Short Form

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form, as it may be made public. Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

Department of the Treasury Internal Revenue Service

| ns) | Open to Publi |
|-----|---------------|
| | |
| | Inspection |
| | |

| Α | For the | 2023 calenda | ar year, or tax year beginning | 01/01/2023 | and end | ing | 12/31/202 | 23 |
|------------|---|-------------------------|--|-----------------------------|---------------|----------------|--------------|----------------------------|
| В | Check if ap | pplicable: | C Name of organization | | | D | Employer ide | entification number |
| | Address c | change | OCEAN AND COASTAL OBSERVIN | IG - VIRGIN ISLANDS INC | | | 6 | 5-0869183 |
| | Name cha | al return PO Box 308036 | | | | | | ımber |
| Ц | Initial retu | | | | | | | 0-507-8587 |
| Н | Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Gr | | | | | | Group Exer | nption |
| Н | Aniended return | | | | | Number | | |
| G | | ting Method: | Cash Accrual Other (sp | ecifv): | | H Ch | eck 🖌 if the | organization is not |
| | | www.oco | | | | | | ach Schedule B |
| | | | eck only one) – 🗹 501(c)(3) 🗌 501(c |) () (insert no.) 🗌 494 | 17(a)(1) or | | orm 990). | |
| | | | Corporation | · _ · _ | Other: | 521 (10 | | |
| | | | 7b to line 9 to determine gross receip | | | or if total as | eote | |
| | | | 500,000 or more, file Form 990 instea | | | | | 17.1.0 |
| _ | | | e, Expenses, and Changes in | | | | Ŷ | 47,148 |
| F | Part I | | · · · · · · | | | | | - |
| | | | the organization used Schedule | | | | | |
| | 1 | | ons, gifts, grants, and similar amou | | | | | 0 |
| | 2 | - | ervice revenue including governme | | | | | 46,990 |
| | 3 | | ip dues and assessments | | | | . 3 | 0 |
| | 4 | Investment | | | | | . 4 | 158 |
| | 5a | | ount from sale of assets other than | - | 5a | | 0 | |
| | b | Less: cost | or other basis and sales expenses | 3 | 5b | | 0 | |
| | c | | ss) from sale of assets other than | inventory (subtract line 5k | o from line 5 | a) | . 5c | 0 |
| Revenue | 6 | Gaming an | d fundraising events: | | | | | |
| | a | Gross inc | ome from gaming (attach Sche | edule G if greater than | า | | | |
| | | \$15,000) . | | | 6a | | 0 | |
|)e | b | Gross inco | me from fundraising events (not ir | ncluding \$ | 0 of co | ntributions | | |
| Be | | from fundr | aising events reported on line 1) | (attach Schedule G if the | e | | | |
| _ | | sum of suc | ch gross income and contributions | exceeds \$15,000) | 6b | | 0 | |
| | c | Less: direc | t expenses from gaming and fund | lraising events | 6c | | 0 | |
| | d | | e or (loss) from gaming and fund | | 6a and 6b | and subtra | act | |
| | | line 6c) . | | | | | · 6d | 0 |
| | 7a | Gross sale | s of inventory, less returns and all | owances | 7a | | 0 | - |
| | b | | • | | 7b | | 0 | |
| | c | | it or (loss) from sales of inventory | | e 7a) | | . 7c | 0 |
| | 8 | - | nue (describe in Schedule O) | | | | | 0 |
| | 9 | | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7 | | | | | 47,148 |
| | 10 | | i similar amounts paid (list in Sche | | | | | 0 |
| | 11 | | aid to or for members | | | | . 11 | 0 |
| ŝ | | | ther compensation, and employee | henefits | | | | 0 |
| Expenses | 13 | | al fees and other payments to ind | | | | | |
| en | 13 | | | - | | | | 72,597 |
| .X | . 14 | | y, rent, utilities, and maintenance | | | | | 23,756 |
| ш | | • • | ublications, postage, and shipping | | | | | 764 |
| | 16 | | | | | | | 4,746 |
| | 17 | | enses. Add lines 10 through 16 . | | | | | 101,863 |
| ts | 18 | | (deficit) for the year (subtract line | | | | | -54,715 |
| ŝŝe | 19 | | or fund balances at beginning c | | | | | |
| As | | | r figure reported on prior year's re | | | | - | 68,165 |
| Net Assets | 20 | | nges in net assets or fund balance | | | | | 0 |
| | 21 | | or fund balances at end of year. | v | 20 | | . 21 | 13,450 |
| Fo | r Paper | work Reduct | ion Act Notice, see the separate ins | tructions. | Cat. No. 1 | 06421 | | Form 990-EZ (2023) |

| Form 9 | 990-EZ (2023) | | | | | Page 2 |
|--------|--|---------------------------|---------------------------------------|---|-------|--|
| Pa | rt II Balance Sheets (see the instructions f | or Part II) | | | | |
| | Check if the organization used Schedule | , | ny question in this l | Part II.... | | 🗆 |
| | • | • | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | [| 68,165 | 22 | 13,450 |
| 23 | Land and buildings | | [| 0 | 23 | 0 |
| 24 | Other assets (describe in Schedule O) | | [| 0 | 24 | 0 |
| 25 | Total assets | | | 68,165 | 25 | 13,450 |
| 26 | Total liabilities (describe in Schedule O) | | [| 0 | 26 | 0 |
| 27 | Net assets or fund balances (line 27 of column | (B) must agree with | n line 21) | 68,165 | 27 | 13,450 |
| Par | Statement of Program Service Accom | plishments (see th | e instructions for F | Part III) | | |
| | Check if the organization used Schedule | O to respond to an | ny question in this l | Part III 🛛 . 🗌 | | Expenses |
| What | t is the organization's primary exempt purpose? | Regional ocean obs | ervation, education, a | and outreach | · · | equired for section 1(c)(3) and 501(c)(4) |
| | ribe the organization's program service accomplisies the organization's program service accomplisies may be accomplised by expenses. In a clear and concise may be accomplete the service accomplete the servi | | | | org | panizations; optional for ners.) |
| | ons benefited, and other relevant information for ea | | | | | |
| 28 | Ocean Observing: Completion of installation of a Rac | ar system to observe | e ocean currents in th | ne Caribbean | | |
| | Sea S of St. Thomas. Includes Design, rental of prop | erty, and beginning c | onstruction. Impacts | regional | | |
| | marine sector. | | | | | |
| | (Grants \$ 0) If this amount | includes foreign gra | nts, check here . | 🗌 | 28 | a 55,000 |
| 29 | Ocean Observing: Support for regional ocean observed | ving activities related | to improving hurrica | ane intensity | | |
| | forecasts by deploying ocean gliders and reporting i | results. Impacts entir | e population of the U | S Virgin | | |
| | islands and Puerto Rico | | | | | |
| | (Grants \$ 0) If this amount | includes foreign gra | nts, check here . | 🗌 | 29; | a 40,000 |
| 30 | Education and Outreach: Advising the public on oce | an conditions, impor | tance, and observing | activities and | | |
| | CARICOOS products; providing scholarships. Reach | nes a regional audien | ce through internet, | social media, | | |
| radio. | | | | | | |
| | | includes foreign gra | | | 30a | a 6,000 |
| 31 | Other program services (describe in Schedule O) | | | | | |
| | | includes foreign gra | | | 31a | |
| - | Total program service expenses (add lines 28a t | | | | 32 | |
| Par | | | | | nstru | uctions for Part IV) |
| | Check if the organization used Schedule | O to respond to ar | ny question in this i | | • | · · · · · <u> </u> |
| | | (b) Average | (c) Reportable compensation | (d) Health benefits, | | |
| | (a) Name and title | hours per week | (Forms W-2/1099-MISC/ | contributions to employ benefit plans, and | | e) Estimated amount of other compensation |
| | | devoted to position | 1099-NEC) (if not paid, enter -0-) | deferred compensation | | other compensation |
| | | | | | _ | |
| | it-Amon Lewis | 1.00 | 0 | | | 0 |
| | d Chairman | 1.00 | | | _ | |
| | ifer Nugent-Hill | 1.00 | 0 | | 0 | 0 |
| | Chairperson | 1.00 | | | _ | |
| | rice Majesty | 1.00 | 0 | | 0 | 0 |
| Direc | | 1.00 | | | _ | |
| | Watlington | 1.00 | 0 | | 0 | 0 |
| Secr | | 1.00 | | | _ | |
| | Boulon | 1.00 | 0 | | 0 | 0 |
| Direc | t Hartshorn | 1.00 | 0 | | _ | 0 |
| Direc | | 1.00 | 0 | | 0 | 0 |
| | Id Walters | 1.00 | 0 | | 0 | 0 |
| | | 1.00 | U | | 0 | 0 |
| | surer am D Wilson | 4.00 | 30,000 | | 0 | 0 |
| | | 4.00 | 30,000 | | 0 | 0 |
| Proje | ect Director | | | | + | |
| | | 4 | | | | |
| | | | | | + | |
| | | 1 | | | | |
| | | | | | + | |
| | | 1 | | | | |
| | | 1 | 1 | | | |

| Form 99 | 90-EZ (2023) | | Р | age 3 |
|-------------------|--|------------|--------|--------------|
| Part | V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | | | |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | Yes | No V |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 34 | | ~ |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | V |
| b c | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35b 35c | | ~ |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | _ | ~ |
| 37a b | Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 Did the organization file Form 1120-POL for this year? | 37b | | ~ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | ~ |
| b 39 a b | If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(7) organizations. Enter: 39b | - | | |
| 40a b | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911:0; section 4912:0; section 4955:0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | V |
| c d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | ~ |
| 41 42a | List the states with which a copy of this return is filed: <u>VI</u> The organization's books are in care of: <u>William D Wilson</u> Telephone no. | 410-40 | 7-8487 | 1 |
| | Located at: PO Box 308036, St Thomas, VI 00803 ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over | 300 | | |
| D | 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)? If "Yes," enter the name of the foreign country: | 42b | Yes | No ✓ |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: | 42c | | ~ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | Yes | No V |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a 44b | | v |
| c d | Did the organization receive any payments for indoor tanning services during the year? | 44c 44d | | v v |
| 45a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the | 45a | | ~ |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | | ~ |

Form 990-EZ (2023)

| | Form | 990-EZ | (2023) |
|--|------|--------|--------|
|--|------|--------|--------|

Page 4

| | | | Yes | No |
|----|---|----|-----|----|
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition | | | |
| | to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | ~ |

| Part VI | Section 501(c)(3) Organizations Only |
|---------|--|
| | All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines |
| | 50 and 51. |

| | Check if the organization used Schedule O to respond to any question in this Part VI | | | |
|-----|--|-----|-----|----------|
| | | | Yes | No |
| 47 | 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 | 47 | | ~ |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | ~ |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | ~ |
| b | If "Yes," was the related organization a section 527 organization? | 49b | | |
| 50 | O second stands to be a family of the second stands of the second stands and the second stands of the second stand | | | al Leave |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|--|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

•

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| d Total number of other independent contractors each receiving | over \$100,000 | |

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign | Signature of officer | | | Date | Date | | | |
|------------------|---|----------------------|------|------|---------------------------|------|--|--|
| Here | William Wilson, Project Director | | | | | | | |
| | Type or print name and title | | | | | | | |
| Paid Preparer | Print/Type preparer's name | Preparer's signature | Date | | Check if if self-employed | PTIN | | |
| Use Only | Firm's name | | | | Firm's EIN | | | |
| | Firm's address | | | | Phone no. | | | |
| May the IRS | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | |

| SCHEDULI | E / | |
|------------|-----|--|
| (Form 990) | | |

Public Charity Status and Public Support

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| |
| Internal Revenue Service |
| |

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.

| 2023 |
|-----------------------|
| Open to Public |
| Inspection |

Employer identification number

66-0869183

Name of the organization

| Daut | Descent for Dublis Obserits Otstas (All superiorities and standard standard) |
|-----------|--|
| OCEAN AND | COASTAL OBSERVING - VIRGIN ISLANDS INC |
| | |

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
 - 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 - 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
 - 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 - 4 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 the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

.

- f Enter the number of supported organizations . . .
- g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | |
|------------------------------------|----------|---|--|----|---|---|--|
| | | | Yes | No | | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |
| Total | | | | | | | |

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

| Secti | on A. Public Support | | | ×1 | | , | |
|--|--|------------------------------------|---------------------------------|-----------------------------------|----------------------------------|---|----------------------------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 121,338 | 147,678 | 75,453 | 132,666 | 46,990 | 524,125 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | | 0 |
| 4 | Total. Add lines 1 through 3 | 121,338 | 147,678 | 75,453 | 132,666 | 46,990 | 524,125 |
| 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) | | | | | | |
| <u>6</u> | Public support. Subtract line 5 from line 4 | | | | | | 524,125 |
| | on B. Total Support Idar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | (a) 2019 121,338 | 147,678 | 75,453 | (u) 2022 132,666 | 46,990 | 524,125 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 135 | 26 | 14 | 132,000 | 158 | 443 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 100 | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 0 | 0 | 0 | 0 | | 0 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 524,568 |
| 12 | Gross receipts from related activities, etc | | | | | 12 | |
| 13 Secti | First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support | re | | , triira, iourtri, | | | _ |
| 14 | Public support percentage for 2023 (line (| 6, column (f), d | ivided by line | 11, column (f)) | | 14 | 99.92 % |
| 15 | Public support percentage from 2022 Sch | | | | | 15 | 99.93 % |
| 16a | 33 ¹ / ₃ % support test – 2023. If the organization qua | | | | | | _ |
| b | 33 ¹ / ₃ % support test—2022. If the organization this box and stop here. The organization | zation did not | check a box o | n line 13 or 16 | a, and line 15 | is 331/3% or m | ore, check |
| 17a 10%-facts-and-circumstances test—2023. 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 test. The organization qualifies as a publicly supported organization | | | | | | | |
| b | 10%-facts-and-circumstances test — 2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization | on meets the fa e facts-and-cir | cts-and-circur cumstances te | mstances test, est. The organi | check this bo zation qualifie | x and stop he s as a publicly | re . Explain supported |
| 18 | Private foundation. If the organization instructions | did not check | a box on line | 13, 16a, 16b | , 17a, or 17b, | check this bo | x and see |
| | | | | | | | A (Form 990) 2023 |

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.)

| Secti | on A. Public Support | | | | | | |
|-------|---|-----------------------|-------------------|-------------------|-------------------|-----------------|----------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| | on B. Total Support | | 1 | 1 | | | |
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| | • | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| • | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| 11 | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 10 | 5, | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | organization' | 's first, second | I, third, fourth | , or fifth tax ve | ar as a sec | tion 501(c)(3) |
| | organization, check this box and stop he | - | | | | | |
| Secti | on C. Computation of Public Suppor | rt Percentag | e | | | | |
| 15 | Public support percentage for 2023 (line a | - | | 13, column (f)) | | 15 | % |
| 16 | Public support percentage from 2022 Scl | hedule A, Part | III, line 15 . | | | 16 | % |
| Secti | on D. Computation of Investment In | | | | | 1 1 | |
| 17 | Investment income percentage for 2023 (| line 10c, colur | nn (f), divided l | oy line 13, colι | umn (f)) | 17 | % |
| 18 | Investment income percentage from 2022 | | | - | | 18 | % |
| 19a | 331/3% support tests-2023. If the organ | | | | | ore than 331 | /3%, and line |
| | 17 is not more than $33^{1}/_{3}\%$, check this box | and stop here | . The organizati | on qualifies as | a publicly suppo | orted organiz | ation 🗌 |
| b | b 33 ¹ / ₃ % support tests – 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and | | | | | | |
| | line 18 is not more than 33 ¹ /3%, check this | box and stop ł | nere. The organ | ization qualifies | s as a publicly s | upported org | anization . |
| 20 | Private foundation. If the organization di | d not check a | box on line 14 | , 19a, or 19b, | check this box | and see inst | ructions . |
| | | | | | | | |

Schedule A (Form 990) 2023

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

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- 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 b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

| Part | V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | jani | zations | |
|------|--|--------|--------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | ions A through E. |
| Sect | ion A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C—Distributable Amount | - | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | allv i | ntegrated Type III suppo | rting organization |

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

| Schedu | le A (Form 990) 2023 | | | Page 7 |
|--------|--|-----------------------------|--|---|
| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organi | zations (continued) | |
| Sect | on D-Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish e | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exe | empt purposes of suppo | orted | |
| | organizations, in excess of income from activity | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | inizations 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required- | 1 | <i>VI</i>) 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions. | h the organization is res | ponsive | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 10 |) |
| Sect | ion E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | |
| а | From 2018 | | | |
| b | From 2019 | | | |
| С | From 2020 | | | |
| d | From 2021 | | | |
| e | From 2022 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2023 distributable amount | | | |
| i | Carryover from 2018 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2023 from Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2023 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2019 | | | |
| b | Excess from 2020 | | | |
| С | Excess from 2021 | | | |
| d | Excess from 2022 | | | |
| е | Excess from 2023 | | | |

Schedule A (Form 990) 2023

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 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. (See instructions.)

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service Name of the organization

| Name of the organization | Employer identification number |
|---|--------------------------------|
| OCEAN AND COASTAL OBSERVING - VIRGIN ISLANDS INC | 66-0869183 |
| Form 990-EZ, Part I, Line 16 - Travel \$4067 Supplies \$679 | |
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Header Section

Reasonable Cause Explanations

Explanation

Delays in grant funding led to late filing