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# MONTEREY BAY FISHERIES TRUST FORM 990 INCOME TAX RETURN FOR YEAR ENDED DECEMBER 31, 2024

Form 8879-TF

### IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning , 2024, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Name of filer

EIN or SSN 47-1978379

Name and title of officer or person subject to tax

MELISSA MAHONEY EXECUTIVE DIRECTOR

Type of Return and Return Information Part I

MONTEREY BAY FISHERIES TRUST

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	X	<b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	. 1b 618,463
2a	Form 990-EZ check here		<b>b Total revenue,</b> if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here		<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	. 5b
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here		<b>b FMV</b> of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here		<b>b Tax due</b> (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here		<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and S	ignatu	re Authorization of Officer or Person Subject to Tax	
			am an officer of the above entity or $X$ I am a person subject to tax with respect to $X$ I am a person subject to $X$	·
ot entit	V) MONIEREI BAI F.	гоцгг	LIES TRUST (EIN) $47-1978379$ and that I have	ve examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PI	N:	check	one	box	only

X I authorize	CLIFTONLARSONALLEN	_ ььР	to enter my PIN	95060
		ERO firm name		nter five numbers, b

do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. (WII) enter Piny PIN on the return's disclosure consent screen.

Melissa Malioney anature of officer or person subject to tax

7/24/2025

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77679055902

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

**AUTUMN ROSSI** 

Date

07/23/25

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

LHA 402521 12-26-24

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑI	For the	2024 calendar year, or tax year beginning	and	ending		
В	Check if applicable	C Name of organization			D Employer identific	cation number
	Addre					
	Name chang	Doing business as			47-19783	79
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street 101 COOPER STREET	et address)	Room/suite	E Telephone numbe 831-233-	
	termin ated		an postal code		G Gross receipts \$	649,574.
	Ameno				H(a) Is this a group re	
	Applic tion	F Name and address of principal officer. MEDISSA IN	AHONEY		for subordinates	
	pendir	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	Tax-exe	empt status: $\mathbf{X}$ 501(c)(3) $\mathbf{S}$ 501(c) ( ) (insert n		or 527	If "No," attach a	list. See instructions
	Websit		G		H(c) Group exemptio	n number
	Form of art I	organization: X Corporation Trust Association Summary	Other	<b>L</b> Year	of formation: 2014 N	<b>⚠</b> State of legal domicile: <b>CA</b>
	T 1	Briefly describe the organization's mission or most significant	activities: TO A	DVANCE	THE SOCIAL	, ECONOMIC,
Governance		AND ENVIRONMENTAL SUSTAINABILIT				
nar	2	Check this box if the organization discontinued its c				
Ver	3	Number of voting members of the governing body (Part VI, line			3	9
ဗိ	4	Number of independent voting members of the governing body				8
<u>ფ</u>	5	Total number of individuals employed in calendar year 2024 (P				<u>3</u>
jŧ.	6	Total number of volunteers (estimate if necessary)				8
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), lin				0.
_<	b	Net unrelated business taxable income from Form 990-T, Part				0.
					Prior Year	Current Year
o o	8	Contributions and grants (Part VIII, line 1h)			329,416.	535,885.
Revenue	9	Program service revenue (Part VIII, line 2g)			85,913.	70,003.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			2,998.	25,253.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, ar	nd 11e)		0.	-12,678.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, co	lumn (A), line 12)		418,327.	618,463.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, colu			293,080.	378,241.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) $\dots$			0.	0.
ad x	. b		131,83			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			258,143.	243,604.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A	A), line 25)		551,223.	621,845.
		Revenue less expenses. Subtract line 18 from line 12			-132,896.	-3,382.
Net Assets or	ii ii			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)			1,703,263.	1,668,930.
etA	21	Total liabilities (Part X, line 26)			253,185.	220,355.
	art II	Net assets or fund balances. Subtract line 21 from line 20  Signature Block			1,450,078.	1,448,575.
		Ities of perjury, I declare that I have examined this return, including acc	omnonvina ochodulor	and stateme	and to the heat of my	knowledge and balief it is
truo	e pena	t, and complete. Declaration of preparer (other than officer) is based o	ompanying scriedules	s allu Statellit sich properer	hae any knowledge	Kilowieuge aliu bellei, it is
uue	, correc	Mussa Malony	ii ali lilloitilatioli oi wi	iicii preparei	7/24/202	<u> </u>
C: ~	_	Signature exhibit visit as 472499			Date	
Sig		MELISSA MAHONEY, EXECUTIVE DIRE	CTIOR		Dato	
Her	е	Type or print name and title	CION			
		Preparer's name Preparer's s	ianatura	1	Date Check	PTIN
Paid	d		ROSSI	l l	7/23/25 of self-employ	
	parer	Firm's name CLIFTONLARSONALLEN LLP		<u> </u>		1-0746749
	Only	Firm's address 1188 PADRE DRIVE, STE 1	01		TIIIII S LIIV =	
200	Jy	SALINAS, CA 93901	<b>- -</b>		Phone no. (8	31) 759-6300
May	v the IF	RS discuss this return with the preparer shown above? See ins	tructions		1. 110110 110. ( 0	X Yes No
	,	property and property and the second				

Form	1990 (2024) MONTEREY BAY FISHERIES TRUST	47-1978379	Page 2
	rt III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
•	TO ADVANCE THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL SUS	דאזאז דד. דידע הי	ı
		IAINABIHIII OF	
	MONTEREY BAY FISHERIES.		
2	Did the organization undertake any significant program services during the year which were not listed 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 program service	ve2	X No
3		:s:1es	22 110
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 77 , 386 $\cdot$ _ including grants of \$ ) (Fig. 2.5)	Revenue \$	)
	INCEASING ACCESS TO, AVAILABILITY OF, AND DEMAND FOR L		BLE
	SEAFOOD: MBFT LED OUTREACH PROGRAMS AIMED AT RAISING A	· · · · · · · · · · · · · · · · · · ·	
	DEMAND FOR LOCAL, SUSTAINABLE SEAFOOD. THROUGH DIGITAL		
	·		
	VIDEOS, BLOGS, SOCIAL MEDIA, AND PRESENTATIONS, MBFT CO		
	CONSUMERS WITH MONTEREY BAY SEAFOOD AND OUR FISHING CO		
	EDUCATED CONSUMERS ABOUT SUSTAINABLE FISHERIES, HELPED	THEM IDENTIFY	•
	AND PREPARE SEASONAL SEAFOOD, AND DIRECTED THEM TO BUS	INESSES THAT S	ELL
	LOCAL SEAFOOD THROUGH OUR LOCAL CATCH GUIDE. STATS: 40	STORIES	
	PUBLISHED FEATURING LOCAL SEAFOOD AND THE FISHING COMM		
	INCREASE IN WEB TRAFFIC WITH 77K UNIQUE VISITORS; 23K	-	
		ATEMS OF THE	
	LOCAL CATCH GUIDE.		
4b	(Code:) (Expenses \$ $68,787.$ including grants of \$) (Fig. 2.1)		<u> </u>
	SUPPORTING STAKEHOLDER ENGAGEMENT IN CONSERVATION AND	<u> MANAGEMENT: WE</u>	1
	FACILITATED AND PROMOTED DIALOGUE AND COLLABORATION AMO	ONG FISHERMEN,	
	CONSERVATIONISTS, SCIENTISTS, LOCAL GOVERNMENT, AND LEG	GISLATORS. WE	
	PROVIDED RESOURCES THROUGH OUR MONTHLY BUOY BULLETIN N		
	WEBSITE, AND MEETINGS, AND CONTINUED TO SUPPORT FISHER	•	NT.
		STATS: 82 MEMB	
			EKS
	OF THE FISHING COMMUNITY DIRECTLY PARTICIPATED IN OUR		
	STAKEHOLDERS RECEIVED RESOURCES VIA THE MONTHLY BUOY B	OLLETIN	
	NEWSLETTER		
4c	(Code:) (Expenses \$ 88, 107. including grants of \$) (F	Revenue \$	0.
	SUSTAINING LOCAL FAMILIES AND FISHERIES: WE CONTINUED		
	COMMUNITY SEAFOOD PROGRAM TO PROVIDE HEALTHY, SUSTAINAL		211
	SEAFOOD TO COMMUNITY MEMBERS IN NEED OF FOOD ASSISTANCE	-	
	MORE THAN \$82K IN ECONOMIC SUPPORT TO OUR LOCAL FISHER	-	
	WORKERS, AND SEAFOOD BUSINESSES. AS A DIRECT RESULT OF	THIS PROGRAM,	
	SECOND HARVEST OF SANTA CRUZ COUNTY HAS MADE A COMMITM	ENT TO SOURCE	
	LOCAL SEAFOOD YEAR-ROUND. WE ARE CONTINUING OUR CONNEC		
	LOCAL FOOD SYSTEM NETWORK AND HOLD A SEAT ON THE CENTRAL		
	RESILIENT FOOD SYSTEMS CO-OP AS ONE OF TWO REPRESENTAT		תו
			. עי
	STATS: \$82K RAISED TO PURCHASE 9K POUNDS OF LOCAL SEAF		
	SEAFOOD MEALS DONATED; 28 FISHERMEN AND 35 FOOD WORKER	S SUPPORTED.	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 74,716 • including grants of \$ ) (Revenue \$	70,003.)	

MONTEREY BAY FISHERIES TRUST

#### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			-23
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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,	u		_ <del>-</del>
	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	175		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا جد ا		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Δ.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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

432003 12-10-24

Part IV Checklist of Required Schedules (continued)

	· · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.7
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_ <u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
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 35a		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	33a		-22
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	Note: All Form 990 filers are required to complete Schedule O  T V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	990	,,

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...... 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. 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 c Enter the amount of reserves on hand X **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

432005 12-10-24

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 **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. 8 **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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 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? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 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? 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? Х 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 on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 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 \_\_ Other (explain on Schedule O) Own website Another's website 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 MARILOU INZUNZA - (831)539-9939

Form **990** (2024)

95076

18 CRESCENT DR., WATSONVILLE, CA

#### Form 990 (2024) MONTEREY BAY FISHERIES TRUST

47-1978379

<u> Page</u> **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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	) than	200	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s bot	n an	compensation	compensation	amount of
	week		cer an	id a di	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) MELISSA MAHONEY	40.00		_			1 0				
EXECUTIVE DIRECTOR		Х		Х				112,062.	0.	34,259.
(2) DAVID M CRABBE	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) STEVE SCHEIBLAUER	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(4) MARGARET SPRING	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) MONICA GALLIGAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) CHAPS PODURI	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) BOB DOOLEY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JOHN FIELD	2.00								_	•
BOARD MEMBER	2 00	Х						0.	0.	0.
(9) ALYSON HUNTER	2.00	7.7							_	0
BOARD MEMBER		Х						0.	0.	0.
										000

MONTEREY BAY FISHERIES TRUST

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(C	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Posi		<b>)</b> than c		Reportable	Reportable		Е	stimate	ed
		hours per	box	, unles	s per	son i	s both	an	compensation	compensatio	n	а	mount	of
		week		cer an	d a di	irecto	r/trust	tee)	from	from related	- 1		other	
		(list any	ector						the	organization			npensa	
		hours for	or dir	9			ated		organization	(W-2/1099-MIS	iC/		from th	
		related organizations	ıstee	truste		eo	pens		(W-2/1099-MISC/	1099-NEC)			ganizat	
		below	ndividual trustee or director	Institutional trustee		key employee	Highest compensated employee		1099-NEC)				nd relat	
		line)	divid	stitut	Officer	sy em	ghes	Former				org	janizati	0115
			드	드	ō	포	E E	꼬						
			-											
				Н										
				Н										
									112 062			2	1 2	<u> </u>
	Subtotal								112,062.		0.		4,2	
	Total from continuation sheets to Part VI								0.		0.		4 0	0.
<u>d</u>	Total (add lines 1b and 1c)								112,062.		0.		4,2	59.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	:			_
	compensation from the organization													1_
											,		Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		_X_
4	For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	nsa	tion	and	oth	ner compensation from the	ne organization				
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		X
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	nlete Schedule	e J fo	or su	ıch r	ers	on .					5		Х
Sec	tion B. Independent Contractors	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			<u> </u>									
1	Complete this table for your five highest co	mpensated ind	lene	nder	nt cc	ntra	actor	s th	nat received more than \$	100 000 of comp	ensat	ion fr	rom	
-	the organization. Report compensation for										, crioai		0111	
	(A)	ine calendar ye	Jai C	, i i dili i	g w	iti i	JI VVII	<u> </u>	(B)	Jai.		-	C)	
	Name and business	address	NC	ONE					Description of s	ervices	С		ensatio	n
			-110	) I \ I	•				1			•		
								$\dashv$						
								$\dashv$						
								ļ						
										l				
2	Total number of independent contractors (in	ncludina but na	ot lin	nited	l to t	thos	se lis	ted	above) who received mo	ore than				
		3	,			(	_	-	,					

Form 990 (2024) MONTERE
Part VIII Statement of Revenue

ı u	1 L V I			or note to any lin	o in this Bort VIII			
		Check if Schedule O cor	ntains a response t	or note to any lin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
<b>"</b>		. Fadaustad assassinus	4-					300010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts	1 6	Federated campaigns						
Sign of	K	Membership dues		65,893.				
ts, An	(	Fundraising events		03,093.				
igit ilar	C	Related organizations						
ns, Sim	•	Government grants (contribu						
er S	f	All other contributions, gifts, gra		460 000				
₽ġ		similar amounts not included ab	oove <b>1f</b>	469,992. 16,120.				
dat	ć	Noncash contributions included in line	es 1a-1f <b>1g</b> \$	16,120.				
<u>ğ</u> <u>ğ</u>	ŀ	Total. Add lines 1a-1f			535,885.			
				Business Code				
e	2 8	QUOTA LEASE		110000	70,003.	70,003.		
Program Service Revenue	k	·						
S	C	÷						
am eve	c	d						
og B	•	•						
Ā	f	All other program service rev	venue					
	g	Total. Add lines 2a-2f			70,003.			
	3	Investment income (includin	g dividends, intere	st, and				
		other similar amounts)			13,773.			13,773.
	4	Income from investment of t	ax-exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents6	Sa					
			6b					
	c	Rental income or (loss) 6	Sc Sc					
	c	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7	7a	12,000.				
	k	Less: cost or other basis						
ē		and sales expenses 7	7b	520.				
Revenue		Gain or (loss)	7c	520. 11,480.				
Pev		Net gain or (loss)			11,480.			11,480.
er		Gross income from fundraising						
₽		including \$ 65,	893. of					
_		contributions reported on lin						
		Part IV, line 18		15,800.				
	k	Less: direct expenses	8b	30,591.				
		Net income or (loss) from fur		-	-14,791.			-14,791.
		Gross income from gaming	· -					
		Part IV, line 19						
	Ł	Less: direct expenses						
		Net income or (loss) from ga						
		Gross sales of inventory, les						
		and allowances						
	ŀ	Less: cost of goods sold						
		Net income or (loss) from sa						
				Business Code				
sno	11 :	MISCELLANEOUS	REVENUE	900099	2,113.			2,113.
Miscellaneous Revenue	ıı c				_,			_,
ella Ver	,							
Sce		All other revenue	_					
Σ	_	Total. Add lines 11a-11d			2,113.			
	12	Total revenue. See instructions			618,463.	70,003.	0.	12,575.

Part IX | Statement of Functional Expenses

Form 990 (2024)

	n 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			пріете соійтіп (А).	X
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			Ŭ i	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	100 210	102 454	0 600	16 165
	trustees, and key employees	129,318.	103,454.	9,699.	16,165
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	102 507	63,135.	89,377.	40 00E
	Other salaries and wages	193,507.	03,133.	07,311.	40,995
	Pension plan accruals and contributions (include	1/ 077	2 701	9,398.	1 070
	section 401(k) and 403(b) employer contributions)	14,077. 20,612.	2,701. 4,438.	12,770.	1,978 3,404 3,750
	Other employee benefits	20,812.	10,416.	6,561.	3,404
	Payroll taxes  Fees for services (nonemployees):	40,141.	10,410.	0,301.	3,130
	Management				
	-				
	Legal	8,968.		8,968.	
	Lobbying	0,300.		0,300.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch O.)	92,524.	14,618.	20,177.	57,729
	Advertising and promotion	14,921.	10,192.	20,177. 2,530.	57,729 2,199 572
	Office expenses	4,190.	1,459.	2,159.	572
	Information technology	·	,		
	Royalties				
	Occupancy	6,727.	1,773.	4,316.	638
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,860.	3,266.	1,389.	205
20	Interest	11,452.	11,452.		
21	Payments to affiliates				
	Depreciation, depletion, and amortization	42,000.	42,000.		
23	Insurance	2,944.		2,944.	
	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.)				
	SEAFOOD PURCHASES	34,720.	34,720.		
	DUES AND SUBSCRIPTIONS	8,576.	22,7230	8,012.	564
	MISCELLANEOUS EXPENSES	6,109.	424.	2,062.	3,623
	PROFESSIONAL DEVELOPMEN	5,613.	4,948.	665.	. ,
	All other expenses	-,	,		
	Total functional expenses. Add lines 1 through 24e	621,845.	308,996.	181,027.	131,822
	Joint costs. Complete this line only if the organization			·	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2024)
Part X | Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		183,600.	1	196,235
	2	Savings and temporary cash investments		297,105.	2	310,874
	3	Pledges and grants receivable, net		95,371.	3	76,378
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of th	ese persons		5	
	6	Loans and other receivables from other disqua	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
<u>.</u>	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	B			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	_ 10a			
	b	Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		1,127,187.	14	1,085,443
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must ed		1,703,263.	16	1,668,930
	17	Accounts payable and accrued expenses		14,155.	17	13,329
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
ا م	22	Loans and other payables to any current or for				
E		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
Liabilities		controlled entity or family member of any of th			22	
֡֡֞֡֡֞֞֡֡֞֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to unre		239,030.	23	207,026
	24	Unsecured notes and loans payable to unrelat	ed third parties		24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		253,185.	26	220,355
		Organizations that follow FASB ASC 958, cl	neck here X			
se		and complete lines 27, 28, 32, and 33.				
ä	27	Net assets without donor restrictions		1,446,377.	27	1,448,575
Da Da	28	Net assets with donor restrictions		3,701.	28	0
<u> </u>		Organizations that do not follow FASB ASC				
ᄀ		and complete lines 29 through 33.				
, P	29	Capital stock or trust principal, or current fund	ls		29	
Set	30	Paid-in or capital surplus, or land, building, or			30	
AS	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		1,450,078.	32	1,448,575
-	33	Total liabilities and net assets/fund balances		1,703,263.	33	1,668,930

	990 (2024) MONTEREY BAY FISHERIES TRUST	47-197	8379	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		.			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	618		
2	Total expenses (must equal Part IX, column (A), line 25)	2	621		
3	Revenue less expenses. Subtract line 2 from line 1	3			82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,450	0,0	<u> 78.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	1	.,8'	79.
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	1,448	3,5	75 <b>.</b>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · · · · · · · · · · · · · · ·			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

432012 12-10-24

#### **SCHEDULE A**

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

				ISHERIES TRUS				7-19/83/9
Pa	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).	
2		A school described in sect						
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	一	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:						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
-		section 170(b)(1)(A)(iv). (C		,		, 5		
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)	
7	H	An organization that norma	ū				• •	oublic described in
•				itiai part of its support if	om a gove	minentari	unit of from the general	public described in
	X	section 170(b)(1)(A)(vi). (C		4VAVvi) (Complete Day	. II \			
		A community trust describe						
9		An agricultural research org						
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	eor
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r <b>section</b> s	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization						
		organization. You must o			, ,			11 3
b		Type II. A supporting org	-		ion with its	s sunnorte	d organization(s) by hav	vina .
_		control or management o	•					-
		organization(s). You mus			arric perso	110 11141 001	inor or manage the supp	501100
_		Type III functionally inte			in connect	ion with a	and functionally intograte	od with
С	, L		-				• •	with,
		its supported organization						
d	'	☐ Type III non-functionally					• • • • •	
		that is not functionally int	•	• ,	•		•	veness
		requirement (see instructi	•	-				
е	•	Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or						
		er the number of supported of						
g		vide the following information	about the supporte		(iv) Is the oraș	ınization listed	(v) Amount of monotons	(vi) Amount of other
	(	<ul><li>i) Name of supported organization</li></ul>	(11) EIIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see matructions)	support (see instructions)

432021 01-14-25

Schedule A (Form 990) 2024 MONTEREY BAY FISHERIES TRUST

47-197<u>8379 Page 2</u>

#### 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) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	• •	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	439,261.	383,218.	409,183.	329,416.	535,885.	2096963.
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	439,261.	383,218.	409,183.	329,416.	535,885.	2096963.
	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)						656,338.
6	Public support. Subtract line 5 from line 4.						1440625.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
	Amounts from line 4	439,261.	383,218.	409,183.	329,416.	535,885.	2096963.
	Gross income from interest,	, ,	,	,	<b>,</b> -	, , , , , , , , , , , , , , , , , , , ,	
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	32.	22.	72.	2,998.	13,773.	16,897.
a	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
11	Total support. Add lines 7 through 10						2113860.
	Gross receipts from related activities,	etc (see instruction	ine)			12	401,590.
	First 5 years. If the Form 990 is for the			ourth or fifth tax v	year as a section 5		101,000
10	organization, check this box and <b>stor</b>	-					
Sec	etion C. Computation of Publi						
	Public support percentage for 2024 (I			column (f))		14	68.15 %
	Public support percentage from 2023					15	51.16 %
	<b>33 1/3% support test - 2024.</b> If the o						
	<b>stop here.</b> The organization qualifies						
h	<b>33 1/3% support test - 2023.</b> If the o						
_	and <b>stop here.</b> The organization qual						
<b>17</b> a	10% -facts-and-circumstances test						
., a	and if the organization meets the fact:	-					
	meets the facts-and-circumstances te			=		_	
h	10% -facts-and-circumstances test	-		*	-	7a and line 15 is 1	
D	more, and if the organization meets the	-					10/0 OI
	organization meets the facts-and-circu				-		
12				. ,			
10	<b>Private foundation.</b> If the organization	in did flot check a l	JUA UITIIITE TO, TO	ı, 100, 178, 01 17D	, check this box at		(Form 990) 2024

Schedule A (Form 990) 2024

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.)

quality under the tests listed in Section A. Public Support	below, please comp	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and	(4,7 = 0 = 0	(2) 202 :	(5) = 5 = 5	(4) 2020	(5) = 5 - 1	(1)
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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
					+	
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year	<u> </u>					
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	T	T		T	T	
Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6					+	
<b>10a</b> Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2024	(line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	024 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	<b>2023</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2024. If the	e organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box a	ınd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	
b 33 1/3% support tests - 2023. If the	e organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizati						

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#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Ou		
3b		
Зс		
4a		
4b		
4c		
-10		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10b	]	

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trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

За

	MONIMED BY DAY BIGUED TEG IND	ттат		47 1070270
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting		nizatione	47-1978379 Page 6
				/ Doub VIII Considerations
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	ompiei	e Sections A through E.	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Schedule A (Form 990) 2024

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2025. Add lines 3i

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2020

b Excess from 2021

c Excess from 2022

d Excess from 2023

e Excess from 2024

47-1978379 Page 7 MONTEREY BAY FISHERIES TRUST Schedule A (Form 990) 2024 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2024 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2024 a From 2019 **b** From 2020 c From 2021 d From 2022 e From 2023 f Total of lines 3a through 3e g Applied to under distributions of prior years h Applied to 2024 distributable amount i Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2024 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2024 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2024, if

Schedule A	(Form 990) 2024	MONTEREY	BAY	FISHERIES	TRUST	47-1978379	Page 8
Part VI	(Form 990) 2024 <b>Supplemental In</b> Part IV, Section A, lin line 1; Part IV, Section Section D, lines 5, 6,	formation. Provides 1, 2, 3b, 3c, 4b, 4c n D, lines 2 and 3; Pal and 8; and Part V, Se	e the ex c, 5a, 6, t IV, Se ction E,	xplanations required 9a, 9b, 9c, 11a, 11b ction E, lines 1c, 2a, lines 2, 5, and 6. Al	by Part II, line 10; Part o, and 11c; Part IV, Sec 2b, 3a and 3b; Part V, so complete this part fo	II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section 0 line 1; Part V, Section B, line 1e; Part or any additional information.	C, V,
	(See instructions.)						
-							
-							
	<del></del>				<del></del>		

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2024

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
DAVID & LUCILE PACKARD FOUNDATION	330,000.	287,723.
REPASS-RODGERS FOUNDATION	125,000.	82,723.
CITY OF MONTEREY	210,000.	167,723.
CAMPBELL FOUNDATION	150,000.	107,723.
UNFI FOUNDATION	45,000.	2,723.
THOMAS BRENNAN TRUST	50,000.	7,723.
Total Excess Contributions to Schedule A, Part II, Line 5	656,338.	

#### Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Employer identification number

M(	MONTEREY BAY FISHERIES TRUST 47-1978379					
Organization type (check of	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor'					
Special Rules						
sections 509(a)(1) contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during literary, or educati	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "No" on Part IV, line	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ag requirements of Schedule B (Form 990).	**				

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

Schedule B (Form 990) (Rev. 12-2024)

Page 2

Name of organization

Employer identification number

MONTEREY BAY FISHERIES TRUST

47-1978379

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID & LUCILE PACKARD FOUNDATION  343 SECOND ST  LOS ALTOS, CA 94022	\$\$	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
2	UNFI FOUNDATION  313 IRON HORSEWAY  PROVIDENCE, RI 02908	\$\$	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	COMMUNITY FOUNDATION FOR MTY COUNTY  2354 GARDEN RD  MONTEREY, CA 93940	\$13,157 <b>.</b>	Person X Payroll
(a)	(b)	(c)	(d)
No4_	MONTEREY PENINSULA FOUNDATION  5 MANDEVILLE CT, SUITE 101  MONTEREY, CA 93940	\$ 25,000.	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
5_	REPASS-ROGERS FOUNDATION  501 SILVERSIDE ROAD  WILMINGTON, DE 19809	\$30,000.	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	US BANK FOUNDATION  800 NICOLLET MALL  MINNEAPOLIS, MN 55402	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

	91
Name of organization	Employer identification number
MONTEREY BAY FISHERIES TRUST	47-1978379

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CAMPBELL FOUNDATION  1450 SUTTER STREET SUITE 510  SAN FRANCISCO, CA 94109	\$\$\$	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
8	THOMAS BRENNAN TRUST  400 CAMARILLO RANCH RD  CAMARILLO, CA 93102	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

MONTEREY BAY FISHERIES TRUST

47-1978379

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				
		\$					

ame or or	ganization		Employer identification numb					
	REY BAY FISHERIES TRUST		47-1978379					
Part III	from any one contributor. Complete columns (a)	through (e) and the following line ent	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year. For organizations					
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.) \$					
(a) No.	Ose duplicate copies of Fart III II additionals	space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
1 41111								
		(e) Transfer of gif	rft .					
	Transforce's name address a	ad <b>7</b> ID + 4	Polationship of transferor to transferoe					
-	Transferee's name, address, a	IU ZIF + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(2). 5. p. 5. 5. 5	(0) 000 01 9	(a, z con passion or non giron non					
	(e) Transfer of gift							
<u> </u>	Transferee's name, address, a	Relationship of transferor to transferee						
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		-						
		(e) Transfer of gif						
		(e) Transier of gir	п					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
Γ								
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
raiti								
-								
		(e) Transfer of gif	ft					
	Tuenefauealamana addinas a	-d 71D . 4	Deletionship of two persons to two referre					
}	Transferee's name, address, a	10 ZIP + 4	Relationship of transferor to transferee					

#### SCHEDULE D (Form 990)

(Rev. December 2024)
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

MONTEREY BAY FISHERIES TRUST

Employer identification number 47 - 1978379

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		Omplete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(c) - core devices terras	(-)
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 advis	ed funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		
Pai		panization answered "Yes" on Form 990.	
1	Purpose(s) of conservation easements held by the organization		Tarett, iiio 7.
•	Preservation of land for public use (for example, recrea	` ` ;	f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space	i reservation o	Ta dortinea historio strastaro
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	ica conscivation contribution in the form	Held at the End of the Tax Year
а			2a
h	<b>-</b>		
c	Number of conservation easements on a certified historic stru		_
d	Number of conservation easements included on line 2c acqui		20
_	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
•	year	oused, examigationed, or terminated by the	organization daring the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	<u> </u>	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
			· ·
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	ı)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		ther 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 a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance 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 treat	asures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Sche	dule D (Form 990) (Rev. 12-2024) MONTER							47-19	7837	9 <sub>P</sub>	age 2
Par	t III   Organizations Maintaining C	ollections of Ar	rt, Histo	orical Tre	asures, or Oth	ner Si	milaı	r Assets	(conti	nued)	
3	Using the organization's acquisition, accessi collection items (check all that apply).	on, and other record	ds, check	any of the f	ollowing that make	e signit	icant ι	use of its			
а	Public exhibition		d 🔲 i	Loan or exc	hange program						
b	Scholarly research				3 1 3						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ev further th	e organization's ex	xempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran								ne 9, or		
	reported an amount on Form 990, Pa			Ü			,	,	ŕ		
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for	contribution	s or other assets r	not incl	uded				
	on Form 990, Part X?							Yes		No	
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	stodial account lia	ability?			Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds Complete if										
		(a) Current year	(b) P	rior year	(c) Two years back	(d)	Three y	ears back	<b>(e)</b> Fou	r years	back
1a	Beginning of year balance					_					
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses					_					
g	End of year balance										
2	Provide the estimated percentage of the curr			g, column (a)	) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c sho	·									
за	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are neid ar	id administered fol	rtne			1	Yes	No
	organization by:								0-(:)	163	NO
	(i) Unrelated organizations?								3a(i)		
L	(ii) Related organizations?  If "Yes" on line 3a(ii), are the related organizations.	tions listed as requi		abadula D2					3a(ii)		
_	Describe in Part XIII the intended uses of the								3b		
4 Par	t VI Land, Buildings, and Equipm		owinent it	urius.							
	Complete if the organization answere		0. Part IV	. line 11a. S	ee Form 990. Part	X. line	10.				
	Description of property	(a) Cost or o		(b) Cost		) Accu		2d	(d) Boo	k valı	ΙΔ
	bescription of property	basis (investi		basis		depre		~	(4) 500	ı, vait	
	Land	`	,		,	, , ,					
	Buildings										
	Leasehold improvements										
	Equipment	l l									
	Other	l l									
	. Add lines 1a through 1e. (Column (d) must e		X. line 10	Oc. column	(B))	<u></u>	<u></u>				0.

Schedule D (Form 990) (Rev. 12-2024)

Complete if the organization answered "Yes" o  a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year man	ket value
Financial derivatives	(2) 20011 12:00	(c) meaned or rainantin ever or one or year man	
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year man	ket value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
art IX Other Assets			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description	<b>(b)</b> Bo	ok value
(1)			
(2)			
(3)			
(4)			
(5)			
(0)			
(6)			
\- <i>\</i>			
(7)			
(7) (8)			
(7) (8) (9)	(B))		
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities	(B))		
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col.			
(7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities		11e or 11f. See Form 990, Part X, line 25.	ok value
(7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" of the Complete if the Organization of liability		11e or 11f. See Form 990, Part X, line 25.	ok value
(7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	ok value
(7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25.	ok value
(7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25.	ok value
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	ok value
(7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25.	ok value
(7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col. (art X Other Liabilities  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.	ok value
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.	ok value
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.	ok value

Schedule D (Form 990) (Rev. 12-2024)

		(Form 990) (Rev. 12-2024) MONTEREY BAY FISHERIES TRU			978379	Page 4
Par	t XI	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per Re	turn		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total ı	revenue, gains, and other support per audited financial statements		1		
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
		nrealized gains (losses) on investments				
		ed services and use of facilities				
		eries of prior year grants				
d	Other	(Describe in Part XIII.)	2d			
		nes 2a through 2d		2e		
		act line 2e from line 1		3		
		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes 4a and 4b		4c		
5	Totalı	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	nto With Evenness now I	5		
Par	τΑΙΙ	Reconciliation of Expenses per Audited Financial Stateme	nts with Expenses per i	Return		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T . T		
		expenses and losses per audited financial statements		1		
		nts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
		ed services and use of facilities	I I	-		
		vear adjustments	2b	-		
		losses	2c	-		
		(Describe in Part XIII.)	•	-		
		nes 2a through 2d		2e		
		act line 2e from line 1		3		
		nts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
		ment expenses not included on Form 990, Part VIII, line 7b		-		
		(Describe in Part XIII.)		1		
		nes 4a and 4b		4c		
Par	t XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information		5		
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	// lines 1h and 2h: Part // line	1. Dort V	line 2: Dort V	′1
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit		+, ran A	, iiile 2, Fait A	ΑΙ,
		, LINE 2:	ionai imormation.			
		MENT HAS CONSIDERED ITS TAX POSITIONS A	ND BELIEVES THAT	ד.דב י	OF THE	?
		ONS TAKEN IN ITS FEDERAL AND STATE EXEM				
		THAN NOT TO BE SUSTAINED UPON EXAMINAT				
		T TO EXAMINATION BY FEDERAL AND STATE T				
		REE YEARS AND FOUR YEARS, RESPECTIVELY,				

# SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

#### **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

Open to Public Inspection

							ntification number	
MONTEREY BAY FISHERIES TRUST							47-1978379	
<b>Part I</b> Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
Indicate whether the organization rais     a	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual lart VII) or entity in connection with providuals or entities (fundraisers) pursuit	tion of tion of fundra (includ	nongo gover aising of ling of onal fo	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
or entity (tundraiser)		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total								
List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration	
		<u> </u>						

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

Schedule G (Form 990) (Rev. 12-2024)

	edu I <b>rt</b> I	le G (Form 990) (Rev. 12-2024) MONTEREY  Fundraising Events. Complete if the				1978379 Page 2
Г		of fundraising event contributions and gro				
			(a) Event #1 MBFT'S 10 YEAR ANNIVER	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	1
Revenue	1	Gross receipts	81,693.			81,693.
	2	Less: Contributions	65,893.			65,893.
	3	Gross income (line 1 minus line 2)	15,800.			15,800.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	3,000.			3,000.
irect E	7	Food and beverages	147.			147.
Ω	8	Entertainment				600.
	9					26,844.
		Direct expense summary. Add lines 4 through				30,591. -14,791.
Pa	rt l	Net income summary. Subtract line 10 from light Gaming. Complete if the organization	, , , ,	990 Part IV line 19 or		-14,791.
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these s			Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No

Schedule G (Form 990) (Rev. 12-2024)

432082 01-14-25

Sch	edule G (Form 990) (Rev. 12-2024) MONTEREY BAY FISHERIES TRUST 47-	197837	9 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	s No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	s No
12	Indicate the percentage of gaming activity conducted in:		
		100	0/
	The organization's facility		<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	NameAddress		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s 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 the name and address of the third party:		
	None		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	N.		
	Name		
	Out the second s		
	Gaming manager compensation \$		
	Description of anyther appropriated		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	s No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III lines 9	9 9b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		.,,,
	100, 100, 10, and 175, as applicable. Also provide any additional information. God instructions.		
_			

Schedule G	(Form 990)	MONTEREY	BAY	FISHERIES	TRUST	47-1978379	Page 4
Part IV	Supplemental In	MONTEREY formation (continu	ed)				·g
		(OOTHING	<u>ou,                                    </u>				
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III,

PART

#### SCHEDULE O (Form 990)

FORM 990

EXPENSES \$

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OTHER PROGRAM SERVICES:

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MONTEREY BAY FISHERIES TRUST

4D,

LINE

Employer identification number 47-1978379

70,003.

STRENGTHENING THE VIABILITY OF COMMERCIAL FISHING BUSINESSES MONTEREY: WE PROVIDED TECHNICAL ASSISTANCE, TOOLS, AND RESOURCES TO STRENGTHEN FISHING BUSINESSES AND HELP FISHERMEN NAVIGATE REGULATIONS. CONTINUED OUR QUOTA LEASING PROGRAM, PROTECTING LOCAL ACCESS TO SUSTAINABLE GROUNDFISH FISHING RIGHTS, AND SAVING FISHERMEN THOUSANDS DOLLARS IN LEASE FEES. THROUGH OUR PARTNERSHIP WITH CALIFORNIA WE INCREASED FISHERMEN'S ACCESS TO TECHNICAL ASSISTANCE FARMLINK, LOANS AND EXPLORED SUCCESSION PLANNING FOR RETIRING FISHERMEN AND NEW WE ADVOCATED TO STATE AND FEDERAL LEGISLATORS FOR INFRASTRUCTURE IMPROVEMENTS AND THE NEED TO SUPPORT FISHING COMMUNITY RESILIENCE. STATS: 10 FISHERMEN RECEIVED DIRECT TECHNICAL ASSISTANCE; 178K POUNDS OF GROUNDFISH WAS LEASED LOCALLY; 2.4K VIEWS OF RESOURCES FOR FISHING BUSINESSES.

0.

REVENUE \$

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

74,716.

BEFORE FILING, GOVERNING MEMBERS, THE EXECUTIVE DIRECTOR, AND THE OPERATIONS MANAGER REVIEW 990 FOR ACCURACY.

INCLUDING GRANTS OF \$

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

ALL GOVERNING MEMBERS ARE REQUIRED TO REVIEW FOR POTENTIAL CONFLICTS PRIOR TO ACTION. MEMBERS ARE NOTIFIED IN ADVANCE OF ITEMS TO BE DISCUSSED AS NOTED ON AGENDA. BOARD MEMBERS SIGN AN ANNUAL STATEMENT THAT THEY ARE AWARE OF THE CONFLICT OF INTEREST POLICY.

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

GOVERNING MEMBERS ANNUALLY REVIEW EXECUTIVE DIRECTOR COMPENSATION IN CONSULTATION WITH COMPARABLE ORGANIZATIONS, REVIEW OF WRITTEN COMPARABLE DATA, AND IN CONSULTATION WITH HUMAN RESOURCES CONSULTANTS.

GOVERNING MEMBERS ANNUALLY REVIEW KEY OFFICERS AND/OR EMPLOYEES

COMPENSATION IN CONSULTATION WITH COMPARABLE ORGANIZATIONS, REVIEW OF
WRITTEN COMPARABLE DATA, AND IN CONSULTATION WITH HUMAN RESOURCES
CONSULTANTS.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATIONS GOVERNING DOCUMENTS AND DISCLOSURES MAY BE GRANTED UPON RECEIPT OF WRITTEN REQUEST, SUBJECT TO REVIEW AND APPROVAL OF THE GOVERNING MEMBERS AND IN ACCORDANCE WITH ALL APPLICABLE STATUTES.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANT FEES:	
PROGRAM SERVICE EXPENSES	14,618.
MANAGEMENT AND GENERAL EXPENSES	20,177.
FUNDRAISING EXPENSES	57,729.
TOTAL EXPENSES	92,524.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	92,524.

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

Schedule O (Form 990) (Rev. 12-2024)

Schedule O (Form 990) 2024	Page 2
Name of the organization	Employer identification number
MONTEREY BAY FISHERIES TRUST	47-1978379
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT	ACCOUNTANT
HAS NOT CHANGED FROM THE PRIOR YEAR.	

Schedule 0 (Form 990) 2024

#### 2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation

428111 04-01-24

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

TAXABLE YEAR 2024

# California Exempt Organization Annual Information Return

428941	01-14-2
FORM	Л

199

Calendar Ye	ar 2024 or fiscal year beginning (mm/dd/yyyy) , and endir	ng (mm/dd/yyy	y)			
Corporation/C	rganization name	Calif	fornia corp	oration nu	mber	
	REY BAY FISHERIES TRUST		3714	117		
Additional info	rmation. See instructions.	FE		0.000		
				9783	179	
	s (suite or room)		PMB no.			
	OOPER STREET	State	ZIP code			
City	CDII7		9506			
SANTA Foreign count		CA		oostal code		
r oreigir count	y hane Totalgh province state/county		i oreign p	ostal code	7	
A First re	turn Yes X No I Did the organization I	have any chanc	nes to its	auideline	 PS	
				-	•	X No
	ction 4947(a)(1) trust Yes X No J If exempt under R&T	C Section 2370	)1d. has	the organ	nization	
	formation return? engaged in political a					<b>X</b> No
• [	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization ex					K No
Enter da	te: (mm/dd/yyyy) • If "Yes," enter the gro					
E Check	accounting method: (1) Cash (2) X Accrual (3) Other L Is the organization a l	limited liability	compan	y <b>?</b>	• ☐ Yes ☐	<b>▼</b> No
<b>F</b> Federal	return filed? (1) ● 990T (2) ● 990PF M Did the organization f	file Form 100 o	r Form 1	09 to		
	Sch H ( 990) (4) X Other 990 series report taxable income	e?			•	<b>∑</b> No
	a group filing? See instructions $ullet$ Yes $X$ No $N$ Is the organization ur	nder audit by th	ne IRS or	has the		
	organization in a group exemption					
If "Yes,	"what is the parent's name? 0 Is federal Form 1023/				Yes 🖸	<u>∡</u> No
	Date filed with IRS					
Part I	Complete Part I unless not required to file this form. See General Information B and C.					
· urer	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		•	1	113,68	3 <b>9</b>   nn
	2 Gross dues and assessments from members and affiliates			2		00
	3 Gross contributions, gifts, grants, and similar amounts received	STMT	1 •	3	535,88	
	4 Total gross receipts for filing requirement test. Add line 1 through line 3.					
Receipts	This line must be completed. If the result is less than \$50,000, see General Information	В		4	649,57	74 00
and	5 Cost of goods sold • 5		00			
Revenues	6 Cost or other basis, and sales expenses of assets sold 6	5	20 00			
	7 Total costs. Add line 5 and line 6			7		20 00
	8 Total gross income. Subtract line 7 from line 4		•	8	649,05	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		······ •	9	652,43	
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		•	10	-3,38	
	11 Total payments		····· •	11		00
	12 Use tax. See General Information K			12		00
D				13		00
Payments				14		00
						00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which purpose the state of the state	ements, and to the	best of m	y knowled	lge and belief,	
Sign	Signed by:	Da <del>te</del> (a	. 4 (000 f	_	Telephone	
Here	Signature of officer Mulissa Malloney EXECUTIVE D	IRE STATE	24/2025		- relephone	
	FE2475E45472499 Date	Check	if	1	● PTIN	
	Preparer's ► AUTUMN ROSSI 07/23/	25 self-em	ployed		01404602	
Paid	Firm's name				Firm's FEIN	
Preparer's	(or yours, if self-				11-0746749	
Use Only	employed) 1188 PADRE DRIVE, STE 101				Telephone	
	SALINAS, CA 93901		r==		(831) 759-6	300
	May the FTB discuss this return with the preparer shown above? See instructions	<u></u>	●[X	Yes	No	

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

428951	01-14-25

		1	Gross sales or receipts from all I	ousiness activiti	es. See instru	ctions			•	1		800	
		2	Interest						•	2	13,	773	00
		3	Dividends						•	3			00
Re	ceipts	4	Gross rents						•	4			00
fro		5	Gross royalties						•	5		000	00
	ner	6	Gross amount received from sale	•	6		000						
So	urces	7	Other income. Attach schedule	•	7	72,	116	00					
		8	Total gross sales or receipts from							8	113,	689	$\overline{}$
		9	Contributions, gifts, grants, and						•	9			00
		10	Disbursements to or for member				OPE OE		•	10	100	210	00
		11	Compensation of officers, direct							11	129,		
		12	Other salaries and wages							12	193,	152	00
	enses	13	Interest							13		452 727	
and	u burse-	14	Taxes							14 15		727	
		15	Rents  Depresistion and depletion (See	inatruationa)					·· 【	16	0,	141	-
me	nts	16	Depreciation and depletion (See Other expenses and disburseme	nta Attach acha			CEE CTA		··· 【	17	290,	705	00
		17	Total expenses and disbursemen	nto Add ling 0 tl	hrough line 17	 7 Entor ha	ore and on Side 1 Da	rt Lline 0	··· •	18	652,		
Sc	hedu				Beginning of			111, 11116 9	End (	of taxabl		<del>1</del> 30	00
	sets			(a			(b)	(c)			(d)		
				<b>(</b>	,		480,705	( )		•		7,1	09
			s receivable				•			•			
			ceivable							•			
										•			
			state government obligations							•			
6	Investr	nents	in other bonds							•			
			in stock							•			
	Mortga									•			
			ments. Attach schedule							•			
10	<b>a</b> Dep	reciab	le assets										
	<b>b</b> Less	accu	mulated depreciation										
11	Land									•			
12	Other a	assets	. Attach schedule STMT 6				1,222,558			•	1,16	1,8	21
							1,703,263				1,66	8,9	30
			et worth				14 155				1	2 2	
			yable				14,155			•		3,3	<u> 29</u>
			s, gifts, or grants payable							•			
			notes payable				239,030			•	20	7,0	26
	Mortga		eayable ies. Attach schedule				239,030			•	20	7,0	<u> </u>
			c or principal fund										
			tal surplus. Attach reconciliation							•			
			nings or income fund				1,450,078			•	1.44	8.5	75
			ies and net worth				1,703,263				1,44 1,66	8.9	30
	hedu			per books with i	income per re		, ,						
			Do not complete this sche				3, column (d), is less	s than \$50,000.					
1	Net inc	ome	per books	•	-3,	382	7 Income recorded	on books this yea	r				
	Federa			_			not included in th	is return. Attach s	chedule	•			
3	Excess	of ca	pital losses over capital gains				8 Deductions in this	s return not charg	ed				
			recorded on books this year.				against book inco	ome this year.					
			dule	•			Attach schedule						
5			corded on books this year not				9 Total. Add line 7 a	and line 8		L			_
			this return. Attach schedule				Net income per re					ب	
6	Total.	Add lii	ne 1 through line 5		-3,	382	Subtract line 9 fro	om line 6				3,3	82

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMOUNT
DAVID & LUCILE PACKARD FOUNDATION	343 SECOND ST LOS ALTOS, CA 94022	100,000.
UNFI FOUNDATION	313 IRON HORSEWAY PROVIDENCE, RI 02908	25,000.
COMMUNITY FOUNDATION FOR MTY COUNTY	2354 GARDEN RD MONTEREY, CA 93940	13,157.
MONTEREY PENINSULA FOUNDATION	5 MANDEVILLE CT, SUITE 101 MONTEREY, CA 93940	25,000.
REPASS-ROGERS FOUNDATION	501 SILVERSIDE ROAD WILMINGTON, DE 19809	30,000.
US BANK FOUNDATION	800 NICOLLET MALL MINNEAPOLIS, MN 55402	25,000.
CLIF BAR FAMILY FOUNDATION	1451 66TH ST EMERYVILLE, CA 94608	5,000.
CAMPBELL FOUNDATION	1450 SUTTER STREET SUITE 510 SAN FRANCISCO, CA 94109	105,000.
MONTEREY BAY FISHERIES TURST BOARD MEMEBERS	101 COOPER STREET SANTA CRUZ, CA 95060	6,000.
COMMUNITY FOUNDATION OF SANTA CRUZ COUNTY	7807 SOQUEL DR APTOS, CA 95003	10,000.
THOMAS BRENNAN TRUST	400 CAMARILLO RANCH RD CAMARILLO, CA 93102	50,000.
MONTEREY BAY AQUARIUM	886 CANNERY ROW MONTEREY , CA 93940	5,000.
TOTAL INCLUDED ON LINE 3		399,157.

CA 199	GROSS AI	MOUNT FROM SAI	E OF ASSETS	S	TATEMENT 2
DESCRIPTION			ATE DA' JIRED SO:	LD ACQ	THOD UIRED ————— CHASED
		COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
		3,116.	2,872.	276.	12,000.
TOTAL TO FORM 199, P	AGE 2, LN 6	3,116.	2,872.	276.	12,000.
CA 199	<del></del>	OTHER INCOM		S	TATEMENT 3
DESCRIPTION					AMOUNT
MISCELLANEOUS REVENU QUOTA LEASE	E				2,113. 70,003.
TOTAL TO FORM 199, P	ART II, LIN	E 7			72,116.

CA 199 COMPENSATION OF OFFICERS	S, DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MELISSA MAHONEY 101 COOPER STREET SANTA CRUZ, CA 95060	EXECUTIVE DIRECTOR 40.00	129,318.
DAVID M CRABBE 101 COOPER STREET SANTA CRUZ, CA 95060	PRESIDENT 2.00	0.
STEVE SCHEIBLAUER 101 COOPER STREET SANTA CRUZ, CA 95060	CHAIRMAN 2.00	0.
MARGARET SPRING 101 COOPER STREET SANTA CRUZ, CA 95060	VICE PRESIDENT 2.00	0.
MONICA GALLIGAN 101 COOPER STREET SANTA CRUZ, CA 95060	TREASURER 2.00	0.
CHAPS PODURI 101 COOPER STREET SANTA CRUZ, CA 95060	SECRETARY 2.00	0.
BOB DOOLEY 101 COOPER STREET SANTA CRUZ, CA 95060	BOARD MEMBER 2.00	0.
JOHN FIELD 101 COOPER STREET SANTA CRUZ, CA 95060	BOARD MEMBER 2.00	0.
ALYSON HUNTER 101 COOPER STREET SANTA CRUZ, CA 95060	BOARD MEMBER 2.00	0.
TOTAL TO FORM 199, PART II, LINE 11		129,318.

CA 199	OTHER EXPENSES		STATEMENT 5
DESCRIPTION			AMOUNT
DEPRECIATION			42,000
SEAFOOD PURCHASES			34,720
DUES AND SUBSCRIPTIONS			8,576
MISCELLANEOUS EXPENSES			6,109
PROFESSIONAL DEVELOPMEN			5,613
DIRECT EXPENSES OF FUNDRAISING E	EVENTS		30,591
PENSION PLAN CONTRIBUTIONS			14,077
OTHER EMPLOYEE BENEFITS			20,612
ACCOUNTING FEES			8,968
OTHER PROFESSIONAL FEES			92,524
ADVERTISING AND PROMOTION			14,921
OFFICE EXPENSES			4,190
CONFERENCES AND CONVENTIONS			4,860
INSURANCE			2,944
TOTAL TO FORM 199, PART II, LINE	<b>3</b> 17		290,705
CA 199	OTHER ASSETS		STATEMENT 6
	OTHER ASSETS	BEG. OF YEAR	STATEMENT 6 END OF YEAR
DESCRIPTION	OTHER ASSETS	BEG. OF YEAR 95,371.	
CA 199  DESCRIPTION  PLEDGES AND GRANTS RECEIVABLE INTANGIBLE ASSETS	OTHER ASSETS		END OF YEAR
DESCRIPTION PLEDGES AND GRANTS RECEIVABLE		95,371.	END OF YEAR 76,378
DESCRIPTION		95,371. 1,127,187.	END OF YEAR 76,378
DESCRIPTION		95,371. 1,127,187.	END OF YEAR 76,378
DESCRIPTION  PLEDGES AND GRANTS RECEIVABLE INTANGIBLE ASSETS TOTAL TO FORM 199, SCHEDULE L, I	LINE 12	95,371. 1,127,187.	76,378, 1,085,443, 1,161,821
DESCRIPTION  PLEDGES AND GRANTS RECEIVABLE INTANGIBLE ASSETS TOTAL TO FORM 199, SCHEDULE L, I	LINE 12  FUND BALANCES  CTIONS	95,371. 1,127,187. 1,222,558.	END OF YEAR  76,378 1,085,443 1,161,821  STATEMENT 7  END OF YEAR

022 DO NOT MAIL THIS FORM TO THE FTB **Date Accepted** TAXABLE YEAR **FORM** California e-file Return Authorization for 2024 8453-EO **Exempt Organizations** Exempt Organization name Identifying number MONTEREY BAY FISHERIES TRUST 47-1978379 Electronic Return Information (whole dollars only) 649,574 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) 1 Total gross income or total tax (Form 199, line 8 or Form 109, line 14) Refund (Form 109, line 26) 3 Balance due or Total amount due (Form 199, line 16 or Form 109, line 29) Settle Your Account Electronically for Taxable Year 2024 Part II 5 Direct deposit of refund (Form 109 only.) Electronic funds withdrawal 6a Amount 6b Withdrawal date (mm/dd/yyyy) 6 Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are not installment payments for the current amount the exempt organization owes.) Second Payment Third Payment First Payment Fourth Payment **7** Amount 8 Withdrawal Date Banking Information (Have you verified the exempt organization's banking information?) Part IV 9 Routing number Checking 10 Account number **11** Type of account: Savings **Declaration of Officer** Part V I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed. I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent. 7/24/2025 Sign Melissa <u>Malioney</u> EXECUTIVE DIRECTOR Here Date Signature of officer 475E45472499. Declaration of Electronic Return Originator (ERO) and Paid Preparer. Part VI I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Check if ERO's PTIN Check ERO's signature if selfalso paid **ERO** AUTUMN ROSSI P01404602 Firm's name (or yours CLIFTONLARSONALLEN Firm's FEIN 41-0746749 LLPif self-employed) Sign 1188 PADRE DRIVE, STE 101 and address SALINAS, CA ZIP code 93901

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge

Date

Check if self-

and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

FTB 8453-EO 2024

Paid preparer's PTIN

Firm's FEIN

Paid

Sign

Preparer Must

Paid

preparer's signature

Firm's name (or yours

if self-employed)

and address

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

STATE OF CALIFORNIA RRF-1 (Rev. 01/2024)

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

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

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

#### ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

	Check if	: nange of address					
MONTEREY BAY FISHERIES TRUST		nended report					
Name of Organization	Or	ganization requests email notifications					
List all DBAs and names the organization uses or has used	_						
101 COOPER STREET Address (Number and Street)	State Ch	narity Registration Number 0214961					
SANTA CRUZ, CA 95060	Corpora	tion or Organization No. 3714117					
City or Town, State, and ZIP Code  831-233-3101 INFO@MBFISHTRUST.ORG		7 1079270					
Telephone Number E-mail Address	Federal	Employer ID No. <u>47-1978379</u>					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (1 Make Check Payable to Dep							
Total Revenue Fee Total Revenue	<u>Fee</u>	Total Revenue	<u>Fee</u>				
Less than \$50,000 \$25 Between \$250,001 and \$1 million  Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million		Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 millior	\$800 1 \$1,000				
Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 m		Greater than \$500 million	\$1,200				
PART A - ACTIVITIES							
For your most recent full accounting period (beginning $\frac{01/01}{}$	2024 en	ding <u>12/31/2024</u> ) list:					
Total Revenue (including noncash contributions) \$ 618,463 Noncash Contributions \$  Program Expenses \$ 308,996	1	6,120 Total Assets \$ 1,66 penses \$ 621,845	8,930				
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIO	OD OF THIS R	EPORT					
Note: All questions must be answered. If you answer "yes" to any of the oproviding an explanation and details for each "yes" response. Pleas			Yes No				
During this reporting period, were there any contracts, loans, leases or oth		<del>-</del>	Tes No				
and any officer, director or trustee thereof, either directly or with an entity any financial interest?		· ·	x				
2. During this reporting period, was there any theft, embezzlement, diversion or funds?	or misuse of the	ne organization's charitable property	х				
3. During this reporting period, were any organization funds used to pay any	penalty, fine or	r judgment?	х				
4. During this reporting period, were the services of a commercial fundraiser, commercial coventurer used?	, fundraising co	unsel for charitable purposes, or	x				
5. During this reporting period, did the organization receive any governmenta	al funding?		х				
6. During this reporting period, did the organization hold a raffle for charitable	e purposes?		х				
7. Does the organization conduct a vehicle donation program?			х				
8. Did the organization conduct an independent audit and prepare audited fir generally accepted accounting principles for this reporting period?	nancial stateme	ents in accordance with	x				
9. At the end of this reporting period, did the organization hold restricted net	t assets, while r	reporting negative unrestricted net assets?	X				
	I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.						
MELISSA MAHONEY		EXECUTIVE DIRECTOR					
Signature of Authorized Agent Printed Name		Title DIRECTOR Date					

# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. CT0214961 Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	2024 calendar year, or tax year beginning and end	ding		•			
B	Check if applicable	C Name of organization		D Employer identific	cation number			
_	— Addres							
F	chang Name	MONTEREY BAY FISHERIES TRUST		47 10702	7.0			
F	chang  Initial	<u> </u>	am/auita	47-19783				
F	return Final	Number and street (or P.0. box if mail is not delivered to street address)  101 COOPER STREET	om/suite	E Telephone number 831-233-3				
	lreturn/ termin ated			G Gross receipts \$	649,574.			
	Ameno return	SANTA CRUZ, CA 95060		H(a) Is this a group return				
	Applic tion pendir	F Name and address of principal officer: MEDISSA MARONEI		for subordinates	? Yes X No			
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in				
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527		list. See instructions			
	Websit		<u>_</u>	H(c) Group exemption				
	art I	organization: X Corporation Trust Association Other  Summary	L Year c	of formation: 2014 N	1 State of legal domicile: CA			
•	_	Briefly describe the organization's mission or most significant activities: TO ADV	ANCE	THE SOCIAL	ECONOMIC			
ď	3  '	AND ENVIRONMENTAL SUSTAINABILITY OF MONTERE						
Governance	2	Check this box if the organization discontinued its operations or disposed						
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		1 . 1	9			
		Number of independent voting members of the governing body (Part VI, line 1b)			8			
ď	5 5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)			3			
ii.	6	Total number of volunteers (estimate if necessary)			8			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	<u>,</u> p	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)		329,416.	535,885.			
ē	9	Program service revenue (Part VIII, line 2g)		85,913.	70,003.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,998.	25,253.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		418,327.	$\frac{-12,678.}{618,463.}$			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.0,403.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
	4-	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		293,080.	378,241.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
e Le	b	Total fundraising expenses (Part IX, column (D), line 25) 131,822			• •			
ĭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	258,143.	243,604.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		551,223.	621,845.			
	19	Revenue less expenses. Subtract line 18 from line 12		-132,896.	-3,382.			
5			Beg	inning of Current Year	End of Year			
t Assets or	20	Total assets (Part X, line 16)		1,703,263.	1,668,930.			
it As		Total liabilities (Part X, line 26)		253,185.	220,355.			
<u>Z</u>	art II	Net assets or fund balances. Subtract line 21 from line 20		1,450,078.	1,448,575.			
			d atatama	ata and to the best of mu	Innoulades and halist it is			
		lties of perjury, I declare that I have examined this return, including accompanying schedules and to and complete. Declaration of preparer (other than officer) is based on all information of which I			knowledge and beller, it is			
u	, 001100	Mulissa Malioney	proparci	7/24/2025				
Sig	ın	Signatura at the season of the		Date				
He		MELISSA MAHONEY, EXECUTIVE DIRECTOR						
		Type or print name and title			_			
		Preparer's name Preparer's signature	D	ate Check	PTIN			
Pai	d	AUTUMN ROSSI AUTUMN ROSSI	0	7/24/25 self-employ	P01404602			
Pre	parer	Firm's name CLIFTONLARSONALLEN LLP			1-0746749			
Use	Only	Firm's address 1188 PADRE DRIVE, STE 101						
		SALINAS, CA 93901		Phone no. (8	<u>31) 759-6300</u>			
Ма	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No			

Form	1990 (2024) MONTEREY BAY FISHERIES TRUST	47-1978379	Page 2
Pa	rt III 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:		
•	TO ADVANCE THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL SUS	TATNARTI.TTV OF	
	MONTEREY BAY FISHERIES.	IIIIIIIIIIIIIIII OI	
	MONIEREI DAI FIDHERIED.		
2	Did the organization undertake any significant program services during the year which were not listed 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 program service	es? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o		nd
	revenue, if any, for each program service reported.	,	-
 4а	(Code:) (Expenses \$ 77 , 386 • _ including grants of \$ ) (Figure 1 = 1	lavanua ¢	1
40	INCEASING ACCESS TO, AVAILABILITY OF, AND DEMAND FOR LO		BI.F
	SEAFOOD: MBFT LED OUTREACH PROGRAMS AIMED AT RAISING A	-	מעט
	DEMAND FOR LOCAL, SUSTAINABLE SEAFOOD. THROUGH DIGITAL		
	VIDEOS, BLOGS, SOCIAL MEDIA, AND PRESENTATIONS, MBFT CO		
	CONSUMERS WITH MONTEREY BAY SEAFOOD AND OUR FISHING CO		
	<u> </u>	THEM IDENTIFY	
	AND PREPARE SEASONAL SEAFOOD, AND DIRECTED THEM TO BUS	INESSES THAT S	ELL
	LOCAL SEAFOOD THROUGH OUR LOCAL CATCH GUIDE. STATS: 40	STORIES	
	PUBLISHED FEATURING LOCAL SEAFOOD AND THE FISHING COMM	UNITY; 100%	
	INCREASE IN WEB TRAFFIC WITH 77K UNIQUE VISITORS; 23K		
	LOCAL CATCH GUIDE.		
4b	(Code:) (Expenses \$ 68 , 787 • including grants of \$ ) (R	augus f	0.)
40	(Code:) (Expenses \$		
	FACILITATED AND PROMOTED DIALOGUE AND COLLABORATION AMO		
	CONSERVATIONISTS, SCIENTISTS, LOCAL GOVERNMENT, AND LEG		
	PROVIDED RESOURCES THROUGH OUR MONTHLY BUOY BULLETIN N		
	WEBSITE, AND MEETINGS, AND CONTINUED TO SUPPORT FISHER		
		STATS: 82 MEMB	ERS
	OF THE FISHING COMMUNITY DIRECTLY PARTICIPATED IN OUR		
	STAKEHOLDERS RECEIVED RESOURCES VIA THE MONTHLY BUOY B	ULLETIN	
	NEWSLETTER		
4c	(Code:) (Expenses \$ 88 , 107 •including grants of \$) (R	evenue \$	0.)
	SUSTAINING LOCAL FAMILIES AND FISHERIES: WE CONTINUED		
	COMMUNITY SEAFOOD PROGRAM TO PROVIDE HEALTHY, SUSTAINA		
	SEAFOOD TO COMMUNITY MEMBERS IN NEED OF FOOD ASSISTANCE		
	MORE THAN \$82K IN ECONOMIC SUPPORT TO OUR LOCAL FISHER		
	WORKERS, AND SEAFOOD BUSINESSES. AS A DIRECT RESULT OF		
	SECOND HARVEST OF SANTA CRUZ COUNTY HAS MADE A COMMITM		
	LOCAL SEAFOOD YEAR-ROUND. WE ARE CONTINUING OUR CONNEC		
	LOCAL FOOD SYSTEM NETWORK AND HOLD A SEAT ON THE CENTRA		
	RESILIENT FOOD SYSTEMS CO-OP AS ONE OF TWO REPRESENTAT		D
	STATS: \$82K RAISED TO PURCHASE 9K POUNDS OF LOCAL SEAF	OOD; 24.2K	
	SEAFOOD MEALS DONATED; 28 FISHERMEN AND 35 FOOD WORKER		
	,		
	Other program services (Describe on Schedule O.)		
Tu	(Expenses \$ 74,716 • including grants of \$ ) (Revenue \$	70,003.)	
	TEXTHERED > TEXT A DOLLIGING GRAPE OF \$ 1 REVENUE \$	10,000	

432002 12-10-24

Form **990** (2024)

MONTEREY BAY FISHERIES TRUST 47-1978379 Page 3 Form 990 (2024) 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)? Х If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х 10 or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Form 990 (2024)

Х

X

X

X

17

18

19

20a

20b

Page 4

ı aı	Officerist of Nequired Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes." complete</i>	<del></del>		
<b>0</b> _	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>   </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<del></del>
04		34		x
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		33a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 512(b)(13)? If "Yes" appropriate School to B. Bert V. Vine 3.	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		$\vdash$
36		26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	1
Par	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
· ui				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	5. "		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	
432004	4 12-10-24	Form	<b>990</b>	(2024)

Form 990 (2024) MONTEREY BAY FISHERIES TRUST

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

47-1978379

Page 5

	otatemente riegaranig otater inte rininge and rax compilation (continued)			1				
20	Enter the number of employees reported on Form W.2. Transmittal of Wags and Tay Statements		Yes	No				
Za	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 3							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year			Х				
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	,							
_	sponsoring organization have excess business holdings at any time during the year?	8						
	9 Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b						
b 10	Section 501(c)(7) organizations. Enter:	90						
а	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37				
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.	4.5		v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
47	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

432005 12-10-24

Form **990** (2024)

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 **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. 8 **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 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 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? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 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? 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? Х 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 on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 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 \_\_ Other (explain on Schedule O) Own website Another's website 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 MARILOU INZUNZA - (831)539-9939

Form **990** (2024)

95076

18 CRESCENT DR., WATSONVILLE, CA

#### Form 990 (2024) MONTEREY BAY FISHERIES TRUST

47-1978379

<u> Page</u> **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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)					
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated					
	hours per	box	box, unless perso		son i	s bot	n an	compensation	compensation	amount of	
	week		cer an	id a di	irecto	r/trus T	tee)	from	from related	other	
	(list any	ector						the	organizations	compensation	
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC/	from the	
	related	ıstee	truste		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations	
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			Organizations	
(1) MELISSA MAHONEY	40.00		_			1 0					
EXECUTIVE DIRECTOR		Х		Х				112,062.	0.	34,259.	
(2) DAVID M CRABBE	2.00										
PRESIDENT		Х		Х				0.	0.	0.	
(3) STEVE SCHEIBLAUER	2.00										
CHAIRMAN		Х		Х				0.	0.	0.	
(4) MARGARET SPRING	2.00										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(5) MONICA GALLIGAN	2.00										
TREASURER		Х		Х				0.	0.	0.	
(6) CHAPS PODURI	2.00										
SECRETARY		Х		Х				0.	0.	0.	
(7) BOB DOOLEY	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(8) JOHN FIELD	2.00								_	•	
BOARD MEMBER	2 00	Х						0.	0.	0.	
(9) ALYSON HUNTER	2.00	7.7							_	0	
BOARD MEMBER		Х						0.	0.	0.	
										000	

Form **990** (2024)

Form 990 (2024) <b>MONTEREY</b>									47-19	<del>9</del> 783	79	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,			ghes	st Co	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box,	not c	Position check more than one ess person is both an and a director/trustee)			n an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	n	(F) Estima amour othe	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	- 1	from organic	ensation m the nization related nizations
1b Subtotal		-						112,062.		0.	34	,259.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A	<u>.</u>						0. 112,062.		0.	0. 34,259.	
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable	)		1 Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3	Х
<ul> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$150</li> <li>5 Did any person listed on line 1a receive or a</li> </ul>	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	J fo	or such individual			4	Х
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch ı	oers	on .					5	Х
1 Complete this table for your five highest countries the organization. Report compensation for (A)										ensatio	on fron (C)	
Name and business	address	NC	ONE	3				Description of s	services	Со	mpens	
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than			

Form **990** (2024)

Form 990 (2024) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues c Fundraising events ..... 65,893. 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 469,992. similar amounts not included above ... 1f 16,120 g Noncash contributions included in lines 1a-1f 535,885. h Total. Add lines 1a-1f **Business Code** 70,003. 110000 70,003. 2 a QUOTA LEASE Program Service f All other program service revenue ..... 70,003. g Total. Add lines 2a-2f . Investment income (including dividends, interest, and 13,773. 13,773. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 12,000. assets other than inventory 7a b Less: cost or other basis 520. Other Revenue and sales expenses 7b 11,480. c Gain or (loss) \_\_\_\_\_\_7c 11,480. 11,480. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 65,893. of contributions reported on line 1c). See 15,800. Part IV, line 18 30,591. **b** Less: direct expenses -14,791. -14,791. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 2,113. 11 a MISCELLANEOUS REVENUE 900099 2.113 d All other revenue 2,113. e Total. Add lines 11a-11d 70,003. 618,463. 12,575.

432009 12-10-24

Form 990 (2024)

**12 Total revenue.** See instructions

Form 990 (2024) MONTEREY BAY
Part IX Statement of Functional Expenses

04	in 501/5\/0\ and 501/5\/d\ anno inting				
Secti	ion 501(c)(3) and 501(c)(4) organizations must compl				X
	Check if Schedule O contains a respons	se or note to any line in	this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	Management and general expenses	( <b>D)</b> 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				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	129,318.	103,454.	9,699.	16,165.
6	Compensation not included above to disqualified			- ,	
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	193,507.	63,135.	89,377.	40,995.
		±23,301•	03,133.	05,5110	<u> </u>
8	Pension plan accruals and contributions (include	14,077.	2,701.	9,398.	1 079
_	section 401(k) and 403(b) employer contributions)	20,612.	4,438.	12,770.	1,978. 3,404.
9	Other employee benefits	20,812.	10,416.	6,561.	3,750.
10	Payroll taxes	20,727•	10,410.	0,301.	3,750.
11	Fees for services (nonemployees):				
	Management				
	Legal	0.060		0.060	
	Accounting	8,968.		8,968.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	92,524.	14,618.	20,177.	<u>57,729.</u>
12	Advertising and promotion	14,921.	10,192.	2,530.	2,199.
13	Office expenses	4,190.	1,459.	2,159.	572.
14	Information technology				
15	Royalties				
16	Occupancy	6,727.	1,773.	4,316.	638.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,860.	3,266.	1,389.	205.
20	Interest	11,452.	11,452.	_,	
21	Payments to affiliates	,	,		
22	Depreciation, depletion, and amortization	42,000.	42,000.		
23		2,944.	22,000.	2,944.	_
23 24	Other expenses. Itemize expenses not covered	2/244		2/244	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) SEAFOOD PURCHASES	34,720.	34,720.		
a	DUES AND SUBSCRIPTIONS	8,576.	J#,/4U•	8,012.	564.
b	MISCELLANEOUS EXPENSES	6,109.	424.	2,062.	3,623.
C			4,948.	2,062.	3,043.
d	PROFESSIONAL DEVELOPMEN	5,613.	4,948.		
	All other expenses	601 045	200 006	101 007	121 000
<u>25</u>	Total functional expenses. Add lines 1 through 24e	621,845.	308,996.	181,027.	131,822.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form **990** (2024)

Form 990 (2024)

Part X | Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		183,600.	1	196,235.
	2	Savings and temporary cash investments		297,105.	2	310,874.
	3	Pledges and grants receivable, net		95,371.	3	76,378.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	estantial contributor, or 35%			
		controlled entity or family member of any of th	ese persons		5	
	6	Loans and other receivables from other disqua	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ğ	9	5			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, lin	4 405 405	13	4 225 442	
	14	Intangible assets		1,127,187.	14	1,085,443.
	15	Other assets. See Part IV, line 11		1 500 060	15	1 660 000
	16	Total assets. Add lines 1 through 15 (must ed		1,703,263.	16	1,668,930.
	17	Accounts payable and accrued expenses		14,155.	17	13,329.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to any current or for				
Ħ		trustee, key employee, creator or founder, sub				
Liabilities		controlled entity or family member of any of the		239,030.	22	207,026.
_	23	Secured mortgages and notes payable to unre		239,030.	23	201,020.
	24	Unsecured notes and loans payable to unrelat			24	
	25	Other liabilities (including federal income tax, portion and other liabilities not included on liabilities and including federal income tax, p				
		parties, and other liabilities not included on lin			25	
	26	of Schedule D  Total liabilities. Add lines 17 through 25		253,185.	25 26	220,355.
	20	Organizations that follow FASB ASC 958, cl	neck here X	233,2331	20	220,3331
es		and complete lines 27, 28, 32, and 33.				
ů	27	• • • •		1,446,377.	27	1,448,575.
3ala	28			3,701.	28	0.
β		Organizations that do not follow FASB ASC				
Ξ		and complete lines 29 through 33.				
P	29	Capital stock or trust principal, or current fund	ls		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32			1,450,078.	32	1,448,575.
~	33	Total liabilities and net assets/fund balances		1,703,263.	33	1,668,930.
				•		Form <b>990</b> (2024)

Form **990** (2024)

	1990 (2024) MONTEREY BAY FISHERIES TRUST	47-19	78379	Page	<sub>e</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	618		
2	Total expenses (must equal Part IX, column (A), line 25)	2	621		
3	Revenue less expenses. Subtract line 2 from line 1	3		, 38	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,450	<u>,07</u>	8.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	1	,87	
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	1,448	,57	5.
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 on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	·			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

432012 12-10-24

#### **SCHEDULE A**

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

				ISHERIES TRUS				7-19/83/9
Pa	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).	
2		A school described in sect						
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	一	A medical research organiz					•	the hospital's name,
		city, and state:	•				CARA 7	,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
_		section 170(b)(1)(A)(iv). (C		,		, 5		
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)	
7	H	An organization that norma	ū				• •	oublic described in
•				itiai part of its support if	om a gove	minentari	unit of from the general	public described in
	X	section 170(b)(1)(A)(vi). (C		4VAVvi) (Complete Day	. II \			
		A community trust describe						
9		An agricultural research org						
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	eor
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r <b>section</b> s	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization						
		organization. You must o			, ,			11 3
b		Type II. A supporting org	-		ion with its	s sunnorte	d organization(s) by hav	vina .
_		control or management o	•					-
		organization(s). You mus			arric perso	110 11141 001	inor or manage the supp	501100
_		Type III functionally inte			in connect	ion with a	and functionally intograte	od with
С	, L		-				• •	with,
		its supported organization						
d	'	☐ Type III non-functionally					• • • • •	
		that is not functionally int	•	•	•		•	veness
		requirement (see instructi	•	-				
е	•	Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or						
		er the number of supported of						
g		vide the following information	about the supporte		(iv) Is the oraș	ınization listed	(v) Amount of monotons	(vi) Amount of other
	(	<ul><li>i) Name of supported organization</li></ul>	(11) EIIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see matructions)	support (see instructions)

432021 01-14-25

### 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) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and	(-,	(/	(-,	(-,	(-) :	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	439,261.	383,218.	409,183.	329,416.	535,885.	2096963.
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	439,261.	383,218.	409,183.	329,416.	535,885.	2096963.
	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)						656,338.
6	Public support. Subtract line 5 from line 4.						1440625.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	439,261.	383,218.	409,183.	329,416.	535,885.	2096963.
	Gross income from interest,			-	-	-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	32.	22.	72.	2,998.	13,773.	16,897.
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.)						
11	Total support. Add lines 7 through 10						2113860.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	401,590.
	First 5 years. If the Form 990 is for the						•
	organization, check this box and stor						
Sec	tion C. Computation of Publi						
	Public support percentage for 2024 (I			olumn (f))		14	68.15 %
15	Public support percentage from 2023	Schedule A, Part I	I, line 14	***		15	51.16 %
	33 1/3% support test - 2024. If the o					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2023. If the o						
	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			=	ranization		
h	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets the	_					. = , 0 0.
	organization meets the facts-and-circu				-		
18	<b>Private foundation.</b> If the organization			•			
	ato louridation. Il tile organizatio	ala not oncon a l	557 OII III 10 10, 10e	<u>,, ,ου, ,,α, οι 17υ</u>	, cricon triis box ai		/Form 000\ 0004

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024 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 be Section A. Public Support	elow, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and	(4,) = 3 = 3	(2) 2 2 2 .	(0) = 0 = 1	(4,) = 3 = 3	(0) = 0 = 1	(1) 1010.
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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	<u> </u>	•	•	•		
Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6		, ,	,		, ,	,,
<b>10a</b> Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
anguired ofter June 20, 1075						
c Add lines 10a and 10b  11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is						
regularly carried on				+		
or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section (	501(c)(3) organization	on,
Section C. Computation of Publi					T I	
<b>15</b> Public support percentage for 2024 (I					15	<u>%</u>
16 Public support percentage from 2023					16	%
Section D. Computation of Inves					T T	
17 Investment income percentage for 20					17	<u>%</u>
<b>18</b> Investment income percentage from :					18	%
19a 33 1/3% support tests - 2024. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	
b 33 1/3% support tests - 2023. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	nization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	

432023 01-14-25

Schedule A (Form 990) 2024

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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

	Yes	No
1		
2		
3a		
Ja		
3b		
3c		
30		
4a		
4b		
4c		
5a		
5b 5c		
6		
3		
7		
8		
8		
9a		
Oh		
9b		
9с		
40-		
10a		
10b		
ule A (Fori	n 990)	2024

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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	MONIMED BY DAY BIGUED TEG IND	ттат		47 1070270
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting		nizatione	47-1978379 Page 6
				/ Doub VIII Considerations
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	ompiei	e Sections A through E.	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Schedule A (Form 990) 2024

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

47-1978379 Page 7 MONTEREY BAY FISHERIES TRUST Schedule A (Form 990) 2024 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2024 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2024 a From 2019 **b** From 2020 c From 2021 **d** From 2022 e From 2023 f Total of lines 3a through 3e g Applied to under distributions of prior years h Applied to 2024 distributable amount i Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2024 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2024 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.

Schedule A (Form 990) 2024

and 4c.

8 Breakdown of line 7:

a Excess from 2020

b Excess from 2021

c Excess from 2022

d Excess from 2023

e Excess from 2024

7 Excess distributions carryover to 2025. Add lines 3i

Part V. Supplemental Information. Provide the explanations required by Part II, line 10: Part III, line 17: an 17th Part III, line 17: and 17: Ascton A, line 14: Ascton C, line 15: Part IV, Section II, lines 2 and 3; Part IV, Section B, lines 2 and 3; Part IV, Section C, lines 2 and 3; Part IV, Section B, line 16: Part V, S	Schedule A	(Form 990) 2024	MONTEREY	BAY	FISHERIES	TRUST	47-1978379 F	Page 8
Section D. lines 5. 6. and 8: and Part V. Section E. lines 2. 5. and 6. Also complete this part for any additional information.	Part VI	Supplemental I Part IV, Section A, li line 1; Part IV, Section	<b>nformation.</b> Provines 1, 2, 3b, 3c, 4b, on D, lines 2 and 3; F	ide the e 4c, 5a, 6, Part IV, Se	xplanations required 9a, 9b, 9c, 11a, 11b ection E, lines 1c, 2a.	by Part II, line 10; Part II, line o, and 11c; Part IV, Section B o, 2b, 3a and 3b; Part V, line 1	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C ; Part V, Section B, line 1e; Part \	
		Section D. lines 5, 6	, and 8; and Part V, S	Section E	, lines 2, 5, and 6. Al	so complete this part for any	additional information.	,

Schedule A (Form 990) 2024

# Schedule B (Form 990)

Schedule of Contributors

(Rev. December 2024) Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

MC	ONTEREY BAY FISHERIES TRUST	4/-19/83/9		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( $3$ ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> 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			
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See instructions.		
General Rule				
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling to one contributor. Complete Parts I and II. See instructions for determining a contributor's			
Special Rules				
sections 509(a)(1) contributor, during	n 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), Part II, line 13, 16a, or 16b, and 3 the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 1. Complete Parts I and II.	that received from any one		
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.				
year, contributions is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled mothere the total contributions that were received during the year for an exclusively religious, mplete any of the parts unless the <b>General Rule</b> applies to this organization because it rele, etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box charitable, etc., eccived nonexclusively		
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For 22, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, It a requirements of Schedule B (Form 990)	• •		

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

Schedule B (Form 990) (Rev. 12-2024)

Page 2

Contradic 1 (Ferri Coo) (From 12 22 1)	. 49
Name of organization	Employer identification number
MONTEREY BAY FISHERIES TRUST	47-1978379

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

	B (Form 990) (Rev. 12-2024)		Page <b>2</b>
Name of o	rganization		Employer identification number
MONTE	REY BAY FISHERIES TRUST		47-1978379
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
7		\$105,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash

(Complete Part II for noncash contributions.)

Page 3

Name of organization

Employer identification number

MONTEREY BAY FISHERIES TRUST

47-1978379

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
		\$	

	3 (Form 990) (Rev. 12-2024)		Page (	
Name of or	ganization		Employer identification number	
	REY BAY FISHERIES TRUST		47-1978379	
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	through <b>(e) and</b> the following line entry. For on the haritable, etc., contributions of <b>\$1,000 or less</b> for the second	O1(c)(7), (8), or (10) that total more than \$1,000 for the year organizations he year. (Enter this info. once.)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4 F	Relationship of transferor to transferee	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift			
	Transferee's name, address, ar	nd ZIP + 4 F	Relationship of transferor to transferee	
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
ļ	(e) Transfer of gift			
}	Transferee's name, address, ar	nd ZIP + 4 F	Relationship of transferor to transferee	

#### SCHEDULE D (Form 990)

(Rev. December 2024)
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

MONTEREY BAY FISHERIES TRUST

Employer identification number 47 - 1978379

Pai		l Funds or Other Similar Fund	s or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		/b) [	ada and other accounts
		(a) Donor advised funds	(b) Fur	nds 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 w	_		
	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or		ŭ	
Pai	impermissible private benefit?			Yes No
			), Part IV, line /	•
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	· —		important land area
	Protection of natural habitat	Preservation	of a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the forr	n of a conserva	
	day of the tax year.			Held at the End of the Tax Year
а				
b				
С	Number of conservation easements on a certified historic structure		2c	
d	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	ne organization	during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located	_	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	f	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	ation easemen	ts during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170	(h)(4)(B)(i)	
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	se statement ar	nd
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ments that des	cribes the
Da	organization's accounting for conservation easements.	Aut Historical Tuescomes and	N O::I -	w Assats
Pai			otner Simila	r Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958	· · · · · · · · · · · · · · · · · · ·		
	of art, historical treasures, or other similar assets held for publ			public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of pu	blic 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 treat	sures, or other similar assets for financ	ial gain, provid	е
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Sche	dule D (Form 990) (Rev. 12-2024) MONTER							47-19	7837	9 <sub>P</sub>	age 2
Par	t III   Organizations Maintaining C	ollections of Ar	rt, Histo	orical Tre	asures, or Otl	ner Si	milaı	r Assets	(conti	nued)	
3	Using the organization's acquisition, accessi collection items (check all that apply).	on, and other record	ds, check	any of the f	ollowing that make	e signit	icant ι	use of its			
а	Public exhibition		d 🔲 i	Loan or exc	hange program						
b	Scholarly research				3 1 3						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ev further th	e organization's e	xempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran								ne 9, or		
	reported an amount on Form 990, Pa			Ü			,	,	ŕ		
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for	contribution	s or other assets r	not incl	uded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	stodial account lia	ability?			Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds Complete if										
		(a) Current year	(b) P	rior year	(c) Two years bac	(d)	Three y	ears back	<b>(e)</b> Fou	r years	back
1a	Beginning of year balance					_					
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses					_					
g	End of year balance										
2	Provide the estimated percentage of the curr			g, column (a)	) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c sho	·									
за	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are neid ar	ia administerea to	rtne			1	Yes	No
	organization by:								0-(:)	163	NO
	(i) Unrelated organizations?								3a(i)		
L	(ii) Related organizations?  If "Yes" on line 3a(ii), are the related organizations.	tions listed as requi		abadula D2					3a(ii)		
_	Describe in Part XIII the intended uses of the								3b		
4 Par	t VI Land, Buildings, and Equipm		owinent it	urius.							
	Complete if the organization answere		0. Part IV	. line 11a. S	ee Form 990. Part	X. line	10.				
	Description of property	(a) Cost or o		(b) Cost		) Accu		2d	(d) Boo	k valı	ΙΔ
	Description of property	basis (investi		basis		depre		~	(4) 500	ı, vait	
	Land	`	,		. ,	, , ,					
	Buildings										
	Leasehold improvements										
	Equipment	l l									
	Other	l l									
	. Add lines 1a through 1e. (Column (d) must e		X. line 10	Oc. column	(B))	<u></u>					0.

Schedule D (Form 990) (Rev. 12-2024)

		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		<u> </u>	
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			<del> </del>
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
art IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o  (a) [		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o  (a) [ (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o  (a) E  (1)  (2)  (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o  (a) [  (1)  (2)  (3)  (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o  (a) [1)  (2)  (3)  (4)  (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, line 15, col.	Description		(b) Book value
Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, line 15, col.	Description		(b) Book value
Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" o	Description (B))		
Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities	Description (B))		
Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, col.  art X Other Liabilities  Complete if the organization answered "Yes" o  (a) Description of liability	Description (B))		
Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, col.  art X Other Liabilities  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes	Description (B))		
Complete if the organization answered "Yes" or (a) [1]  [2] [3] [4] [5] [6] [7] [8] [9] [al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" or (a) Description of liability  [1] Federal income taxes [2]	Description (B))		
Complete if the organization answered "Yes" o  (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2)  (3)	Description (B))		
Complete if the organization answered "Yes" or (a) [C]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes  (2)  (3)	Description (B))		
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description  (B))		
Complete if the organization answered "Yes" o  (a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) Eal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)	Description  (B))		
Complete if the organization answered "Yes" o  (a) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, line 15, col.  art X Other Liabilities  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	Description  (B))		
Complete if the organization answered "Yes" o  (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description  (B))		

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 ... X

Schedule D (Form 990) (Rev. 12-2024)

	D (Form 990) (Rev. 12-2024) MONTEREY BAY FISHERIES TRU		47-1978379 Page 4
Part X	Reconciliation of Revenue per Audited Financial Statemen	its With Revenue per Re	eturn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
<b>1</b> To	al revenue, gains, and other support per audited financial statements		1
<b>2</b> Am	ounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
	t unrealized gains (losses) on investments		
	nated services and use of facilities		_
	coveries of prior year grants		_
<b>d</b> Otl	ner (Describe in Part XIII.)	2d	_
	d lines 2a through 2d		2e
	btract line 2e from line 1		3
	ounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
	estment expenses not included on Form 990, Part VIII, line 7b	l I	4
	ner (Describe in Part XIII.)	4b	-
	d lines 4a and 4b		4c
5 Tot	tal revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	nto With Evnences nor I	5 Detum
Part A	Reconciliation of Expenses per Audited Financial Stateme	nts with Expenses per i	Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T . I
	al expenses and losses per audited financial statements		1
	nounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا	
	nated services and use of facilities	2a	-
	or year adjustments	2b	-
	ner losses	2c	-
	ner (Describe in Part XIII.)	·	-
	d lines 2a through 2d		2e
	btract line 2e from line 1		3
	estment expenses not included on Form 990, Part IX, line 25, but not on line 1:	40	
			-
	ner (Describe in Part XIII.) d lines 4a and 4b		4c
	d lines 4a and 4b al expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)		5
Part X	III Supplemental Information		
	he descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V lines 1h and 2h: Part V line /	4· Part X line 2· Part XI
	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit		1, 1 4, 17, 11, 10, 2, 1 4, 17,
	X, LINE 2:		
	EMENT HAS CONSIDERED ITS TAX POSITIONS A	ND BELIEVES THAT	ALL OF THE
	IONS TAKEN IN ITS FEDERAL AND STATE EXEM		
LIKEI	Y THAN NOT TO BE SUSTAINED UPON EXAMINAT	ION. THE TRUST'S	RETURNS ARE
SUBJE	ECT TO EXAMINATION BY FEDERAL AND STATE TO	AXING AUTHORITIE	S, GENERALLY
FOR 1	THREE YEARS AND FOUR YEARS, RESPECTIVELY,	AFTER THEY ARE	FILED.

# SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

#### **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

Open to Public Inspection

Name of the organization						Employer ide	ntification number
MONTEREY BAY FISHERIES TRUST					47-1978379		
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization rais     a	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual  cart VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	nongo gover aising of ding of onal fo	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ntrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) (Rev. 12-2024)

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	"Yes" on Form 990, Part	IV, line 18, or reported	
		or rundraising event contributions and gr	(a) Event #1 MBFT'S 10 YEAR ANNIVER (event type)	(b) Event #2	(c) Other events  NONE  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	81,693.	(0.0.11.3) [0.0]	(total north or)	81,693.
_	2	Less: Contributions	65,893.			65,893.
	3	Gross income (line 1 minus line 2)	15,800.			15,800.
	4	Cash prizes				
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	3,000.			3,000.
Direct E	7	Food and beverages	147.			147.
	8	Entertainment				600.
	9					26,844.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	. ,			30,591.
Revenue	rt I	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
$\sim$						
	1	Gross revenue				
		Gross revenue				
	2					
Direct Expenses	2	Cash prizes				
rect Expenses	2 3 4	Cash prizes  Noncash prizes				
rect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs	Yes % No		Yes % No	
rect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	No No		No No	
rect Expenses	2 3 4 5 6 7	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	h 5 in column (d)	No No	No No	
<b>o</b> Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	No  n 5 in column (d)  from line 1, column (d)  ucts gaming activities:	No No	No No	
Direct Expenses	2 3 4 5 6 7 8 Entrist	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	No  n 5 in column (d)  from line 1, column (d)  ucts gaming activities: ctivities in each of these s	No states?	No No	
g b 6 Direct Expenses	2 3 4 5 6 7 8 Entil 1st	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct the organization licensed to conduct gaming and	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	No	Yes No

Schedule G (Form 990) (Rev. 12-2024)

Schedule G (Form 990) (Rev. 12-2024) MONTEREY BAY FISHERIES TRUST	47-1978379 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 entity formed	······
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
	140-1
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	irds:
NameAddress	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<ul> <li>b If "Yes," enter the amount of gaming revenue received by the organization \$ and the a of gaming revenue retained by the third party \$</li> <li>c If "Yes," enter the name and address of the third party:</li> </ul>	mount
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	
	Yes No
retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	
	t in the
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (iii)	
	v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	(Form 990)	MONTEREY BAY	FISHERIES	TRUST	47-1978379	Page 4
Part IV	Supplemental In	MONTEREY BAY formation (continued)				
		(commaca)				
-						
		<u> </u>	<u> </u>			
-						
-						
-						

III,

PART

#### SCHEDULE O (Form 990)

FORM 990

EXPENSES \$

FORM 990

(Rev. December 2024) Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

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

OTHER PROGRAM SERVICES:

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MONTEREY BAY FISHERIES TRUST

4D,

LINE

**Employer identification number** 47-1978379

70,003.

REVENUE \$

STRENGTHENING THE VIABILITY OF COMMERCIAL FISHING BUSINESSES MONTEREY: WE PROVIDED TECHNICAL ASSISTANCE, TOOLS, AND RESOURCES TO STRENGTHEN FISHING BUSINESSES AND HELP FISHERMEN NAVIGATE REGULATIONS. CONTINUED OUR QUOTA LEASING PROGRAM, PROTECTING LOCAL ACCESS TO SUSTAINABLE GROUNDFISH FISHING RIGHTS, AND SAVING FISHERMEN THOUSANDS DOLLARS IN LEASE FEES. THROUGH OUR PARTNERSHIP WITH CALIFORNIA WE INCREASED FISHERMEN'S ACCESS TO TECHNICAL ASSISTANCE FARMLINK, LOANS AND EXPLORED SUCCESSION PLANNING FOR RETIRING FISHERMEN AND NEW WE ADVOCATED TO STATE AND FEDERAL LEGISLATORS FOR INFRASTRUCTURE IMPROVEMENTS AND THE NEED TO SUPPORT FISHING COMMUNITY RESILIENCE. STATS: 10 FISHERMEN RECEIVED DIRECT TECHNICAL ASSISTANCE; 178K POUNDS OF GROUNDFISH WAS LEASED LOCALLY; 2.4K VIEWS OF RESOURCES FOR FISHING BUSINESSES.

0.

SECTION B

BEFORE FILING, GOVERNING MEMBERS, THE EXECUTIVE DIRECTOR AND THE OPERATIONS MANAGER REVIEW 990 FOR ACCURACY.

LINE 11B:

INCLUDING GRANTS OF \$

FORM 990, PART VI SECTION B LINE 12C:

74,716.

VI

PART

ALL GOVERNING MEMBERS ARE REQUIRED TO REVIEW FOR POTENTIAL CONFLICTS PRIOR TO ACTION. MEMBERS ARE NOTIFIED IN ADVANCE OF ITEMS TO BE DISCUSSED AS NOTED ON AGENDA. BOARD MEMBERS SIGN AN ANNUAL STATEMENT THAT THEY THE CONFLICT OF INTEREST POLICY.

FORM 990 PART VI, SECTION B, LINE 15:

GOVERNING MEMBERS ANNUALLY REVIEW EXECUTIVE DIRECTOR COMPENSATION IN CONSULTATION WITH COMPARABLE ORGANIZATIONS, REVIEW OF WRITTEN COMPARABLE IN CONSULTATION WITH HUMAN RESOURCES CONSULTANTS.

GOVERNING MEMBERS ANNUALLY REVIEW KEY OFFICERS AND/OR EMPLOYEES COMPENSATION IN CONSULTATION WITH COMPARABLE ORGANIZATIONS, REVIEW OF WRITTEN COMPARABLE DATA, AND IN CONSULTATION WITH HUMAN RESOURCES CONSULTANTS.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN2024.

FORM 990, PART VI SECTION C LINE 19:

THE ORGANIZATIONS GOVERNING DOCUMENTS AND DISCLOSURES MAY BE GRANTED RECEIPT OF WRITTEN REOUEST, SUBJECT TO REVIEW AND APPROVAL OF THE GOVERNING MEMBERS AND IN ACCORDANCE WITH ALL APPLICABLE STATUTES.

FORM 990 PART IX, LINE 11G, OTHER FEES:

CONSULTANT FEES: PROGRAM SERVICE EXPENSES 14,618. 20.177. MANAGEMENT AND GENERAL EXPENSES 57,729. FUNDRAISING EXPENSES TOTAL EXPENSES 92,524. TOTAL OTHER FEES ON FORM 990, PART 11G, 92,524. IX,  $_{
m LINE}$ COL A

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

Schedule O (Form 990) (Rev. 12-2024)

Schedule O (Form 990) 2024	Page 2
Name of the organization  MONTEREY BAY FISHERIES TRUST	Employer identification number 47-1978379
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT	ACCOUNTANT
HAS NOT CHANGED FROM THE PRIOR YEAR.	
101 0111010 111011 1111 1111011 111111	



CliftonLarsonAllen LLP CLAconnect.com

July 23, 2025

MONTEREY BAY FISHERIES TRUST 101 Cooper Street Santa Cruz, CA 95060 Attention: MELISSA MAHONEY

Dear Melissa,

Enclosed is the organization's 2024 Exempt Organization return.

Specific filing instructions are as follows.

#### FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by November 17, 2025 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

#### **CALIFORNIA FORM 199 RETURN:**

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

#### **CALIFORNIA FORM RRF-1:**

The California Form RRF-1 should be mailed on or before November 17, 2025 to:

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

Enclose a check or money order for \$100, payable to Department of Justice.

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

## A few final reminders relating to your tax return filings:

• There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial

- accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

## ANNUAL REGISTRATION RENEWAL FEE REPORT

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

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

STATE OF CALIFORNIA RRF-1 (Rev. 01/2024)

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

TO ATTORNEY GENERAL OF CALIFORNIA Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

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

MONTEREY BAY FISHERIES TRUST  Name of Organization  List all DBAs and names the organization uses or has used	Check if: Change of address Amended report Organization requests email notifications				
101 COOPER STREET	State Cha	arity Registration Number0214961			
Address (Number and Street)  SANTA CRUZ, CA 95060  City or Town, State, and ZIP Code	Corporati	ion or Organization No. 3714117			
831-233-3101 INFO@MBFISHTRUST.ORG Federal Employer ID No. 47-1978379  E-mail Address					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Departm					
Total Revenue         Fee         Total Revenue           Less than \$50,000         \$25         Between \$250,001 and \$1 million           Between \$50,000 and \$100,000         \$50         Between \$1,000,001 and \$5 million           Between \$100,001 and \$250,000         \$75         Between \$5,000,001 and \$20 million		Total Revenue  Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million Greater than \$500 million			
PART A - ACTIVITIES  For your most recent full accounting period (beginning 01/01/203)	21	ling 12/31/2024 ) list:			
For your most recent full accounting period (beginning $01/01/2024$ ending $12/31/2024$ ) list:  Total Revenue (including noncash contributions) \$ $618,463$ Noncash Contributions \$ $16,120$ Total Assets \$ $1,668,98$ Program Expenses \$ $308,996$ Total Expenses \$ $621,845$					
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD C	OF THIS RE	PORT			
Note: All questions must be answered. If you answer "yes" to any of the ques providing an explanation and details for each "yes" response. Please re			Yes	No	
During this reporting period, were there any contracts, loans, leases or other fir and any officer, director or trustee thereof, either directly or with an entity in whany financial interest?		<u> </u>		х	
2. During this reporting period, was there any theft, embezzlement, diversion or mor funds?	nisuse of th	e organization's charitable property		х	
3. During this reporting period, were any organization funds used to pay any pena	alty, fine or	judgment?		х	
4. During this reporting period, were the services of a commercial fundraiser, fund commercial coventurer used?	draising cou	unsel for charitable purposes, or		х	
5. During this reporting period, did the organization receive any governmental fun	nding?			х	
6. During this reporting period, did the organization hold a raffle for charitable pur	rposes?			х	
7. Does the organization conduct a vehicle donation program?				х	
8. Did the organization conduct an independent audit and prepare audited financ generally accepted accounting principles for this reporting period?	ial stateme	nts in accordance with		х	
9. At the end of this reporting period, did the organization hold restricted net asse	ets, while re	eporting negative unrestricted net assets?		x	
I declare under penalty of perjury that I have examined this report, including ac and belief, the content is true, correct and complete, and I am authorized to sig		ng documents, and to the best of my kno	wledg	е	
MELISSA MAHONEY	I	EXECUTIVE DIRECTOR			
Signature of Authorized Agent Printed Name		itle Date			

# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. CT0214961 Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

AF	or the	e 2024 calendar year, or tax year beginning and	enaing		
<b>3</b> C	heck if pplicabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		47-19783	79
	Initial return	,	Room/suite	E Telephone number	
	Final return	101 COOPER STREET		831-233-	
	termin ated			G Gross receipts \$	649,574.
	Ameno return	SANTA CRUZ, CA 95000		H(a) Is this a group re	
	Application	F Name and address of principal officer: MEDISSA MARONE!		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
_	Vebsi			H(c) Group exemption	n number
K F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: $2014  m  extbf{N}$	1 State of legal domicile: CA
Pa	rt I	Summary			
ا		Briefly describe the organization's mission or most significant activities: $\underline{ ext{TO}}$ $\underline{ ext{AI}}$			
ĕ		AND ENVIRONMENTAL SUSTAINABILITY OF MONTE	REY BA	Y FISHERIES	•
ra	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
5		Number of independent voting members of the governing body (Part VI, line 1b)			8
es S	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)			3
ŧ		Total number of volunteers (estimate if necessary)			8
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
$\dashv$	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
<u>a</u>		Contributions and grants (Part VIII, line 1h)		329,416.	535,885.
e l		Program service revenue (Part VIII, line 2g)		85,913.	70,003.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,998.	25,253.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-12,678.
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		418,327.	618,463.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		293,080.	378,241.
ès		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		293,000.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
낆		Total fundraising expenses (Part IX, column (D), line 25) 131,82		258,143.	243,604.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		551,223.	621,845.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-132,896.	-3,382.
ے در	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
t Assets or od Balances	200	Total accests (Part V. line 16)	- 50	1,703,263.	1,668,930.
Sse Bals	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		253,185.	220,355.
Eet Eet	21 22	Net assets or fund balances. Subtract line 21 from line 20		1,450,078.	1,448,575.
Pa	rt II	Signature Block		1,430,070	1,110,373
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ints, and to the hest of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			knowledge and beller, it is
140,	001100	t, and complete. Boolaration of proparor (early trial officer) to based on all information of with	non proparor	ndo driy kilowiodgo.	
Sigr	,	Signature of officer		Date	
Here		MELISSA MAHONEY, EXECUTIVE DIRECTOR			
	_	Type or print name and title			
		Preparer's name Preparer's signature		Date Check	PTIN
aid		AUTUMN ROSSI AUTUMN ROSSI	lo	7/24/25 if self-employ	P01404602
	arer	Firm's name CLIFTONLARSONALLEN LLP			1-0746749
	Only	Firm's address 1188 PADRE DRIVE, STE 101			
		SALINAS, CA 93901		Phone no. (8	31) 759-6300
May	the If	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	990 (2024) MONTEREY BAY FISHERIES TRUST	47-1978379	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
	Briefly describe the organization's mission: TO ADVANCE THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL SUS	TAINABILITY OF	
	MONTEREY BAY FISHERIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	es?Yes	X No
	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o		nd
	revenue, if any, for each program service reported.		
	(Code:) (Expenses \$	Revenue \$OCAL	) BLE
	SEAFOOD: MBFT LED OUTREACH PROGRAMS AIMED AT RAISING A		
	DEMAND FOR LOCAL, SUSTAINABLE SEAFOOD. THROUGH DIGITAL		
	·		
	VIDEOS, BLOGS, SOCIAL MEDIA, AND PRESENTATIONS, MBFT CO		
	CONSUMERS WITH MONTEREY BAY SEAFOOD AND OUR FISHING CO		
	EDUCATED CONSUMERS ABOUT SUSTAINABLE FISHERIES, HELPED		DT T
	AND PREPARE SEASONAL SEAFOOD, AND DIRECTED THEM TO BUS		СПП
	LOCAL SEAFOOD THROUGH OUR LOCAL CATCH GUIDE. STATS: 40		
	PUBLISHED FEATURING LOCAL SEAFOOD AND THE FISHING COMM	-	
	INCREASE IN WEB TRAFFIC WITH 77K UNIQUE VISITORS; 23K	VIEWS OF THE	
	LOCAL CATCH GUIDE.		
			0 .
	(Code:) (Expenses \$		<u> </u>
	SUPPORTING STAKEHOLDER ENGAGEMENT IN CONSERVATION AND I		
	FACILITATED AND PROMOTED DIALOGUE AND COLLABORATION AM		
	CONSERVATIONISTS, SCIENTISTS, LOCAL GOVERNMENT, AND LE		
	PROVIDED RESOURCES THROUGH OUR MONTHLY BUOY BULLETIN N	-	
	WEBSITE, AND MEETINGS, AND CONTINUED TO SUPPORT FISHER		
	THROUGH THE MARINE RESOURCE EDUCATION PROGRAM (MREP).		ERS
	OF THE FISHING COMMUNITY DIRECTLY PARTICIPATED IN OUR :	PROGRAMS; 627	
	STAKEHOLDERS RECEIVED RESOURCES VIA THE MONTHLY BUOY B	ULLETIN	
	NEWSLETTER		
	00 107		
		Revenue \$	<u> </u>
	SUSTAINING LOCAL FAMILIES AND FISHERIES: WE CONTINUED		AY
	COMMUNITY SEAFOOD PROGRAM TO PROVIDE HEALTHY, SUSTAINA		
	SEAFOOD TO COMMUNITY MEMBERS IN NEED OF FOOD ASSISTANC		
	MORE THAN \$82K IN ECONOMIC SUPPORT TO OUR LOCAL FISHER WORKERS, AND SEAFOOD BUSINESSES. AS A DIRECT RESULT OF		
	SECOND HARVEST OF SANTA CRUZ COUNTY HAS MADE A COMMITM		
	LOCAL SEAFOOD YEAR-ROUND. WE ARE CONTINUING OUR CONNEC		
	LOCAL FOOD SYSTEM NETWORK AND HOLD A SEAT ON THE CENTR. RESILIENT FOOD SYSTEMS CO-OP AS ONE OF TWO REPRESENTAT		<u> </u>
	STATS: \$82K RAISED TO PURCHASE 9K POUNDS OF LOCAL SEAF		<i>.</i>
	SEAFOOD MEALS DONATED; 28 FISHERMEN AND 35 FOOD WORKER		
	DEAL OOD HEADS DOMATED! TO LISHEVHEM WIN 33 FOOD WORKER	O POLLOWIED.	
	Other program services (Describe on Schedule O.)		
	(Expenses \$ 74,716 including grants of \$ ) (Revenue \$	70,003.)	
	Total program service expenses 308,996.	, ,	

432002 12-10-24

Form **990** (2024)

Form 990 (2024)

MONTEREY BAY FISHERIES TRUST

#### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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,	u		_ <del>-</del>
	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	175		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا جد ا		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Δ.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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

Page 4

MONTEREY BAY FISHERIES TRUST

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	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			
·	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	270		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h		23a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	254		x
oe.	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
432004	‡ 12-10-24	Form	990	(2024)

Form 990 (2024)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. 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 c Enter the amount of reserves on hand X **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 8 **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 X 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Х 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? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 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? 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? Х 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 on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 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 \_\_ Other (explain on Schedule O) Own website Another's website 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 MARILOU INZUNZA - (831)539-9939

Form **990** (2024) 432006 12-10-24

95076

18 CRESCENT DR., WATSONVILLE, CA

Form 990 (2024)

#### MONTEREY BAY FISHERIES TRUST

47-1978379

<u> Page</u> **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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	ss per	son i	s bot	n an	compensation	compensation	amount of
	week		cer an	id a di	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) MELISSA MAHONEY	40.00		_			1 0				
EXECUTIVE DIRECTOR		Х		Х				112,062.	0.	34,259.
(2) DAVID M CRABBE	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) STEVE SCHEIBLAUER	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(4) MARGARET SPRING	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) MONICA GALLIGAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) CHAPS PODURI	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) BOB DOOLEY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JOHN FIELD	2.00								_	•
BOARD MEMBER	2 00	Х						0.	0.	0.
(9) ALYSON HUNTER	2.00	7.7							_	0
BOARD MEMBER		Х						0.	0.	0.
										000

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Form 990 (2024)

9	7	8	3	7	9	Page 8
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	Section A. Officers, Directors, Trus		l	<del> </del>			gnes	t Co			Т	/=·	
	(A)	(B) Average			<b>(C</b> Posi	•	1		(D)	(E)		(F)	
	Name and title	hours per		not ch	neck r	more	than d s both		Reportable compensation	Reportable compensation		Estima: amoun	
		week					r/trust		from	from related		othe	
		(list any	ector						the	organizations		compens	
		hours for	Individual trustee or director	ap.			ted		organization	(W-2/1099-MISC	;/	from t	
		related organizations	ustee	truste		ap.	bens		(W-2/1099-MISC/	1099-NEC)		organiza	
		below	dual tr	tional		ploye	st con yee	_	1099-NEC)			and rela	
		line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	
			_	_			- 0						
											_		
											$\dashv$		
											$\dashv$		
											1		
1b	Subtotal								112,062.		).	34,2	
С	Total from continuation sheets to Part VI	I, Section A							0.		١.(		0.
<u>d</u>	Total (add lines 1b and 1c)					····			112,062.	(	).	34,2	<u> 59.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable			4
	compensation from the organization											Yes	No
_	Did the consequent of the consequence of the conseq							le tre i	h t t t		Г	Yes	NO
3	Did the organization list any <b>former</b> officer	,	-	•	•	•		_		•			Х
4	line 1a? If "Yes," complete Schedule J for s										··	3	1^
4	For any individual listed on line 1a, is the su and related organizations greater than \$150										- 1	4	Х
5	Did any person listed on line 1a receive or a										··	7	1
	rendered to the organization? If "Yes," com	•				•			•	ida for sorvices		5	Х
Seci	tion B. Independent Contractors	proto Corrodan	<i>301</i> ,	J, 00	<u> </u>	70,0	<u> </u>						
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt cc	ntra	actor	s th	at received more than \$	100,000 of compe	nsati	on from	
	the organization. Report compensation for	the calendar ye	ear e	ndin	g w	ith c	or wit	hin	the organization's tax y	ear.			
	(A)								(B)			(C)	
	Name and business	address	NC	ONE	5			_	Description of s	ervices	Co	ompensati	on
								$\dashv$					
								$\dashv$					

Form **990** (2024)

MONTEREY BAY FISHERIES TRUST

Form 990 (2024) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues c Fundraising events ..... 65,893. 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 469,992. similar amounts not included above ... 1f 16,120 g Noncash contributions included in lines 1a-1f 535,885. h Total. Add lines 1a-1f **Business Code** 70,003. 70,003. 110000 2 a QUOTA LEASE Program Service f All other program service revenue ..... 70,003. g Total. Add lines 2a-2f . Investment income (including dividends, interest, and 13,773. 13,773. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 12,000. assets other than inventory 7a b Less: cost or other basis 520. Other Revenue and sales expenses 7b 11,480. c Gain or (loss) \_\_\_\_\_\_7c 11,480. 11,480. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 65,893. of contributions reported on line 1c). See 15,800. Part IV, line 18 30,591. **b** Less: direct expenses -14,791. -14,791. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 2,113. 11 a MISCELLANEOUS REVENUE 900099 2.113 d All other revenue 2,113. e Total. Add lines 11a-11d

432009 12-10-24

12,575. Form 990 (2024)

**12 Total revenue**. See instructions

70,003.

618,463.

Part IX | Statement of Functional Expenses

	TIX   Statement of Functional Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			•	X
	Check if Schedule O contains a respon- not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		57,5511555	general expenses	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	129,318.	103,454.	9,699.	16,165.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 505	62 125	00 255	40.005
7	Other salaries and wages	193,507.	63,135.	89,377.	40,995.
8	Pension plan accruals and contributions (include	1 / 077	2 701	0 200	1 070
	section 401(k) and 403(b) employer contributions)	14,077.	2,701. 4,438.	9,398.	1,978. 3,404.
9	Other employee benefits	20,612. 20,727.		12,770.	3,404.
10	Payroll taxes	20,121.	10,416.	6,561.	3,750.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	8,968.		8,968.	
	Accounting	0,900.		0,900.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	92,524.	14,618.	20.177	57.729.
12	Advertising and promotion	14,921.	10,192.	20,177.	57,729. 2,199.
13	Office expenses	4,190.	1,459.	2,159.	572.
14	Information technology	,	,	,	-
15	Royalties				
16	Occupancy	6,727.	1,773.	4,316.	638.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,860.	3,266.	1,389.	205.
20	Interest	11,452.	11,452.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,000.	42,000.		
23	Insurance	2,944.		2,944.	
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	SEAFOOD PURCHASES	34,720.	34,720.		
b	DUES AND SUBSCRIPTIONS	8,576.		8,012.	564.
С	MISCELLANEOUS EXPENSES	6,109.	424.	2,062.	3,623.
d	PROFESSIONAL DEVELOPMEN	5,613.	4,948.	665.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	621,845.	308,996.	181,027.	131,822.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2024)

	rt X	Balance Sheet			1970379 Page II
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	183,600.	1	196,235.
	2	Savings and temporary cash investments	297,105.	2	310,874.
	3	Pledges and grants receivable, net	95,371.	3	76,378.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other		_	
		basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	1,127,187.	14	1,085,443.
	15	Other assets. See Part IV, line 11	, ,	15	, ,
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,703,263.	16	1,668,930.
	17	Accounts payable and accrued expenses	14,155.	17	13,329.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
iţie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	239,030.	23	207,026.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	253,185.	26	220,355.
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	1,446,377.	27	1,448,575.
Ba	28	Net assets with donor restrictions	3,701.	28	0.
nd		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
SO	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,450,078.	32	1,448,575.
_	33	Total liabilities and net assets/fund balances	1,703,263.	33	1,668,930.

Form **990** (2024)

	990 (2024) MONTEREY BAY FISHERIES TRUST	47-19	78379	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	618		
2	Total expenses (must equal Part IX, column (A), line 25)	2	621	, 8	<u>45.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-3	, 3	<u>82.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,450	, 0	<u>78.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	1	, 8	<u>79.</u>
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	1,448	, 5	<u>75.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
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

432012 12-10-24

#### **SCHEDULE A**

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

				ISHERIES TRUS				7-19/83/9
Pa	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).	
2		A school described in sect						
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	一	A medical research organiz					•	the hospital's name,
		city, and state:	•				CARA 7	,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
_		section 170(b)(1)(A)(iv). (C		,		, 5		
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)	
7	H	An organization that norma	ū				• •	oublic described in
•				itiai part of its support if	om a gove	minentari	unit of from the general	public described in
	X	section 170(b)(1)(A)(vi). (C		4VAVvi) (Complete Day	. II \			
		A community trust describe						
9		An agricultural research org						
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r <b>section</b> s	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization						
		organization. You must o			, ,			11 3
b		Type II. A supporting org	-		ion with its	s sunnorte	d organization(s) by hav	vina .
_		control or management o	•					-
		organization(s). You mus			arric perso	110 11141 001	inor or manage the supp	501100
_		Type III functionally inte			in connect	ion with a	and functionally intograte	od with
С	, L		-				• •	with,
		its supported organization						
d	'	☐ Type III non-functionally					• • • • •	
		that is not functionally int	•	• ,	•		•	veness
		requirement (see instructi	•	-				
е	•	Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or						
		er the number of supported of						
g		vide the following information	about the supporte		(iv) Is the oraș	ınization listed	(v) Amount of monotons	(vi) Amount of other
	(	<ul><li>i) Name of supported organization</li></ul>	(11) EIIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see matructions)	support (see instructions)

432021 01-14-25

47-1978379 Page 2

## 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	tion A. Public Support	71	1	,			
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and	(4) = 5 = 5	(2) = 0 = 1	(0) = 0 = =	(4) = 0 = 0	(5) 252 :	(1)
	membership fees received. (Do not						
	include any "unusual grants.")	439,261.	383,218.	409,183.	329,416.	535,885.	2096963.
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	439,261.	383,218.	409,183.	329,416.	535,885.	2096963.
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)						656,338.
	Public support. Subtract line 5 from line 4.						1440625.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	439,261.	383,218.	409,183.	329,416.	535,885.	2096963.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					40	46.00=
	and income from similar sources	32.	22.	72.	2,998.	13,773.	16,897.
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.)						0112060
	<b>Total support.</b> Add lines 7 through 10						2113860.
	Gross receipts from related activities,	•	,			12	401,590.
13	First 5 years. If the Form 990 is for th	· ·	st, second, third, t	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
Sac	organization, check this box and stop tion C. Computation of Publi						
	Public support percentage for 2024 (I			column (f)\		14	68.15 %
	Public support percentage for 2023 Public support percentage from 2023		•	.,,		15	51.16 %
	33 1/3% support test - 2024. If the o						
. 50	stop here. The organization qualifies						
b	33 1/3% support test - 2023. If the o						
-	and <b>stop here.</b> The organization qual						
17a							
	a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te			=	•		
b	10% -facts-and-circumstances test	-		• • •	-		
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

MONTEREY BAY FISHERIES TRUST

#### 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.)

qualify under the tests listed Section A. Public Support	below, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and	(-)	(2) = = -	\-,	(,	(5) = 5	(-,
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 bus-						
iness under section 513						
					+	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					-	
6 Total. Add lines 1 through 5					-	
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			<u> </u>			
Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First 5 years. If the Form 990 is for		irst second third	fourth or fifth tax	vear as a section !	501(c)(3) organizatio	n
		<i>,</i> , , ,	, ,	,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J.,
Section C. Computation of Pub						
15 Public support percentage for 2024			column (f))		15	%
<b>16</b> Public support percentage from 202		•			16	%
Section D. Computation of Inve					1 1	· · ·
17 Investment income percentage for 2			ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2024. If th						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2023. If th						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization						

Schedule A (Form 990) 2024

## Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	За		
	3b		
	Зс		
	4-		
	4a		
	4b		
	4c		
	5a		
	Sa		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	٥L		
	9b		
	9с		
	55		
	10a		
	.50		
	10b		
lule	A (Forn	n 990)	2024

Schedule A (Form 990)

08280724 131839 A568618

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trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Sche	dule A (Form 990) 2024 MONTEREY BAY FISHERIES	47-1978379 Page 6		
Pa		ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( <i>explaii</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2024

5

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

47-1978379 Page 7 MONTEREY BAY FISHERIES TRUST Schedule A (Form 990) 2024 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2024 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2024 a From 2019 **b** From 2020 c From 2021 **d** From 2022 e From 2023 f Total of lines 3a through 3e g Applied to under distributions of prior years h Applied to 2024 distributable amount i Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2024 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2024 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.

Schedule A (Form 990) 2024

and 4c.

8 Breakdown of line 7:

a Excess from 2020

b Excess from 2021

c Excess from 2022

d Excess from 2023

e Excess from 2024

7 Excess distributions carryover to 2025. Add lines 3i

Schedule A	(Form 990) 2024	MONTEREY	BAY	FISHERIES	TRUST	47-1978379	Page 8
Part VI	Supplemental In Part IV, Section A, lir line 1; Part IV, Section Section D, lines 5, 6,	nformation. Provines 1, 2, 3b, 3c, 4b, 4 on D, lines 2 and 3; Pa and 8; and Part V, Se	de the e c, 5a, 6, art IV, Se ection E	xplanations required 9a, 9b, 9c, 11a, 11b ection E, lines 1c, 2a, lines 2, 5, and 6. Al	by Part II, line o, and 11c; Part o, 2b, 3a and 3b so complete the	10; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section ; Part V, line 1; Part V, Section B, line 1e; Part is part for any additional information.	C, V,
	(See instructions.)			, , , , , , , , , , , , , , , , , , , ,			
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432028 01-14-25 Schedule A (Form 990) 2024

## Schedule B (Form 990)

Schedule of Contributors

(Rev. December 2024) Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

MC	ONTEREY BAY FISHERIES TRUST	4/-19/83/9				
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 <b>not</b> 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					
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See instructions.				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling to one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during literary, or education	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, or year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If the 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 <b>General Rule</b> applies to this organization because it received nonexclusive religious, charitable, etc., contributions totaling \$5,000 or more during the year\$		re than \$1,000. If this box charitable, etc., eceived nonexclusively				
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For 22, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, It a requirements of Schedule B (Form 990)	• •				

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

Schedule B (Form 990) (Rev. 12-2024)

Page 2

Name of organization

MONTEREY BAY FISHERIES TRUST

Employer identification number

47-1978379

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

Schedule B (Form 990) (Rev. 12-2024) Page 2 Name of organization **Employer identification number** MONTEREY BAY FISHERIES TRUST 47-1978379 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person **Payroll** 105,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 8 X Person **Payroll** 50,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MONTEREY BAY FISHERIES TRUST

47-1978379

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		<sub>\$</sub>	

Employer identification number

Name of organization

ОМПЕВ	EY BAY FISHERIES TRUST			47-1978379					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	through (e) and the following line entry. I haritable, etc., contributions of \$1,000 or less	For organizations	at total more than \$1,000 for the year					
a) No.	Ose duplicate copies of Fart III if additional s	pace is fleeded.							
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
	Transferee's name, address, an	(e) Transfer of gift	Relationship of trai	nsferor to transferee					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
_	Transferee's name, address, an	(e) Transfer of gift	Relationship of tra	nsferor to transferee					
a) No. from			1						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held					
ŀ	(e) Transfer of gift								
	Transferee's name, address, an	nd ZIP + 4	Relationship of tra	nsferor to transferee					
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
Part I		(6, 666 6. g.)							
	I	(e) Transfer of gift							
-	Transferee's name, address, an	nd ZIP + 4	Relationship of tra	nsferor to transferee					

### SCHEDULE D (Form 990)

(Rev. December 2024)
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

MONTEREY BAY FISHERIES TRUST

Employer identification number 47 - 1978379

Pai		l Funds or Other Similar Fund	s or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		/b) [	ada and other accounts
		(a) Donor advised funds	(b) Fur	nds 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 w	_		
	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or		ŭ	
Pai	impermissible private benefit?			Yes No
			), Part IV, line /	•
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	· —		important land area
	Protection of natural habitat	Preservation	of a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the forr	n of a conserva	
	day of the tax year.			Held at the End of the Tax Year
а				
b				
С	Number of conservation easements on a certified historic structure		2c	
d	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	ne organization	during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located	_	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	f	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	ation easemen	ts during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170	(h)(4)(B)(i)	
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	se statement ar	nd
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ments that des	cribes the
Da	organization's accounting for conservation easements.	Aut Historical Tuescomes and	N O::I -	w Assats
Pai			otner Simila	r Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958	· · · · · · · · · · · · · · · · · · ·		
	of art, historical treasures, or other similar assets held for publ			public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of pu	blic 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 treat	sures, or other similar assets for financ	ial gain, provid	е
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Sche	dule D (Form 990) (Rev. 12-2024) MONTER							47-19	7837	9 <sub>P</sub>	age 2
Par	t III   Organizations Maintaining C	ollections of Ar	rt, Histo	orical Tre	asures, or Otl	ner Si	milaı	r Assets	(conti	nued)	
3	Using the organization's acquisition, accessi collection items (check all that apply).	on, and other record	ds, check	any of the f	ollowing that make	e signit	icant ι	use of its			
а	Public exhibition		d 🔲 i	Loan or exc	hange program						
b	Scholarly research				3 1 3						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ev further th	e organization's e	xempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran								ne 9, or		
	reported an amount on Form 990, Pa			Ü			,	,	ŕ		
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for	contribution	s or other assets r	not incl	uded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	stodial account lia	ability?			Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds Complete if										
		(a) Current year	(b) P	rior year	(c) Two years bac	(d)	Three y	ears back	<b>(e)</b> Fou	r years	back
1a	Beginning of year balance					_					
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses					_					
g	End of year balance										
2	Provide the estimated percentage of the curr			g, column (a)	) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c sho	·									
за	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are neid ar	ia administered to	rtne			1	Yes	No
	organization by:								0-(:)	163	NO
	(i) Unrelated organizations?								3a(i)		
L	(ii) Related organizations?  If "Yes" on line 3a(ii), are the related organizations.	tions listed as requi		abadula D2					3a(ii)		
_	Describe in Part XIII the intended uses of the								3b		
4 Par	t VI Land, Buildings, and Equipm		owinent it	urius.							
	Complete if the organization answere		0. Part IV	. line 11a. S	ee Form 990. Part	X. line	10.				
	Description of property	(a) Cost or o		(b) Cost		) Accu		2d	(d) Boo	k valı	10
	Description of property	basis (investi		basis		depre		~	(4) 500	ı, vait	
	Land	`	,		. ,	, , ,					
	Buildings										
	Leasehold improvements										
	Equipment	l l									
	Other	l l									
	. Add lines 1a through 1e. (Column (d) must e		X. line 10	Oc. column	(B))	<u></u>					0.

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev	40 000 A MONTHED EV	$D \lambda V$	PTCUPDTPC	MDIICM
Schedule D (Form 990) (Rev	12-2(124) MUNTEREY	DAI	LIOUUKIEO	TYOPI

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.	- Farm OOO Bart IV line	11a Can Farma 000 Port V line 10	
Complete if the organization answered "Yes" or  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
., .	12, 2001, 14140	(2)	o. jour market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	5 000 D 1 1 1 1 1 1	44 L O . E	
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(Is) Dead and the
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities	(B))		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
10,			
• •			i i
(7)			

Schedule D (Form 990) (Rev. 12-2024)

	dule D (Form 990) (Rev. 12-2024) MONTEREY BAY FISHERIES TRU	JST	47-1978379	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer		per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d Subtract line 2e from line 1		_	
3 4	Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	<u>-</u>	4c	
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)t XII   Reconciliation of Expenses per Audited Financial Stateme	ents With Expense	es per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	5	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
		N/ I' 41 101 D		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I		π v, line 4; Part X, line 2; Part	XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit $RT\ X$ , $LINE\ 2$ :	tional information.		
	NAGEMENT HAS CONSIDERED ITS TAX POSITIONS A	ND BELIEVES	ΤΗΔΤ ΔΙ.Ι. ΟΕ ΤΗ	E
	SITIONS TAKEN IN ITS FEDERAL AND STATE EXEM			
	KELY THAN NOT TO BE SUSTAINED UPON EXAMINAT			
	BJECT TO EXAMINATION BY FEDERAL AND STATE T			
	R THREE YEARS AND FOUR YEARS, RESPECTIVELY,			

# SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

## **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

Open to Public Inspection

Name of the organization  MONTERE	Y BAY FISHERIES TR	UST				Employer ide 47-1978	ntification number 379
	· Complete if the organization answe		'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	sed funds through any of the following sed funds through any of the following Solicita for oral agreement with any individual fart VII) or entity in connection with providuals or entities (fundraisers) pursured	tion of tion of fundra (includ	nongo gover aising ding of onal fo	overnment grants rnment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.				or has been notified	it is e	exempt from re	gistration
							_
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-E	Z.		Sche	edule G (Form	990) (Rev. 12-2024)

LHA 432081 01-14-25

Schedule G (Form 990)	(Rev. 12-2024)	MONTEREY	BAY	FISHERIES	TRUST

Pa	rt I					
		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			MBFT'S 10		NONE	(add col. (a) through
			YEAR ANNIVER			col. <b>(c)</b> )
Φ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	81,693.			81,693.
ш	2	Less: Contributions	65,893.			65,893.
		Gross income (line 1 minus line 2)	15,800.			15,800.
	Ŭ	Cross moonie (mie i minde mie 2)				==7000
	4	Cash prizes				
		•				
Š	5	Noncash prizes				
bense	6	Rent/facility costs	3,000.			3,000.
Direct Expenses	7	Food and beverages	147.			147.
Ę	_		600			600
	8	Entertainment				26,844.
	9	Other direct expenses	L	•		30,591.
		Direct expense summary. Add lines 4 through				-14,791.
Pa	rt I	Net income summary. Subtract line 10 from light Gaming. Complete if the organization		990 Part IV line 19 or		-14,791.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	1000, 1 art 17, iii 10 10, 01 1	reported more than	
		¥ ,		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
evel						
Ж	1	Gross revenue				
ses	_	Cash prizes				
lirect Expenses	3	Noncash prizes				
)irect	4	Rent/facility costs				
]	F	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			, (=7			
9	En	ter the state(s) in which the organization condu	ıcts gaming activities: _			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	If "	No," explain:				
	_					
40						
		ere any of the organization's gaming licenses re			/ear'?	Yes No
a	II "	Yes," explain:				
	_					
	_					

Schedule G (Form 990) (Rev. 12-2024)

Schedule G (Form 990) (Rev. 12-2024) MONTEREY BAY FISHERIES TRUST	47-1978379 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 entity formed	······
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
	140-1
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	irds:
NameAddress	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<ul> <li>b If "Yes," enter the amount of gaming revenue received by the organization \$ and the a of gaming revenue retained by the third party \$</li> <li>c If "Yes," enter the name and address of the third party:</li> </ul>	mount
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	
	Yes No
retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	
	t in the
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (iii)	
	v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	(Form 990)	MONTEREY E	BAY	FISHERIES	TRUST	47-1978379	Page 4
Part IV	Supplemental In	MONTEREY Enformation (continue	d)				·g
		Toominao	u <sub>)</sub>				
r-							
-							
i							
i							
-							
-							
-							
_			_				
	<u> </u>					 	
_							

III,

PART

#### SCHEDULE O (Form 990)

FORM 990

EXPENSES \$

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OTHER PROGRAM SERVICES:

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MONTEREY BAY FISHERIES TRUST

4D,

LINE

Employer identification number 47-1978379

70,003.

REVENUE \$

STRENGTHENING THE VIABILITY OF COMMERCIAL FISHING BUSINESSES MONTEREY: WE PROVIDED TECHNICAL ASSISTANCE, TOOLS, AND RESOURCES TO STRENGTHEN FISHING BUSINESSES AND HELP FISHERMEN NAVIGATE REGULATIONS. CONTINUED OUR QUOTA LEASING PROGRAM, PROTECTING LOCAL ACCESS TO SUSTAINABLE GROUNDFISH FISHING RIGHTS, AND SAVING FISHERMEN THOUSANDS DOLLARS IN LEASE FEES. THROUGH OUR PARTNERSHIP WITH CALIFORNIA WE INCREASED FISHERMEN'S ACCESS TO TECHNICAL ASSISTANCE FARMLINK, LOANS AND EXPLORED SUCCESSION PLANNING FOR RETIRING FISHERMEN AND NEW WE ADVOCATED TO STATE AND FEDERAL LEGISLATORS FOR INFRASTRUCTURE IMPROVEMENTS AND THE NEED TO SUPPORT FISHING COMMUNITY RESILIENCE. STATS: 10 FISHERMEN RECEIVED DIRECT TECHNICAL ASSISTANCE; 178K POUNDS OF GROUNDFISH WAS LEASED LOCALLY; 2.4K VIEWS OF RESOURCES FOR FISHING BUSINESSES.

0.

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

74,716.

BEFORE FILING, GOVERNING MEMBERS, THE EXECUTIVE DIRECTOR, AND THE OPERATIONS MANAGER REVIEW 990 FOR ACCURACY.

INCLUDING GRANTS OF \$

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

ALL GOVERNING MEMBERS ARE REQUIRED TO REVIEW FOR POTENTIAL CONFLICTS PRIOR TO ACTION. MEMBERS ARE NOTIFIED IN ADVANCE OF ITEMS TO BE DISCUSSED AS NOTED ON AGENDA. BOARD MEMBERS SIGN AN ANNUAL STATEMENT THAT THEY ARE AWARE OF THE CONFLICT OF INTEREST POLICY.

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

GOVERNING MEMBERS ANNUALLY REVIEW EXECUTIVE DIRECTOR COMPENSATION IN CONSULTATION WITH COMPARABLE ORGANIZATIONS, REVIEW OF WRITTEN COMPARABLE DATA, AND IN CONSULTATION WITH HUMAN RESOURCES CONSULTANTS.

GOVERNING MEMBERS ANNUALLY REVIEW KEY OFFICERS AND/OR EMPLOYEES

COMPENSATION IN CONSULTATION WITH COMPARABLE ORGANIZATIONS, REVIEW OF
WRITTEN COMPARABLE DATA, AND IN CONSULTATION WITH HUMAN RESOURCES
CONSULTANTS.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATIONS GOVERNING DOCUMENTS AND DISCLOSURES MAY BE GRANTED UPON RECEIPT OF WRITTEN REQUEST, SUBJECT TO REVIEW AND APPROVAL OF THE GOVERNING MEMBERS AND IN ACCORDANCE WITH ALL APPLICABLE STATUTES.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANT FEES: PROGRAM SERVICE EXPENSES 14,618. 20.177. MANAGEMENT AND GENERAL EXPENSES 57,729. FUNDRAISING EXPENSES TOTAL EXPENSES 92,524. TOTAL OTHER FEES ON FORM 990, PART 92,524. IX, LINE 11G, COL A

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

	needile O (Form 990) 2024  me of the organization  MONTEREY BAY FISHERIES TRUST		Employer identification number 47-1978379						
FOR	M 990 PA	RT X	TT. LINE	2C:	HEKTES I	KUSI			1 47-1970379
THE	PROCESS	FOR	OVERSIGHT	' AND S	SELECTIO	N OF	AN	INDEPENDENT	ACCOUNTANT
HAS	NOT CHAN	GED	FROM THE	PRIOR	YEAR.				
									_
									_

Schedule O (Form 990) 2024



#### **Certificate Of Completion**

Envelope Id: 4E320D32-CC8D-4D18-B69B-A3FED47F7ABC

Subject: Exempt Return for MONTEREY BAY FISHERIES TRUST A568618 12.31.24

Client Name: MONTEREY BAY FISHERIES TRUST

Client Number: A568618 Source Envelope:

Document Pages: 85 Supplemental Document Pages: 38

Certificate Pages: 5 AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

**Envelope Originator:** 

Jocelyn Everright

220 S 6th St Ste 300

Minneapolis, MN 55402-1418 Jocelyn.Everright@claconnect.com

IP Address: 13.64.159.111

#### **Record Tracking**

Status: Original

7/24/2025 8:19:10 AM

Holder: Jocelyn Everright

Signatures: 5

Initials: 1

Jocelyn.Everright@claconnect.com

**Timestamp** 

Location: DocuSign

Sent: 7/24/2025 8:36:58 AM Viewed: 7/24/2025 6:10:04 PM Signed: 7/24/2025 6:11:08 PM

## **Signer Events**

Melissa Mahoney

mmahoney@mbfishtrust.org

**Executive Director** 

Security Level: Email, Account Authentication

(None), Access Code

Signature Adoption: Pre-selected Style

Using IP Address:

FE2475E45472499..

Melissa Mahoney

Signature

Signed by:

2601:647:cb00:29e4:b8ac:c523:f084:6e9e

#### **Electronic Record and Signature Disclosure:**

Accepted: 7/24/2025 6:10:04 PM

ID: 16377e06-98c2-45a0-9286-f7479ae4bde5

Supplemental Documents:

PRINT & PAPER FILE - MBFT - 12-31-2024 - Form Viewed: 7/24/2025 6:10:35 PM

CA RRF-1.pdf

Read: Not Required Accepted: Not Required

## In Person Signer Events

## Signature

#### **Timestamp**

## **Editor Delivery Events**

#### **Status**

## **Timestamp**

### **Agent Delivery Events**

## **Status**

## **Timestamp**

#### **Intermediary Delivery Events**

#### **Status**

## **Timestamp** Timestamp

## **Certified Delivery Events**

## **Status**

**Status** 

## **Timestamp**

## **Carbon Copy Events**

Autumn Rossi

Autumn.Rossi@claconnect.com

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

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Sent: 7/24/2025 8:36:58 AM

IVOT	Offered	via	Docusign	

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps			
Envelope Sent	Hashed/Encrypted	7/24/2025 8:36:58 AM			
Certified Delivered	Security Checked	7/24/2025 6:10:04 PM			
Signing Complete	Security Checked	7/24/2025 6:11:08 PM			
Completed	Security Checked	7/24/2025 6:11:08 PM			
Payment Events	Status	Timestamps			
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Electronic Record and Signature Disclosure

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