	must hold for at least three years from						
	exempt purposes for the entire hold	ding period?	,			30a	х
b	If "Yes," describe the arrangement						
31	Does the organization have a gift ac	cceptance policy that re	quires the review o	of any nonstandard contribut	ions?	31 X	
32a	Does the organization hire or use th	nird parties or related org	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a X	\perp
b	If "Yes," describe in Part II.				I		
33	If the organization didn't report an a	amount in column (c) for	a type of property	for which column (a) is ched	cked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF
ITEMS CONTRIBUTED.
SCHEDULE M, LINE 32B:
THE ORGANIZATION USES THE SERVICES OF:
DONATE FOR CHARITY, INC.
952 SCHOOL ST.
NAPA, CA 94559
707-265-9200
HTTP://WWW.DONATEFORCHARITY.COM/

032142 11-23-20

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

THE MARINE MAMMAL CENTER	51-0144434			
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:				
AND REHABILITATION, SCIENTIFIC RESEARCH, AND EDUCATION.				
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:				
THE CENTER ADMITTED 478 MARINE MAMMALS WITH THE HELP OF VOLUNTEERS WHO				
RECORDED MORE THAN 78,000 VOLUNTEER HOURS SERVED, AN ESTIMATED				
WORKFORCE VALUE OF APPROXIMATELY \$2.6 MILLION AS OF SEPTEMBER 30, 2021.				
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:				
WITH MORE THAN 200,000 INDIVIDUALS PARTICIPATING IN A SUITE OF PROGRAMS				
OFFERED THROUGHOUT THE YEAR.				
FORM 990, PART VI, SECTION B, LINE 11B:				
FINANCE COMMITTEE REVIEWS AND MAKES FINAL EDITS ON THE 990 THEN THE BOARD				
APPROVES BEFORE FILING WITH THE IRS.				
FORM 990, PART VI, SECTION B, LINE 12C:				
EXPLANATION: ALL BOARD MEMBERS AND OFFICERS REVIEW THE CONFLICT OF INTEREST				
POLICY ANNUALLY, AND COMPLETE AND SIGN A CONFLICT OF INTEREST FORM. THE				
CHIEF FINANCIAL OFFICER REVIEWS EACH SIGNED FORM TO DETERMINE WHETHER A				
CONFLICT OF INTEREST EXISTS. IF THE CHIEF FINANCIAL OFFICER DETERMINES				
THAT A CONFLICT OF INTEREST MAY EXIST, HE/SHE REVIEWS THE SIGNED FORM WITH				
THE CEO AND/OR CHAIRMAN OF THE BOARD. THEY THEN CONTACT THE BOARD				
MEMBER/OFFICER WITH THE CONFLICT OF INTEREST, AND WORK TOWARD RESOLVING THE				
CONFLICT.				

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

Name of the organization THE MARINE MAMMAL CENTER	Employer identification number 51-0144434
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: THE HR & COMPENSATION COMMITTEE APPROVED BASE COMPENSATION FOR	
THE CEO AND CFO AT A HR & COMPENSATION COMMITTEE MEETING PRIOR TO THIS	
FILING. ADDITIONALLY, THE HR & COMPENSATION COMMITTEE HAS PARTICIPATED IN A	
COMPENSATION REVIEW FOR EMPLOYEES INCLUDING THE CEO AND OTHER OFFICER AND	
HIGHEST COMPENSATED EMPLOYEES, AND IS DIRECTLY INVOLVED IN THE PERFORMANCE	
REVIEW FOR THE CEO.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
CA,CT,FL,IL,MD,MI,MN,NJ,NC,OR,PA,VA,UT,AL,AK,AZ,AR,CO,GA,KS,KY,LA,ME,MA,MS	
NH,NM,NY,ND,OH,OK,RI,SC,TN,WA,WV,WI,HI,MO,NV	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE FORM 990 - GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON	
REQUEST.	
PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	