

Return of Organization Exempt From Income Tax

(Rev. January 2020)

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

2019

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning, 2019, and ending, 20

B Check if applicable: C Name of organization MARINE LIFE STUDIES D Employer identification number 27-0318674 E Telephone number (831) 901-3833 G Gross receipts \$ 214,629 I Tax-exempt status: [X] 501(c)(3) J Website: WWW.MARINELIFESTUDIES.ORG K Form of organization: [X] Corporation L Year of formation: 2009 M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Mission: MARINE RESEARCH AND EDUCATION; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: PEGGY STAP, Signature of officer, Date 05-13-2020; PEGGY STAP, PRESIDENT, Type or print name and title

Paid Preparer Use Only: SHARON BARRY EA, Preparer's signature, Date 10-21-2020, Firm's name BARRY ASSOCIATES INC, Firm's address 8653 N 32ND ST STE 1A RICHLAND MI 49083, Firm's EIN P00063721, Phone no. 269-629-4436

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**MARINE RESEARCH AND EDUCATION**

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  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 services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 97,186 including grants of \$ 97,186 ) (Revenue \$ )

**WHALE ENTANGLEMENT TEAM- RESPOND TO AND RESCUE WHALES ENTANGLED IN MARINE DEBRIS AND FISHING GEAR, CONTINUAL WALE DISENTANGLEMENT TRaning - IN HOUSE AND NOAA TRAINING, PROACTIVE MEASURES TO REMOVE MARINE DEBRIS AND DERELICT FISHING REAR, AND SHARE DATA COLLECTED FROM DISENTANGLEMENT RESPONSES TO NOAA DISENTANGLEMENT NETWORK, DISSEMINATE DATA COLLECTED FRMOM ENTANGLEMENT RESPONSES TO OTHER SCIENTISTS AND RESEARCH ORGANIZATIONS TO THE GENERAL PUBLIC THROUGH OCEAN EDUCATIONAL PROGRAMS, AND EDUCATIONAL OUTREACH AT PUBLIC VENUES SUCH AS WHALEFEST MONTEREY, PRESENTATIONS TO ORGANIZATIONS/CLUBS, ETC.**

4b (Code: ) (Expenses \$ 74,349 including grants of \$ 74,349 ) (Revenue \$ )

**RESEARCH SCIENTIST PROGRAM - CONDUCT RESEARCH ON MARINE MAMMALS, TEACH RESEARCH TECHNIQUES TO STUDENTS AND ADULTS, PREPARE SCIENTIFIC PAPERS, AND IS A TRAINING PLATFORM FOR THE WHALE DISENTANGLEMENT TEAM. DISSEMINATE DATA COLLECTED FROM RESEARCH ACTIVITIES TO SCIENTISTS, OTHER RESEARCH ORGANIZATIONS, TO THE GENERAL PUBLIC THROUGH OCEAN LITERACY EDUCATIONAL PROGRAMS, AND EDUCATIONAL OUTREACH AT PUBLIC VENUES SUCH AS WHALEFEST MONTEREY, PRESENTATIONS TO ORGANIZATIONS/CLUBS, ETC.**

4c (Code: ) (Expenses \$ 18,391 including grants of \$ 18,391 ) (Revenue \$ )

**OCEAN LITERACY EDUCATIONAL PROGRAMS - INCLUDES CETACEAN, OCEAN AND MARINE DEBRIS EDUCATION PROGRAMS FOR SCHOOLS, BOYS & GIRLS CLUBS, AND OTHER ORGANIZATIONS/CLUBS SUCH AS GIRL SCOUTS, ETC., TAKE IT TO THE STREETS CONSERVATION COMMUNITY CLEANUP, AND EDUCATIONAL OUTREACH AT PUBLIC VENUES SUCH AS WHALEFEST MONTEREY, PRESENTATIONS TO ORGANIZATIONS/CLUBS, ETC.**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **189,926**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 4, 11, 12, and 14. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, bond issues, and organizational transactions.

Part 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. [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Form W-2G, and backup withholding.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for employee reporting, prohibited transactions, charitable contributions, and organizational compliance.

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about states where Form 990 is required, public inspection availability, and person with books and records.

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PEGGY STAP EXECUTIVE DIRECTOR AND FOUNDER	65.00	X		X				0	0	0
(2) JUDY IVERSON SECRETARY	2.00	X		X				0	0	0
(3) MARY WHITNEY DIRECTOR	1.00	X						0	0	0
(4) JERRY PEREZCHICA CHAIR	2.00	X						0	0	0
(5) MELISSA E VINCENT VICE-CHAIR	2.00	X						0	0	0
(6) RICHARD HUGHETT TREASURER	1.00			X				0	0	0
(7) STEPHANIE MARCOS OPERATIONAL MANAGER	25.00				X			28,629	0	0
(8) -----	-----									
(9) -----	-----									
(10) -----	-----									
(11) -----	-----									
(12) -----	-----									
(13) -----	-----									
(14) -----	-----									

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>28,629</b>	<b>0</b>	<b>0</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a	179,098			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	31,887			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . .	1e	3,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$			
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		213,985			
Program Service Revenue			Business Code				
	2a	_____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue . . . . .					
g	<b>Total.</b> Add lines 2a-2f . . . . . ▶						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		644	644		
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties . . . . . ▶					
	6a	Gross rents . . . . .	(i) Real	(ii) Personal			
			6a				
			6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss) . . . . . ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			7a				
			7b				
	c	Gain or (loss) . . . . .	7c				
	d	Net gain or (loss) . . . . . ▶					
	8a	Gross income from fundraising events (not including \$ <u>31,887</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .					
			8a				
8b							
c	Net income or (loss) from fundraising events . . . . . ▶						
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .						
		9a					
		9b					
c	Net income or (loss) from gaming activities . . . . . ▶						
10a	Gross sales of inventory, less returns and allowances . . . . .						
		10a					
		10b	750				
c	Net income or (loss) from sales of inventory . . . . . ▶		(750)	(750)			
Miscellaneous Revenue			Business Code				
	11a	_____					
	b	_____					
	c	_____					
	d	All other revenue . . . . .					
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶						
12	<b>Total revenue.</b> See instructions . . . . . ▶		213,879	(106)	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .				
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 . . . . .				
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 . . . . .				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .	589		589	
11 Fees for services (nonemployees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .	1,110		1,110	
d Lobbying . . . . .				
e 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 Schedule O.) . .				
12 Advertising and promotion . . . . .	1,099			1,099
13 Office expenses . . . . .	1,178		1,010	168
14 Information technology . . . . .	1,831		1,831	
15 Royalties . . . . .				
16 Occupancy . . . . .	643		143	500
17 Travel . . . . .	3,120		2,828	292
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .	1,786		1,786	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	22,513		22,513	
23 Insurance . . . . .	5,154		5,154	
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 O.)				
a <b>GENERAL DUES AND FEES</b>	362		362	
b <b>RESEARCH, EDUCATION, RESCUE</b>	189,926	189,926		
c <b>ROUNDING</b>	(20,300)		(20,300)	
d <b>CATERER FOOD</b>	1,013			1,013
e All other expenses	2,327			2,327
<b>25 Total functional expenses.</b> Add lines 1 through 24e. . . .	<b>212,351</b>	<b>189,926</b>	<b>17,026</b>	<b>5,399</b>
<b>26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	43,919	1	67,736
	<b>2</b> Savings and temporary cash investments		2	
	<b>3</b> Pledges and grants receivable, net		3	
	<b>4</b> Accounts receivable, net		4	
	<b>5</b> 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	
	<b>6</b> 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	
	<b>7</b> Notes and loans receivable, net		7	
	<b>8</b> Inventories for sale or use	624	8	624
	<b>9</b> Prepaid expenses and deferred charges		9	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 304,708		
	<b>b</b> Less: accumulated depreciation	10b 148,485	178,483	10c 156,223
	<b>11</b> Investments - publicly traded securities		11	
	<b>12</b> Investments - other securities. See Part IV, line 11		12	
	<b>13</b> Investments - program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets	1,382	14	1,128
	<b>15</b> Other assets. See Part IV, line 11		15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	224,408	16	225,711	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		17	
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue		19	
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	59,748	24	48,524
<b>25</b> 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		
<b>26 Total liabilities.</b> Add lines 17 through 25	59,748	26	48,524	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	164,660	27	177,187
	<b>28</b> Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		31	
	<b>32</b> Total net assets or fund balances	164,660	32	177,187
<b>33</b> Total liabilities and net assets/fund balances	224,408	33	225,711	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	213,879
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	212,351
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,528
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	164,660
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	10,999
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	177,187

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>x</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . . 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>x</b>
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

**MARINE LIFE STUDIES**

Employer identification number

**27-0318674**

**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 or 990-EZ).)
- 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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 in 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 document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 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; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	209,350	59,588	128,751	151,342	182,099	731,130
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	209,350	59,588	128,751	151,342	182,099	731,130
<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						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						731,130

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .	209,350	59,588	128,751	151,342	182,099	731,130
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . .	40	57	190	336	644	1,267
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	40	57	190	336	644	1,267
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> 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.) . . . . .	209,390	59,645	128,941	151,678	182,743	732,397

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	99.83 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	66.96 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	0.00 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17. . . . .	<b>18</b>	0.00 %

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ▶

**b 33 1/3% support tests - 2018.** 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 here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . ▶

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



<b>Part IV Supporting Organizations (continued)</b>		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b>	A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11c</b>	

<b>Section B. Type I Supporting Organizations</b>		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b>	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? <i>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.</i>	<b>2</b>	

<b>Section C. Type II Supporting Organizations</b>		Yes	No
<b>1</b>	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)? <i>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).</i>	<b>1</b>	

<b>Section D. All Type III Supporting Organizations</b>		Yes	No
<b>1</b>	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?	<b>1</b>	
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b>	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

<b>Section E. Type III Functionally Integrated Supporting Organizations</b>		Yes	No
<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	<b>2a</b>	
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>	<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014 . . . . .			
<b>b</b> From 2015 . . . . .			
<b>c</b> From 2016 . . . . .			
<b>d</b> From 2017 . . . . .			
<b>e</b> From 2018 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2015 . . . .			
<b>b</b> Excess from 2016 . . . .			
<b>c</b> Excess from 2017 . . . .			
<b>d</b> Excess from 2018 . . . .			
<b>e</b> Excess from 2019 . . . .			



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

**MARINE LIFE STUDIES**

Employer identification number

**27-0318674**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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 or 990-EZ), 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.

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, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

**MARINE LIFE STUDIES**

**27-0318674**

**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
1	<u>COMMUNITY FOUNDATION FOR MONTEREY C</u>  <u>2354 GARDEN ROAD</u>  <u>MONTEREY, CA 93940</u>	\$ <u>70,083</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>THE BENEVITY COMMUNITY IMPACT FUND</u>  <u>PO BOX 1010</u>  <u>SAFETY HARBOR, FL 34695</u>	\$ <u>53,795</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>MARK MCCRACKEN AND DANNY CHAU</u>  <u>10625 ELOISE CIRCLE</u>  <u>LOS ALTOS, CA 94024</u>	\$ <u>7,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>PAMELA AND EDWARD TAFT</u>  <u>10655 ELOISE CIRCLE</u>  <u>LOS ALTOS, CA 94024</u>	\$ <u>8,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>OCEANIC SOCIETY</u>  <u>PO BOX 844</u>  <u>ROSS, CA 94957</u>	\$ <u>5,150</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2019

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

MARINE LIFE STUDIES

27-0318674

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not 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 furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, 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 furtherance 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- Table with columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back
1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value
1a Land
b Buildings
c Leasehold improvements
d Equipment
e Other SFMD1E
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . . ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on 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 market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶		

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





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>HOUSE PARTY</u> (event type)	(b) Event #2 <u>AUCTION SILE</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	18,550	5,341	23,891
	2	Less: Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .	18,550	5,341	23,891
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .			
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				23,891

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

**MARINE LIFE STUDIES**

Employer identification number

27-0318674

**01. Form 990 governing body review (Part VI, line 11)**

THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW. THE 990 IS COMPARED TO THE  
FINANCIAL STATEMENTS FOR THE PREVIOUS AND CURRENT YEAR. ALL MEMBERS VOTE ON ACCEPTING THE  
990 AS PRESENTED BEFORE IT IS FILED.

**02. Governing documents, etc, available to public (Part VI, line 19)**

WE HAVE AN ANNUAL REVIEW BY AN INDEPENDENT ACCOUNTANT EACH YEAR. THE 990 IS PREPARED BY AN  
ACCOUNTANT. BOTH DOCUMENTS ARE AVAILABLE AT THE OFFICE OF THE COUNCIL UPON REQUEST.

# Depreciation and Amortization (Including Information on Listed Property)

## 2019

Attachment  
Sequence No. **179**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>MARINE LIFE STUDIES</b>	Business or activity to which this form relates <b>FORM 990 - 1</b>	Identifying number <b>27-0318674</b>
---	--	---

### Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions) . . . . .		<b>1</b>
2	Total cost of section 179 property placed in service (see instructions) . . . . .		<b>2</b>
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .		<b>3</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .		<b>4</b>
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .		<b>5</b>
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .		<b>8</b>
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .		<b>9</b>
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562 . . . . .		<b>10</b>
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . .		<b>11</b>
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .		<b>12</b>
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 ▶ . . . . .	<b>13</b>	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

### Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions . . . . .		<b>14</b>
15	Property subject to section 168(f)(1) election . . . . .		<b>15</b>
16	Other depreciation (including ACRS) . . . . .		<b>16</b>

### Part III MACRS Depreciation (Don't include listed property. See instructions.)

#### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019 . . . . .		<b>17</b>	<b>22,259</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .	<input type="checkbox"/>		

#### Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

#### Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

### Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28 . . . . .		<b>21</b>	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . .		<b>22</b>	<b>22,259</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>		

For Paperwork Reduction Act Notice, see separate instructions.

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  **Yes**  **No** **24b** If "Yes," is the evidence written?  **Yes**  **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions- . . . . .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2019 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2019 tax year . . . . .				<b>43</b>	<b>254</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .				<b>44</b>	<b>254</b>

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>MARINE LIFE STUDIES</b>	Taxpayer identification number (TIN) <b>27-0318674</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6 CARLTON DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MONTEREY, CA 93940</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ **PEGGY JO WEST-STAP, 6 CARLTON DR, MONTEREY, CA 93940**

Telephone No. ▶ **831-901-3833** FAX No. ▶ **831-717-4198**

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . . ▶  . If it is for part of the group, check this box . . . . ▶  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11-16, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 19 or

▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
3c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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



FOR YOUR RECORDS ONLY  
**Federal Supporting Statements**

**2019 PG01**

Name(s) as shown on return

Tax ID Number

MARINE LIFE STUDIES

27-0318674

**FORM 990 - SCHEDULE D - PART VI - LINE 1E  
INVESTMENTS - OTHER**

STATEMENT #D1E

<u>DESCRIPTION OF INVESTMENT</u>	<u>COST/BASIS (INVESTMENT)</u>	<u>COST/BASIS (OTHER)</u>	<u>DEPR</u>	<u>BOOK VALUE</u>
FURNITURE AND FIXTURES	0	2,464	2,453	11
OFFICE EQUIPMENT	0	6,795	6,431	364
BOAT AND TRAILER	0	228,214	83,931	144,283
VEHICLES	0	34,321	29,725	4,596
EQUIPMENT	0	32,914	25,945	6,969
<b>TOTAL</b>	<u>0</u>	<u>304,708</u>	<u>148,485</u>	<u>156,223</u>

Name(s) as shown on return

FEIN

MARINE LIFE STUDIES

27-0318674

CONTRIBUTIONS GRANTS ETC

Description	Amount
CORPORATE AND BUSINESS GRANTS - DIRECT	\$ 1,500
FOUNDATION AND TRUST GRANTS - DIRECT	10,333
MPMPROFIT ORGANIZATION GRANTS - DIRECT	8,458
BENEVITY COMUNITY FOUNDATION - VOLUNTEER HOURS PAID	53,795
DESPARD MARIVE SERVICE	75
LEAVITT CENTRAL COAST INS	750
LINNAEA HOLGERS	500
COMMUNITY FOUNDATON MONTEREY COUNTY	63,800
PIKE PLACE CHOWDER	2,250
SALINAS RODEO ROTARY CLUB FOUNDATION	900
DONATED FEES AND EQUIP	1,000
MISCELLANEOUS OTHER INDIVIDUALS	33,886
OCEANIC SOCIETY	658
OTHER INDIVIDUALS	1,194
<b>Total:</b>	<b>\$ 179,099</b>

INVESTMENT INCOME

Description	Amount
INTEREST SAVINGS SHORT TERM CD	\$ 384
REGULAR CHECKING	11
NIAC DIVIDENDS	249
<b>Total:</b>	<b>\$ 644</b>

FUNDRAISING INCOME

Description	Amount
SPECIAL EVENT - HOUSE PARTY CONTRIBUTIONS	\$ 13,221
NON GIFT SALES	5,485
RAFFLE	1,260
CASH DONATION BOX	139
PAYPAL	11,025
PAYPAL FEES	(244)
MICHAEL BROOME	250
DIANE WILCOX	300
MISCELLANEOUS DONATIONS	450
<b>Total:</b>	<b>\$ 31,886</b>

990

Overflow Statement

2019  
Page 2

Name(s) as shown on return

FEIN

MARINE LIFE STUDIES

27-0318674

EMPLOYEE WAGES AND FRINGES

Description

Amount

WAGES

\$ 28,629

**Total: \$ 28,629**

MARINE LIFE STUDIES  
 FEDERAL DEPRECIATION SCHEDULE  
 Tax Year End : 12-31-2019  
 ID Number : 27-0318674  
 Department Number: 1

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr
GO FLEX HD SEAGATE	03-09-2011	144	144		5	0	0	144	0
SEAGATE 500 GB HARD DRIVE	05-10-2011	76	76		5	0	0	76	0
2 PIECE DESK AND CHAIR COVERS	10-05-2011	130	130		7	0	0	130	0
5 TABLES FOR BOOTH EVENT AND OFFICE	10-18-2011	173	173		7	0	0	172	0
SLANTED SIGN HOLDERS	10-18-2011	130	130		7	0	0	130	0
USB EXTENSION FLOOR CABLE COVER	10-30-2011	53	53		3	0	0	53	0
2 TB GO FLEX HARD DRIVE - SEAGATE	11-08-2011	108	108		5	0	0	108	0
IN DESIGN CS5.5 SOFTWARE	11-15-2011	60	60		3	0	0	60	0
DESK ORGANIZER	11-18-2011	74	74		5	0	0	74	0
IDEA DESK WITH FILE CABINET AND 3DRAWER	12-21-2011	150	150		7	0	0	149	0
IPAD2 64 GB WITH WIFI & HARDDRIVE	08-02-2012	1,098	824		5	0	0	824	0
HP OFFICEJET PRO PRINTER	08-17-2012	189	142		5	0	0	141	0
15INCH MACDOOK PRO WIDE SCREEN	02-04-2013	2,857	2,857		5	0	0	2,857	0
ROUTER	04-08-2013	325	325		5	0	0	324	0
LIVE DUO NETWORK	11-05-2013	336	336		5	0	0	336	0
BACKUP DRIVE	11-26-2013	222	222		5	0	0	222	0
NEW HP 15 COMPUTER	01-20-2015	391	391	200 DBHY	5	0	0	368	45
2 HARD DRIVES	02-14-2015	279	279	200 DBHY	5	0	0	263	32
<b>**Total**</b>		6,795	6,474			0	0	6,431	77

MARINE LIFE STUDIES  
 FEDERAL DEPRECIATION SCHEDULE  
 Tax Year End : 12-31-2019  
 ID Number : 27-0318674  
 Department Number: 02

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr
AQUARIAN AUDIO HYDROPHONE & AMP	11-02-2009	323	323		5	0	0	323	0
SPYDERCO KNIVES	12-01-2009	630	630		5	0	0	630	0
8 BY 10 STORAGE UNIT	01-16-2012	810	810	200 DBMQ	7	0	0	810	7
2 4 TIER SHELVING RACK	03-29-2012	233	233	200 DBMQ	7	0	0	232	3
OFFICE CHAIR	07-28-2012	103	103	200 DBMQ	7	0	0	103	6
1 6 TIER SHELF RACK	12-01-2012	101	101	200 DBMQ	7	0	0	101	7
6 DRAWER FILE CABINET	01-09-2013	264	264	200 DBHY	7	0	0	254	24
<b>**Total**</b>		2,464	2,464			0	0	2,453	47

MARINE LIFE STUDIES  
 FEDERAL DEPRECIATION SCHEDULE  
 Tax Year End : 12-31-2019  
 ID Number : 27-0318674  
 Department Number: 03

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr
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TOOLS FOR WET	07-01-2014	274	274	200 DBHY	7	0	0	236	24
TRAILER FOR SUPPLIES	07-01-2014	3,899	3,899	200 DBHY	7	0	0	3,377	348
INFLATIBLE BOAT AND TRAILER	07-14-2014	10,366	10,366	200 DBHY	7	0	0	8,979	925
VANNESS VESSEL 40' ALBIN NORT	04-23-2015	184,213	184,213	150 DBHY	20	0	0	64,364	10,524
TAX ON BOAT PURCHASE	05-24-2017	14,000	14,000	150 DBHY	20	0	0	2,646	935
2018 4.2 WING INFLATABLE VESSEL	05-11-2018	15,462	15,462	200 DBHY	10	0	0	4,329	2,783
<b>**Total**</b>		228,214	228,214			0	0	83,931	15,539

MARINE LIFE STUDIES  
FEDERAL DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2019  
ID Number : 27-0318674  
Department Number: 04

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr
GOPRO HERO 2	02-07-2014	280	280	200 DBHY	7	0	0	243	25
JOHNSON HICK DEPTH SOUNDER	04-18-2014	2,757	2,757	200 DBHY	7	0	0	2,387	246
JOHNSON HICK DEPTH PLOTTER	06-13-2014	1,156	1,156	200 DBHY	7	0	0	1,000	103
TOOL KIT	07-01-2014	812	812	200 DBHY	7	0	0	703	72
TOOLS	07-01-2014	413	413	200 DBHY	7	0	0	358	37
VIDEO CAMERA	07-01-2014	1,544	1,544	200 DBHY	7	0	0	1,338	138
VIDEO CAMERA	07-01-2014	1,458	1,458	200 DBHY	7	0	0	1,262	130
EQUIPMENT	07-14-2014	1,106	1,106	200 DBHY	7	0	0	958	99
2 CARBON FIBER POLES FOR WET	10-14-2014	1,847	1,847	200 DBHY	7	0	0	1,600	165
WET HI DEPTH VIDEO CAMERA	12-04-2014	269	269	200 DBHY	7	0	0	233	24
CARBINEER MORRING HOOK ADAPTER ETC	01-30-2015	1,875	1,875	200 DBHY	5	0	0	1,767	216
TELEMETRY PACKAGE AND TR-4	02-06-2015	5,398	5,398	200 DBHY	7	0	0	4,193	482
2 HERO 4 GOPRO	02-11-2015	945	945	200 DBHY	5	0	0	890	109
SATELLITE PHONE	05-19-2015	890	890	200 DBHY	5	0	0	840	103
DAVIS NAVIGATION INSTRAMENTS	05-20-2015	101	101		3	0	0	101	0
HITACHI DS18DSAL 18 VOLT DRILL SET	05-20-2015	205	205		3	0	0	204	0
FIRE EXTINGUSHERS FOR ENGINE ROOM	05-22-2015	252	252	200 DBHY	5	0	0	237	29
SHOP VAC TOOL SET	05-23-2015	212	212	200 DBHY	5	0	0	199	24
HANDHELD VHF RADIO 2 PFD VESTS	05-27-2015	288	288	200 DBHY	5	0	0	271	33
LIFE SAVING FLOATATION	05-27-2015	690	690	200 DBHY	5	0	0	649	79
LASHCARD FOR E-120 RAYMARINE PLOTTER	05-29-2015	286	286	200 DBHY	5	0	0	270	33
TELEMETRY BUOY KIT CARABINEERS MOMORING H	04-01-2016	3,185	3,185	200 DBHY	10	0	0	2,061	367
TELONICS TELEMETRY GPS PACKAGE	07-22-2016	3,240	3,240	200 DBHY	10	0	0	2,096	373
EQUIPMENT AED DEFIBRILLATOR	01-18-2017	1,106	1,106	200 DBHY	7	0	0	622	193
NIKON N7200 WITH LENSES	02-20-2017	1,447	1,447	200 DBHY	7	0	0	814	253
NIKON N7200 WOTH ONE LENS	09-10-2017	1,153	1,153	200 DBHY	7	0	0	649	202
<b>**Total**</b>		32,915	32,915			0	0	25,945	3,535

MARINE LIFE STUDIES  
FEDERAL DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2019  
ID Number : 27-0318674

Department Number: 05

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr
2014 TOYTA	03-27-2014	34,321	34,321	200 DBHY	7	0	0	29,725	3,061
<b>**Total**</b>		34,321	34,321			0	0	29,725	3,061

MARINE LIFE STUDIES  
FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 12-31-2019

ID Number : 27-0318674

Department Number: 06

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr
START UP COST	06-01-2009	3,816	3,816	AMT	15	0	0	2,688	254
<b>**Total**</b>		3,816	3,816			0	0	2,688	254

MARINE LIFE STUDIES  
FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 12-31-2019

ID Number : 27-0318674

Grand total for all departments

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr
<b>**Grand Total**</b>		308,525	308,204			0	0	151,173	22,513

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Management & General

For your records only

**2019**

PAGE 1

Name(s) as shown on return

Social security number/EIN

MARINE LIFE STUDIES

27-0318674

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	START UP COST	06012009	3,816		100.00			3,816	15	AMT-AMT	6.6667	2,434	254	2,688	254
2	AQUARIAN AUDIO HYDROP	11022009	323		100.00			323	5		0	323		323	
3	SPYDERCO KNIVES	12012009	630		100.00			630	5		0	630		630	
4	GO FLEX HD SEAGATE	03092011	144		100.00			144	5		0	144		144	
5	SEAGATE 500 GB HARD D	05102011	76		100.00			76	5		0	76		76	
6	2 PIECE DESK AND CHAI	10052011	130		100.00			130	7		0	130		130	
7	SLANTED SIGN HOLDERS	10182011	130		100.00			130	7		0	130		130	
8	5 TABLES FOR BOOTH EV	10182011	173		100.00			173	7		0	172		172	
9	USB EXTENSION FLOOR C	10302011	53		100.00			53	3		0	53		53	
10	2 TB GO FLEX HARD DRI	11082011	108		100.00			108	5		0	108		108	
11	IN DESIGN CS5.5 SOFTW	11152011	60		100.00			60	3	AMT-	0	60		60	
12	DESK ORGANIZER	11182011	74		100.00			74	5		0	74		74	
13	IDEA DESK WITH FILE C	12212011	150		100.00			150	7		0	149		149	
14	8 BY 10 STORAGE UNIT	01162012	810		100.00			810	7	200 DB MQ	1.09	803	7	810	7
15	2 4 TIER SHELVING RAC	03292012	233		100.00			233	7	200 DB MQ	1.09	229	3	232	4
16	OFFICE CHAIR	07282012	103		100.00			103	7	200 DB MQ	5.53	97	6	103	6
17	IPAD2 64 GB WITH WIFI	08022012	1,098		75.00			824	5		0	824		824	
18	HP OFFICEJET PRO PRIN	08172012	189		75.00			142	5		0	141		141	
19	1 6 TIER SHELF RACK	12012012	101		100.00			101	7	200 DB MQ	7.64	94	7	101	7
20	6 DRAWER FILE CABINET	01092013	264		100.00			264	7	200 DB HY	8.93	230	24	254	32
21	15INCH MACDOOK PRO WI	02042013	2,857		100.00			2,857	5		0	2,857		2,857	
22	ROUTER	04082013	325		100.00			325	5		0	324		324	
23	LIVE DUO NETWORK	11052013	336		100.00			336	5		0	336		336	
24	BACKUP DRIVE	11262013	222		100.00			222	5		0	222		222	
25	GOPRO HERO 2	02072014	280		100.00			280	7	200 DB HY	8.92	218	25	243	34
26	VIDEO CAMERA	07012014	1,544		100.00			1,544	7	200 DB HY	8.92	1,200	138	1,338	189
27	VIDEO CAMERA	07012014	1,458		100.00			1,458	7	200 DB HY	8.92	1,132	130	1,262	179
28	TOOLS	07012014	413		100.00			413	7	200 DB HY	8.92	321	37	358	51
29	TOOL KIT	07012014	812		100.00			812	7	200 DB HY	8.92	631	72	703	99
30	JOHNSON HICK DEPTH SO	04182014	2,757		100.00			2,757	7	200 DB HY	8.92	2,141	246	2,387	338

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Management & General

For your records only

**2019**

PAGE 2

Name(s) as shown on return

Social security number/EIN

MARINE LIFE STUDIES

27-0318674

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	JOHNSON HICK DEPTH PL	06132014	1,156		100.00			1,156	7	200 DB HY	8.92	897	103	1,000	142
32	EQUIPMENT	07142014	1,106		100.00			1,106	7	200 DB HY	8.92	859	99	958	135
33	2 CARBON FIBER POLES	10142014	1,847		100.00			1,847	7	200 DB HY	8.92	1,435	165	1,600	226
34	WET HI DEPTH VIDEO CA	12042014	269		100.00			269	7	200 DB HY	8.92	209	24	233	33
35	2014 TOYTA	03272014	34,321		100.00			34,321	7	200 DB HY	8.92	26,664	3,061	29,725	4,204
36	INFLATIBLE BOAT AND T	07142014	10,366		100.00			10,366	7	200 DB HY	8.92	8,054	925	8,979	1,270
37	TRAILER FOR SUPPLIES	07012014	3,899		100.00			3,899	7	200 DB HY	8.92	3,029	348	3,377	478
38	TOOLS FOR WET	07012014	274		100.00			274	7	200 DB HY	8.92	212	24	236	34
39	NEW HP 15 COMPUTER	01202015	391		100.00			391	5	200 DB HY	11.52	323	45	368	65
40	2 HARD DRIVES	02142015	279		100.00			279	5	200 DB HY	11.52	231	32	263	46
41	CARBINEER MORRING HOO	01302015	1,875		100.00			1,875	5	200 DB HY	11.52	1,551	216	1,767	312
42	TELEMETRY PACKAGE AN	02062015	5,398		100.00			5,398	7	200 DB HY	8.93	3,711	482	4,193	661
43	2 HERO 4 GOPRO	02112015	945		100.00			945	5	200 DB HY	11.52	781	109	890	157
44	SATELLITE PHONE	05192015	890		100.00			890	5	200 DB HY	11.52	737	103	840	148
45	HITACHI DS18DSAL 18 V	05202015	205		100.00			205	3		0	204		204	
46	DAVIS NAVIGATION INST	05202015	101		100.00			101	3		0	101		101	
47	FIRE EXTINGUISHERS FOR	05222015	252		100.00			252	5	200 DB HY	11.52	208	29	237	42
48	SHOP VAC TOOL SET	05232015	212		100.00			212	5	200 DB HY	11.52	175	24	199	35
49	LASHCARD FOR E-120 RA	05292015	286		100.00			286	5	200 DB HY	11.52	237	33	270	48
50	LIFE SAVING FLOATATIO	05272015	690		100.00			690	5	200 DB HY	11.52	570	79	649	115
51	HANDHELD VHF RADIO 2	05272015	288		100.00			288	5	200 DB HY	11.52	238	33	271	48
52	VANNESS VESSEL 40' AL	04232015	184,213		100.00			184,213	20	150 DB HY	5.713	53,840	10,524	64,364	10,524
53	TELEMETRY BUOY KIT CA	04012016	3,185		100.00			3,185	10	200 DB HY	11.52	1,694	367	2,061	367
54	TELEONICS TELEMETRY GP	07222016	3,240		100.00			3,240	10	200 DB HY	11.52	1,723	373	2,096	373
55	EQUIPMENT AED DEFIBRI	01182017	1,106		100.00			1,106	7	200 DB HY	17.49	429	193	622	193
56	NIKON N7200 WITH LENS	02202017	1,447		100.00			1,447	7	200 DB HY	17.49	561	253	814	253
57	NIKON N7200 WOTH ONE	09102017	1,153		100.00			1,153	7	200 DB HY	17.49	447	202	649	202
58	TAX ON BOAT PURCHASE	05242017	14,000		100.00			14,000	20	150 DB HY	6.677	1,711	935	2,646	935
59	2018 4.2 WING INFLATA	05112018	15,462		100.00			15,462	10	200 DB HY	18	1,546	2,783	4,329	2,783
<b>Totals</b>			<b>308,525</b>					<b>308,204</b>				<b>128,660</b>	<b>22,513</b>	<b>151,173</b>	<b>25,029</b>

Land Amount  
Net Depreciable Cost

308,525

CY 179 and CY Bonus  
TOTAL CY Depr including 179/bonus

22,513

ST ADJ:



# Next Year's Depreciation Worksheet

(Keep for your records)

**2019**

Name(s) as shown on return

Tax ID Number

**MARINE LIFE STUDIES**

**27-0318674**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	START UP COST	06-01-2009	3,816	AMT	15	254
MGT	1	AQUARIAN AUDIO HYDROPHON	11-02-2009	323	M	5	
MGT	1	SPYDERCO KNIVES	12-01-2009	630	M	5	
MGT	1	GO FLEX HD SEAGATE	03-09-2011	144	M	5	
MGT	1	SEAGATE 500 GB HARD DRIV	05-10-2011	76	M	5	
MGT	1	2 PIECE DESK AND CHAIR C	10-05-2011	130	M	7	
MGT	1	SLANTED SIGN HOLDERS	10-18-2011	130	M	7	
MGT	1	5 TABLES FOR BOOTH EVENT	10-18-2011	173	M	7	
MGT	1	USB EXTENSION FLOOR CABL	10-30-2011	53	M	3	
MGT	1	2 TB GO FLEX HARD DRIVE	11-08-2011	108	M	5	
MGT	1	IN DESIGN CS5.5 SOFTWARE	11-15-2011	60	AMT	3	
MGT	1	DESK ORGANIZER	11-18-2011	74	M	5	
MGT	1	IDEA DESK WITH FILE CABI	12-21-2011	150	M	7	
MGT	1	8 BY 10 STORAGE UNIT	01-16-2012	810	M	7	
MGT	1	2 4 TIER SHELVING RACK	03-29-2012	233	M	7	
MGT	1	OFFICE CHAIR	07-28-2012	103	M	7	
MGT	1	IPAD2 64 GB WITH WIFI &	08-02-2012	824	M	5	
MGT	1	HP OFFICEJET PRO PRINTER	08-17-2012	142	M	5	
MGT	1	1 6 TIER SHELF RACK	12-01-2012	101	M	7	
MGT	1	6 DRAWER FILE CABINET	01-09-2013	264	M	7	10
MGT	1	15INCH MACDOOK PRO WIDE	02-04-2013	2,857	M	5	
MGT	1	ROUTER	04-08-2013	325	M	5	
MGT	1	LIVE DUO NETWORK	11-05-2013	336	M	5	
MGT	1	BACKUP DRIVE	11-26-2013	222	M	5	
MGT	1	GOPRO HERO 2	02-07-2014	280	M	7	25
MGT	1	VIDEO CAMERA	07-01-2014	1,544	M	7	138
MGT	1	VIDEO CAMERA	07-01-2014	1,458	M	7	130
MGT	1	TOOLS	07-01-2014	413	M	7	37
MGT	1	TOOL KIT	07-01-2014	812	M	7	73
MGT	1	JOHNSON HICK DEPTH SOUND	04-18-2014	2,757	M	7	246
MGT	1	JOHNSON HICK DEPTH PLOTT	06-13-2014	1,156	M	7	103
MGT	1	EQUIPMENT	07-14-2014	1,106	M	7	99
MGT	1	2 CARBON FIBER POLES FOR	10-14-2014	1,847	M	7	165
MGT	1	WET HI DEPTH VIDEO CAMER	12-04-2014	269	M	7	24
MGT	1	2014 TOYTA	03-27-2014	34,321	M	7	3,065
MGT	1	INFLATIBLE BOAT AND TRAI	07-14-2014	10,366	M	7	926
MGT	1	TRAILER FOR SUPPLIES	07-01-2014	3,899	M	7	348
MGT	1	TOOLS FOR WET	07-01-2014	274	M	7	24
MGT	1	NEW HP 15 COMPUTER	01-20-2015	391	M	5	23
MGT	1	2 HARD DRIVES	02-14-2015	279	M	5	16
MGT	1	CARBINEER MORRING HOOK A	01-30-2015	1,875	M	5	108
MGT	1	TELEMETRY PACKAGE AND T	02-06-2015	5,398	M	7	482
MGT	1	2 HERO 4 GOPRO	02-11-2015	945	M	5	54
MGT	1	SATELLITE PHONE	05-19-2015	890	M	5	50
MGT	1	HITACHI DS18DSAL 18 VOLT	05-20-2015	205	M	3	
MGT	1	DAVIS NAVIGATION INSTRAM	05-20-2015	101	M	3	
MGT	1	FIRE EXTINGUSHERS FOR EN	05-22-2015	252	M	5	15
MGT	1	SHOP VAC TOOL SET	05-23-2015	212	M	5	12
MGT	1	LASHCARD FOR E-120 RAYMA	05-29-2015	286	M	5	16
MGT	1	LIFE SAVING FLOATATION	05-27-2015	690	M	5	40
MGT	1	HANDHELD VHF RADIO 2 PFD	05-27-2015	288	M	5	17
MGT	1	VANNESS VESSEL 40' ALBIN	04-23-2015	184,213	M	20	9,736

# Next Year's Depreciation Worksheet

(Keep for your records)

**2019**

Name(s) as shown on return

Tax ID Number

**MARINE LIFE STUDIES**

**27-0318674**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	TELEMETRY BUOY KIT CARAB	04-01-2016	3,185	M	10	294
MGT	1	TELONICS TELEMETRY GPS P	07-22-2016	3,240	M	10	299
MGT	1	EQUIPMENT AED DEFIBRILLA	01-18-2017	1,106	M	7	138
MGT	1	NIKON N7200 WITH LENSES	02-20-2017	1,447	M	7	181
MGT	1	NIKON N7200 WOTH ONE LEN	09-10-2017	1,153	M	7	144
MGT	1	TAX ON BOAT PURCHASE	05-24-2017	14,000	M	20	865
MGT	1	2018 4.2 WING INFLATABLE	05-11-2018	15,462	M	10	2,227
<b>TOTAL</b>							<b>20,384</b>

# California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name <b>MARINE LIFE STUDIES</b>		California corporation number <b>3109067</b>
Additional information. See instructions.		FEIN <b>27-0318674</b>
Street address (suite or room) <b>6 CARLTON DRIVE</b>		PMB no.
City <b>MONTEREY</b>	State <b>CA</b>	Zip code <b>93940</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<p><b>A</b> First Return <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized          Enter date: (mm/dd/yyyy) _____</p> <p><b>E</b> Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is a public charity exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>P</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received	3	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	0 00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
7 Total costs. Add line 5 and line 6	7	00	
8 Total gross income. Subtract line 7 from line 4	8	00	
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	00
<b>Filing Fee</b>	11 Total payments	11	00
	12 Use tax. See General Information K	12	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15 Filing fee \$10 or \$25. See General Information F	15	00
	16 Penalties and Interest. See General Information J	16	00
	17 <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer <b>PEGGY STAP</b>	Title <b>PRESIDENT</b>	Date <b>05/13/2020</b>	Telephone <b>831-901-3833</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date <b>10/21/2020</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00063721</b>
	Firm's name (or yours, if self-employed) and address	<b>BARRY ASSOCIATES INC 8653 N 32ND ST STE 1A RICHLAND, MI 49083</b>		Firm's FEIN <b>38-2728121</b>
	May the FTB discuss this return with the preparer shown above? See instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.**

27-0318674

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2		00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6		00
	7	Other income. Attach schedule	•	7		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8		00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9		00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11		00
	12	Other salaries and wages	•	12		00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15		00
	16	Depreciation and depletion (See instructions)	•	16		00
	17	Other Expenses and Disbursements. Attach schedule	•	17		00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18		00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		43,919		44,684
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories		624		624
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets	304,709		304,709	
b	Less accumulated depreciation	126,226	178,483	149,947	154,762
11	Land				
12	Other assets. Attach schedule		1,382		1,128
13	<b>Total assets</b>		224,408		201,198
<b>Liabilities and net worth</b>					
14	Accounts payable				
15	Contributions, gifts, or grants payable		11,000		22,000
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule		59,748		48,523
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		164,660		155,187
22	<b>Total liabilities and net worth</b>		235,408		225,710

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	•	7	Income recorded on books this year not included in this return. Attach schedule	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year. Attach schedule	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule	•	10	Net income per return. Subtract line 9 from line 6	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•			
6	Total. Add line 1 through line 5				

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400

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 301-306, 309, 311, and 312**

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.

(For Registry Use Only)

<p><u>MARINE LIFE STUDIES</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>6 CARLTON DRIVE</u> Address (Number and Street)</p> <p><u>MONTEREY, CA 93940</u> City or Town, State, and ZIP Code</p> <hr/> <p>Telephone Number _____ E-mail Address _____</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT-154793</u></p> <p>Corporation or Organization No. <u>3109067</u></p> <hr/> <p>Federal Employer ID No. <u>27-0318674</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
Make Check Payable to Department of Justice**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01-01-19 ending 12-31-19 ) list:

Gross Annual Revenue \$ \_\_\_\_\_ Noncash Contributions \$ \_\_\_\_\_ Total Assets \$ \_\_\_\_\_

Program Expenses \$ \_\_\_\_\_ Total Expenses \$ \_\_\_\_\_

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while 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.**

_____ Signature of Authorized Agent	PEGGY STAP Printed Name	PRESIDENT Title	05-13-2020 Date
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# Corporation Depreciation and Amortization

**2019**

**3885**

Attach to Form 100 or Form 100W. **MANAGEMENT / GENERAL** -

Corporation name

California corporation number

MARINE LIFE STUDIES

3109067

**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	25,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12	13	

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or allowable in earlier years	Depreciation method	Life or rate	Depreciation for this year	Additional first year depreciation	
14 STATEMENT # 810								
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	22,259

**Part III Summary**

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	22,259
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	22,259
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

**Part IV Amortization**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Amortization allowed or allowable in earlier years	R&TC Section (see instr.)	Period or percentage	Amortization for this year	
19 START UP COST	06/01/2009	3,816	2,434	AMT	15	254	
20	Total. Add the amounts in column (g)					20	254
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	254
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22	

# California Depreciation & Amortization

**2019**

STATEMENT# 81

PG01

**Part II** Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

**Name(s) shown on return**

MARINE LIFE STUDIES

**Identifying Number**

27-0318674

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
8 BY 10 STORAGE	01/16/2012	810	803	200 DB	7	7	
2 4 TIER SHELVI	03/29/2012	233	229	200 DB	7	3	
OFFICE CHAIR	07/28/2012	103	97	200 DB	7	6	
1 6 TIER SHELF	12/01/2012	101	94	200 DB	7	7	
6 DRAWER FILE C	01/09/2013	264	230	200 DB	7	24	
GOPRO HERO 2	02/07/2014	280	218	200 DB	7	25	
VIDEO CAMERA	07/01/2014	1,544	1,200	200 DB	7	138	
VIDEO CAMERA	07/01/2014	1,458	1,132	200 DB	7	130	
TOOLS	07/01/2014	413	321	200 DB	7	37	
TOOL KIT	07/01/2014	812	631	200 DB	7	72	
JOHNSON HICK DE	04/18/2014	2,757	2,141	200 DB	7	246	
JOHNSON HICK DE	06/13/2014	1,156	897	200 DB	7	103	
EQUIPMENT	07/14/2014	1,106	859	200 DB	7	99	
2 CARBON FIBER	10/14/2014	1,847	1,435	200 DB	7	165	
WET HI DEPTH VI	12/04/2014	269	209	200 DB	7	24	
2014 TOYTA	03/27/2014	34,321	26,664	200 DB	7	3,061	
INFLATIBLE BOAT	07/14/2014	10,366	8,054	200 DB	7	925	
TRAILER FOR SUP	07/01/2014	3,899	3,029	200 DB	7	348	
TOOLS FOR WET	07/01/2014	274	212	200 DB	7	24	
NEW HP 15 COMPU	01/20/2015	391	323	200 DB	5	45	
2 HARD DRIVES	02/14/2015	279	231	200 DB	5	32	
CARBINEER MORRI	01/30/2015	1,875	1,551	200 DB	5	216	
TELEMETRY PACK	02/06/2015	5,398	3,711	200 DB	7	482	
2 HERO 4 GOPRO	02/11/2015	945	781	200 DB	5	109	
SATELLITE PHONE	05/19/2015	890	737	200 DB	5	103	
FIRE EXTINGUSHE	05/22/2015	252	208	200 DB	5	29	
SHOP VAC TOOL S	05/23/2015	212	175	200 DB	5	24	
LASHCARD FOR E-	05/29/2015	286	237	200 DB	5	33	
LIFE SAVING FLO	05/27/2015	690	570	200 DB	5	79	
HANDHELD VHF RA	05/27/2015	288	238	200 DB	5	33	
VANNESS VESSEL	04/23/2015	184,213	53,840	150 DB	20	10,524	
TELEMETRY BUOY	04/01/2016	3,185	1,694	200 DB	10	367	
TELONICS TELEME	07/22/2016	3,240	1,723	200 DB	10	373	
EQUIPMENT AED D	01/18/2017	1,106	429	200 DB	7	193	
NIKON N7200 WIT	02/20/2017	1,447	561	200 DB	7	253	
NIKON N7200 WOT	09/10/2017	1,153	447	200 DB	7	202	
TAX ON BOAT PUR	05/24/2017	14,000	1,711	150 DB	20	935	
2018 4.2 WING I	05/11/2018	15,462	1,546	200 DB	10	2,783	

PAGE TOTAL:

297,325 119,168

22,259