Form	99	90		Retur	n of Organiz	ation Exem	pt From li	ncom	e Tax			OMB No. 154	15-0047
(5			Under		•		•					201	9
(Rev.	January	/ 2020)	Unde	•		 of the Internal Revision of the I	•			lations	'	Open to P	ublic
		he Treasury le Service			-	90 for instructions	-					Inspecti	
		2019 calendar	vear. or					and end			I	, 20	011
_		pplicable:		· · ·	RINE LIFE ST	UDIES	,,			D Emplo	over ide	ntification num	ıber
	ddress c			g business as						p	•	0318674	
	ame cha	•		•	O. box if mail is not delive	ered to street address)		Room/su	ite	E Teleph			
🗌 Ir	itial retu	rn	6 CAF	RLTON DRIV	E						(83	1)901-38	333
F	nal retu	n/terminated	City	or town, state or pro	vince, country, and ZIP or	r foreign postal code				G Gross	s receipt	s	
□ A	mended	return	IONTE	EREY, CA 9	3940					\$		214	4,629
Δ Α	pplicatio	n pending	F Nam	e and address of pri	ncipal officer: PEGGY	STAP			H(a) Is this a	group return f	for subordi	inates? 🗌 Yes	X No
				RLTON DR, 1	MONTEREY, CA	93940	_		H(b) Are all	subordinate	es includ	led? Yes	No
<u> T</u> a	ax-exem	pt status: X 50	01(c)(3)	501(c) () ┥ (insert no.)	4947(a)(1) or	527		lf "No,	" attach a lis	st. (see ir	nstructions)	
1 N	lebsite:		MARINE	LIFESTUDIE	S.ORG				H(c) Grou	p exemption	n number	r 🕨	
		<u> </u>	orporation	Trust Ass	ociation 🗌 Other 🏲		L Year of format	ion: 200)9 м	State of leg	al domic	ile: CA	
Par		Summary											
	1	Briefly describe	e the orga	anization's missi	on or most significa	int activities: MA	RINE RESEA	ARCH A	ND EDUC	CATION			
ce													
nan													
Governance		Chaok this have	► [] :€	the errorization	discontinued its or	arationa ar dianaaa	d of more than	OE0/ of it	- not 0000				
ŝ	2			U U	•	perations or dispose			s net asse	1 1			~
	3				rning body (Part VI,					. 3			6
Activities &	4			-		body (Part VI, line 1t				· 4			6
tivi	5				calendar year 2019	9 (Part V, iirie 2a)				· 5			1
Ac	6			ers (estimate if	37					· 6			
					Part VIII, column (C				• • • • •	• 7a			0
	a	Net unrelated t	business	taxable income	from Form 990-T, li	ne 39 • • • • •		<u> </u>		• 7b		a	0
		Contributions	nd grant	n (Dort) (III line	16)				Prior Year			Current Year	
e	8		-	s (Part VIII, line				· —	15	8,200		21.	3,985
nue	9 10	0		ie (Part VIII, line	0,			·—		1 050			0
Revenue	11		•		,	l) • • • • • • • • • • • • • • • • • • •		·—		1,959			644
œ	12		•	. ,		I, column (A), line 12		· —	1.60	0,159		211	<u>(750)</u> 3,879
	13			•	X, column (A), lines		<u></u>		10	5,159		21.	<u>, , , , , , , , , , , , , , , , , , , </u>
	14				(, column (A), line 4	,							0
	15	•		,		column (A), lines 5-							589
ses					column (A), line 11e								0
Expenses			0		umn (D), line 25)	/	5,399						
ц.	17		• •		nes 11a-11d, 11f-24		•	. —	15	8,739		21.	1,762
ш	18	•	•		equal Part IX, colur	,				B,739			2,351
	19	•		,	•					1,420			1,528
es			1		-				nning of Curi			End of Year	.,
Net Assets or Fund Balances	20	Total assets (P	art X, line	e 16) • • • •					-	4,408			5,711
Ass Ba	21	Total liabilities (Part X, li	, ne 26) • • •						9,748			B,524
Punet	22	Net assets or fi	und balar	nces. Subtract	line 21 from line 20					4,660			7,187
Par	tll	Signature	Block	K Contraction of the second se									<u>, '</u>
						ng schedules and stateme		of my know	ledge and bel	ief, it is			
true, o	correct, a	and complete. Declar	ation of pre	parer (other than off	icer) is based on all inforr	nation of which preparer h	has any knowledge.						
.		PEGGY	STAP								05	5-13-202	0
Sigr	ו ו	Signature of	f officer							Dat	te		
Her	e	PEGGY	STAP,	PRESIDENT	•								
		Type or prin	nt name and	1 title									
		Print/Type prepa	rer's name		Preparer's signature		Date		Check	if	PTIN		
Paic		SHARON B	ARRY	EA	SHARON BARRY	EA	10-21-20	020	self-en	nployed	PC	0063721	
-	barer		•	BARRY AS	SOCIATES INC	:		F	Firm's EIN 🕨				
Use	Only	Firm's address	•	8653 N 3	32ND ST STE 1	.A		F	Phone no.				
				RICHLANI	MI 49083					269-	629-	4436	
May t	he IRS	discuss this re	turn with	the preparer sh	own above? (see in	structions) .					• • • •	X Yes	No

OMB No. 1545-0047

Form	n 990 (2019) MARINE LIFE STUDIES	27-0318674	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	MARINE RESEARCH AND EDUCATION		
2	Did the exercite the undertake any eignificant program convises during the year which were not listed on the		
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	<u>x</u> 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	<u>x</u> 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	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ners,	
	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 DE	· · · · · · · · · · · · · · · · · · ·	, ANC
	GEAR, CONTINUAL WALE DISENTANGLEMENT TRANING - IN HOUSE AND NOAA TRAINING, P		
	· · · · · ·		
	REMOVE MARINE DEBRIS AND DERELICT FISHING REAR, AND SHARE DATA COLLECTED FROM		
	RESPONSES TO NOAA DISENTANGLEMENT NETWORK, DISSEMINATE DATA COLLECTED FRMOM		
	RESPONSES TO OTHER SCIENTISTS AND RESEARCH ORGANIZATIONS TO THE GENERAL PUBL		
	EDUCATIONAL PROGRAMS, AND EDUCATIONAL OUTREACH AT PUBLIC VENUES SUCH AS WHAL	EFEST MONTEF	REY,
	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	RCH TECHNIOU	JES TO
	STUDENTS AND ADULTS, PREPARE SCIENTIFIC PAPERS, AND IS A TRAINING PLATFORM F		
	DISENTANGLEMENT TEAM. DISSEMINATE DATA COLLECTED FROM RESEARCH ACTIVITIES TO		
	RESEARCH ORGANIZATIONS, TO THE GENERAL PUBLIC THROUGH OCEAN LITERACY EDUCATION		
	·		IS, AND
	EDUCATIONAL OUTREACH AT PUBLIC VENUES SUCH AS WHALEFEST MONTEREY, PRESENTATIO	JNS TO	
	ORGANIZATIONS/CLUBS, ETC.		
4c	(Code:) (Expenses \$18,391 including grants of \$18,391) (Revenue	\$)
	OCEAN LITERACY EDUCATIONAL PROGRAMS - INCLUDES CETACEAN, OCEAN AND MARINE DE		
	PROGRAMS FOR SCHOOLS, BOYS & GIRLS CLUBS, AND OTHER ORGANIZATIONS/CLUBS SUCH		
	ETC., TAKE IT TO THE STREETS CONSERVATION COMMUNITY CLEANUP, AND EDUCATIONAL		
	VENUES SUCH AS WHALEFEST MONTEREY, PRESENTATIONS TO ORGANIZATIONS/CLUBS, ETC		
	VENCES SOCH AS WIRDEFEST MONTERET, FRESENTATIONS TO ORGANIZATIONS/CLODS, ETC	•	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 189,926		
EEA		For	m 990 (2019)
		1.01	

Form	1 990 (2019) MARINE LIFE STUDIES 27-03186	574	Р	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
-	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III			
•		8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		x
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			x
	VII, VIII, IX, or X as applicable.			
а				
u	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more		~	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с				
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III •••••••••••••••••••••••••••••••••	19		х
20 a		20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? • • • • • • • • • • • • • • • • • • •	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

27-0318674 Page 3

		7-03186	74	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds? • • • • • • • • • • • • • • • • • • •		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	•			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		254		x
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		
26		••••	250		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	• • • • •	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III	• • • • •	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				
	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II · · · · · · · · · · · · · · · · · ·		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1.		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	_			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		005		<u> </u>
50	related organization?/f "Yes," complete Schedule R, Part V, line 2		36		v
27		• • • • •	30		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R. Part VI</i>		27		
20		• • • • •	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	Х	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	•••		
_		,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •	1			
b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c		х

Form	990 (2019) MARINE LIFE STUDIES 27-03186	74	Р	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a <u>1</u>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Fa		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>x</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		x
C Fa	-	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		v
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	00		x
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
ŭ	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • •	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities •••••••• 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	154		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u>~</u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Form	990	(2019)
------	-----	--------

Form	990 (2019) MARINE LIFE STUDIES 27-03186		F	9age 6
Pa	rt 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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
-	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0.		
a	The governing body?	8a	х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Sec	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			.
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
_	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		x
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11-2	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	100 11a	v	<u> </u>
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12.0	•	
U	describe in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13	х	<u>^</u>
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by		л	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			·
17	List the states with which a copy of this Form 990 is required to be filed California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (<i>explain on Schedule O</i>)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	PEGGY STAP (831)901-3833, 6 CARLTON DR, MONTEREY, CA 93940			
		_		

Form 990 (201	9) MARINE LIFE STUDIES	27-0318674	Page 7					
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor Independent Contractors	npensated Employe	es, and					
	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	ax 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.

		(C)								
(A)	(B)	Position (do not check more than one box, unless person is both an				(D)	(E)	(F)		
Name and title	Average					Reportable	Reportable	Estimated amount		
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related organizations	compensation from the
	(list any hours for	or d	Ins	ç	Ke	em	Fo	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	lividu direc	tituti	Officer	y en	ghes:	Former	(related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	t con				
	below	uste	trust		'ee	npen				
	dotted line)	Û	ee			Highest compensated employee				
						ď				
(1) PEGGY_STAP	<u> 65.00</u>									
EXECUTIVE DIRECTOR AND FOUNDER		х		х				0	0	0
(2) JUDY_IVERSON	2.00									
SECRETARY		х		х				0	0	0
(3) MARY WHITNEY	<u>1.00</u>									
DIRECTOR		х						0	0	0
(4) JERRY PEREZCHICA	2.00									
CHAIR		х						0	0	0
(5) MELISSA E VINCENT	<u>2.00</u>									
VICE-CHAIR		х						0	0	0
(6) RICHARD HUGHETT	<u>1.00</u>									
TREASURER				х				0	0	0
(7) STEPHANIE MARCOS	25.00									
OPERATIONAL MANAGER					х			28,629	0	0
<u>(8)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
 (14)										
										5

	90 (2019) MARINE LIFE STUDI	ES								27-031	8674	Pa	age 8
Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees, a	and	Hig	hest	Com	bens	ated Employees	(continued)			
	(A) Name and title	(B) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization Reportable compensation from the organization			(E) Reportable compensation from related organizations (W-2/1099-MISC)	col	(F) nated amou of other ompensation from the anization ar	on					
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			relate	d organiza	itions
(15)													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal	ion A	 	 	•••	· ·		•			<u> </u>		
d	Total (add lines 1b and 1c)							•	28,629	0	+		0
2	Total number of individuals (including but not limite reportable compensation from the organization		sted ab	ove)) wh	o rec	eived	mor	e than \$100,000 o	f		Yes	0 No
3	Did the organization list any former officer, director employee on line 1a? <i>If "Yes," complete Schedule</i>			•		-		•	nsated		3	163	x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than	portable cor	npensa	ation	and	d oth	er con	npen	sation from the				
5	<i>individual</i>			• •	•••						4		x
	for services rendered to the organization? <i>If "Yes,"</i> on B. Independent Contractors	•		-			-				5		x
1	Complete this table for your five highest compensa	ated indepen	dent co	ontra	actor	s tha	at rece	ived	more than \$100.0	00 of			
-	compensation from the organization. Report compe												
	(A) Name and business address	6							(B) Description of servio	ces	(C) Compens	sation	
2	Total number of independent contractors (including	a but not limit	ted to t	hose	e list	ed a	bove)	who					
-	received more than \$100,000 of compensation from			1030 •									

Form 99	90 (20	19) MARINE LIFE STUDIES	S			27-03186	74 Page 9
Part V	VIII	Statement of Revenue					_
		Check if Schedule O contains a response or	note to any line in this				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns • • • • • • • 1a	179,098				
s s	b	Membership dues • • • • • • • • • • • • • • • • • • •	b				
unt	с	Fundraising events 10	31,887				
s, G Amo	d	Related organizations • • • • • • • • • • • • • • • • • • •	t l				
Gift lar/	е	Government grants (contributions) • • 16	3,000				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
utio		and similar amounts not included above 1f	-				
di ti	g	Noncash contributions included in					
Cor	_ _	lines 1a-1f 1g		010 005			
	n	Total. Add lines 1a-1f	Business Code	213,985			
	2a		Busiliess Code				
vice	b		-				
Ser	c		-				
Program Service Revenue	d						
2 B C C C C C C C C C C C C C C C C C C	е						
Pre	f	All other program service revenue \cdots					
	g	Total. Add lines 2a-2f	• • • • • • • • •				
	3	Investment income (including dividends, interest					
		other similar amounts) • • • • • • • • • • • • • • • • • • •		644	644		
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	60	Gross rents 6a	(ii) Personal				
		Gross rents · · · · · · 6a Less: rental expenses · · 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	 ▶				
		Gross amount from (i) Securities	(ii) Other				
	1 a	sales of assets					
	ь	other than inventory Less: cost or other basis 7a					
nue	-	and sales expenses • 7b					
ver		Gain or (loss) · · · · · 7c					
Other Reve		Net gain or (loss)	· · · · · · · •				
thei	8a	Gross income from fundraising					
õ		events (not including \$ 31,887					
		of contributions reported on line					
	h	,	Ba Bb				
			>				
		Gross income from gaming					
			a				
	b		9b				
			· · · · · · · •				
	10a	Gross sales of inventory, less					
		returns and allowances • • • • • • • • • • • • • • • • • • •	Da				
			0b 750				
	c	Net income or (loss) from sales of inventory	<u></u>	(750)	(750)		
(0			Business Code				
e	11a						
enu	b						
Miscellanous Revenue	C C	All other revenue					
Σ		Total. Add lines 11a-11d					
		Total revenue. See instructions		213,879	(106)	0	0

 MARINE
 LIFE
 STUDIES

 Statement of Functional Expenses

Sect	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											
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)							
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic											
	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):											
а	Management											
b	Legal • • • • • • • • • • • • • • • • • • •											
с	Accounting	1,110		1,110								
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17 .											
f	Investment management fees • • • • • • • • • • • • • • • • • •											
g	Other. (If line 11g amount exceeds 10% of line 25, column											
	(A) amount, list line 11g expenses on 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.)											
а	GENERAL DUES AND FEES	362		362								
b	RESEARCH, EDUCATION, RESCUE	189,926	189,926									
С	ROUNDING	(20,300)		(20,300)								
d	CATERER FOOD	1,013			1,013							
е	All other expenses	2,327			2,327							
25	Total functional expenses. Add lines 1 through 24e.	212,351	189,926	17,026	5,399							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs											
	from a combined educational campaign and											
	fundraising solicitation. Check here 🕨 🗌 if											
	following SOP 98-2 (ASC 958-720)											

Form 990 (2019) MARINE LIFE STUDIES

STUDIES

Page 11

Par	. ^	Dalarice 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
	1	Cash - non-interest-bearing	43,919	1	67,736
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	624	8	624
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D · · · · · · 10a 304,708			
	b	Less: accumulated depreciation • • • • • • • • • • 10b 148,485	178,483	10c	156,223
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	1,382	14	1,128
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	224,408	16	225,711
	17	Accounts payable and accrued expenses		17	
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	59,748	24	48,524
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25	59,748	26	48,524
		Organizations that follow FASB ASC 958, check here 🛛 🕨 🗴			
ŝ		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	164,660	27	177,187
Ва	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here			
ц Ц		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Vet	32	Total net assets or fund balances	164,660	32	177,187
2	33	Total liabilities and net assets/fund balances	224,408	33	225,711

EEA

Form **990** (2019)

Form	990 (2019) MARINE LIFE STUDIES 2'	7-031867	4	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				• 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		213,	879
2	Total expenses (must equal Part IX, column (A), line 25)	2		212,	351
3	Revenue less expenses. Subtract line 2 from line 1	3		1,	528
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		164,	660
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		10,	,999
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
_	32, column (B))	10		177,	187
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>· 🗌 </u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	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?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2019)

SCHEDULE A

I

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the c			Complete if the organ	rganization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2019
(Form 990 or 990-EZ) Department of the Treasury				Attach to Form 990 or Form 990-EZ.					Open to Public
		venue Service	►	Go to www.irs.go	to www.irs.gov/Form990 for instructions and the latest information.				
Nam	e of the	e organization						Employer identificati	on number
MAI	RINE	LIFE STUD						27-0318674	4
Pa	art I	Reason	for Public Charity	/ Status (All or	ganizations must co	mplete t	his part.) See instructions.	
The	orga	nization is not a	private foundation beca	ause it is: (For lines	1 through 12, check only	/ one box.)			
1		A church, conv	ention of churches, or a	association of chure	ches described in sectio	n 170(b)(1)	(A)(i).		
2		A school descr	ibed in section 170(b)((1)(A)(ii). (Attach So	chedule E (Form 990 or 9	90-EZ).)			
3		A hospital or a	cooperative hospital se	ervice organization o	described in section 170	(b)(1)(A)(ii	i).		
4		A medical rese	arch organization opera	ated in conjunction	with a hospital described	in section	170(b)(1)(A)(iii). Enter the	
	_	hospital's name	e, city, and state:						
5		An organization	n operated for the bene	fit of a college or u	niversity owned or operat	ed by a go	vernmenta	I unit described in	
	_	section 170(b)	(1)(A)(iv). (Complete P	art II.)					
6	Ц	A federal, state	e, or local government o	or governmental uni	t described in section 17	0(b)(1)(A)	(v).		
7		An organization	n that normally receives	s a substantial part	of its support from a gove	ernmental	unit or from	the general public	
	_		ection 170(b)(1)(A)(vi).	,					
8	Ц		ust described in sectio		,				
9		-	-		n 170(b)(1)(A)(ix) operate	-			
		2	a non-land-grant colleg	ge of agriculture (se	ee instructions). Enter the	e name, city	y, and state	e of the college or	
		university:		(4) (1) 00	1/00/ 51				
10	Х	-	•	()	1/3% of its support from				
		•		•	ubject to certain exceptio	,			
					siness taxable income (le		,	om businesses	
			-		ction 509(a)(2). (Comple	,			
11	H	-	•	•	st for public safety. See s			acres out the numbers	
12		-	•	•	he benefit of, to perform t				
					d in section 509(a)(1) or e type of supporting orga				a
	а		•		ed, or controlled by its su		•		g.
	a				appoint or elect a majorit				
			organization. You mus			y of the diff			
	b		-	•	rolled in connection with	its support	ed organiza	ation(s) by having	
					n vested in the same per		-		
			n(s). You must compl		•			lanago ino capponoa	
	с				ization operated in conne	ction with	and function	onally integrated with	
	•	-			must complete Part IV,				
	d			,	rganization operated in c				
					enerally must satisfy a di		•		
					Part IV, Sections A and		•		
	е	<u> </u>	,	•	determination from the IR	•		ype II, Type III	
		functionally	/ integrated, or Type III	non-functionally int	egrated supporting orgar	ization.			
	f	Enter the numb	per of supported organi	zations					
	g	Provide the foll	owing information abou	ut the supported org	ganization(s).				
	(i	i) Name of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you docum	Ir governing	support (see instructions)	other support (see instructions)
						uocum			instructions)
						Yes	No		
(A)									
·~/									
(B)									
(C)									
(D)									
(E)									

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

Total

	Marine Li Support Schedule for Organiz	FE STUDIES	ribed in Sect	ions 170(b)(1)(A)(iv) and	27-031867	
	(Complete only if you checked th						
	Part III. If the organization fails to						5
Sec	ction A. Public Support			····, [··			
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	(u) _0.0			(u) _0.0	(0) = 0.10	(1) 1 0 10
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						<u> </u>
-	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
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) • • • • • •						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support			-		<u>, </u>	
Cal	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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.) • • • • • • • • • • • • •						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions	5) • • • • • •			12	(2)
13	First five years. If the Form 990 is for the or						
<u></u>	organization, check this box and stop here						· · · · Þ 🗋
	ction C. Computation of Public Suppo						0/
	Public support percentage for 2019 (line 6, o	• • •	•	())		14	<u>%</u>
	Public support percentage from 2018 Sched 33 1/3% support test - 2019. If the organization					15	
100	box and stop here . The organization qualifie						
ŀ	33 1/3% support test - 2018. If the organization						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2019.	•		•			_
170	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fact						
	organization			-	-		_
ł	10%-facts-and-circumstances test - 2018.						
	15 is 10% or more, and if the organization m	-					
	Explain in Part VI how the organization mee					-	icly
	supported organization						
18	Private foundation. If the organization did n						
	instructions	<u></u>	<u></u>	<u></u>	<u></u>		🕨 🗌

Schedule A (Form 990 or 990-EZ) 2019

 MARINE LIFE STUDIES

 Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	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
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 •						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	209,350	59,588	128,751	151,342	182,099	731,130
7a	Amounts included on lines 1, 2, and 3		·				· · · ·
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.) • • • • • • • • • • • • • • • • • • •						731,130
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	209,350	59,588	128,751	151,342	182,099	731,130
10a	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	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975 • • • • •						
	Add lines 10a and 10b	40	57	190	336	644	1,267
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	209,390	59,645	128,941	151,678	182,743	732,397
14	First five years. If the Form 990 is for the or	-			-	. ,	
	organization, check this box and stop here					<u></u>	···· 🕨 🗋
	ction C. Computation of Public Support						
	Public support percentage for 2019 (line 8, c	• • •	•	() /		15	99.83 %
	Public support percentage from 2018 Sched					16	66.96 %
	ction D. Computation of Investment In			no 12 noti	(f))	47	
						17	0.00 %
	Investment income percentage from 2018 S					18	0.00 %
19a	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box	-					
Ø	33 1/3% support tests - 2018. If the organiz						
	line 18 is not more than 33 1/3%, check this	•	•		• •		
20	Private foundation. If the organization did n	OL CHECK A DOX	on line 14, 19a	a, or 19b, chec	K INS DOX and	see instruction	s 🕨 📋

Par		
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	mplete
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	art V.)
Sect	ion A. All Supporting Organizations	
		Yes No
1	Are all of the organization's supported organizations listed by name in the organization's governing	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1
2	Did the organization have any supported organization that does not have an IRS determination of status	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	
	organization was described in section 509(a)(1) or (2).	2
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	
	(b) and (c) below.	3a
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	
	organization made the determination.	3b
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	
	despite being controlled or supervised by or in connection with its supported organizations.	4b
С	Did the organization support any foreign supported organization that does not have an IRS determination	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	
	purposes.	4c
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	
	designated in the organization's organizing document?	5b
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	
	in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	
	supporting organizations)? If "Yes," answer 10b below.	10a
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	
	determine whether the organization had excess business holdings.)	10b
EEA	Schedule A (F	orm 990 or 990-EZ) 2019

27-0318674

Page 4

MARINE LIFE STUDIES

Schedule A (Form 990 or 990-EZ) 2019

		27-0318674	F	Dage 5
Pa	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Tes	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and	(c)		
a	below, the governing body of a supported organization?	11	2	
h	A family member of a person described in (a) above?	11		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail i			
	tion B. Type I Supporting Organizations		с	
000			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times durin	•		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervise	ed, 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 su	pported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the ergenization exercise for the banafit of any supported organization other than the supported			
2	Did the organization operate for the benefit of any supported organization other than the supported	in Dort		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
<u>Sec</u>	tion C. Type II Supporting Organizations		Vee	Na
4		va et e va	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors of the direc			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how co			
	or management of the supporting organization was vested in the same persons that controlled or man	-		
0	the supported organization(s).	1		
<u>Sec</u>	tion D. All Type III Supporting Organizations		Vee	No
4	Did the experimetion provide to each of its suprested experimetions, by the last day, of the fifth month.	of the	Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of			
	organization's tax year, (i) a written notice describing the type and amount of support provided during			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) cop			
	organization's governing documents in effect on the date of notification, to the extent not previously p			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the sup			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in P			
	the organization maintained a close and continuous working relationship with the supported organizati	ion(s). 2		
3	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? If "Yes," describe in Part VI the role the organization	า'ร		
			1	1

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- **a** The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **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? 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990 or 990-EZ) 2019

2a

2b

3a

3

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 MARINE LIFE STUDIES		27-031	8674 Page (
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janiz		
1 Check here if the organization satisfied the Integral Part Test as a qualifying t	rust	on Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz	ation	is must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally instructions).	integ	յrated Type III supportinզ	g organization (see

Schedule A (Form 990 or 990-EZ) 2019

ection D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exe	empt purposes		
2 Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpos	es of supported organizat	ions	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the support of t	he organization is respons	sive	
(provide details in Part VI). See instructions.			
9 Distributable amount for 2019 from Section C, line 6			
0 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 201
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019			
(reasonable cause required - explain in Part VI). See			
instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from			
Section D, line 7: \$			
a Applied to underdistributions of prior years			
 b Applied to 2019 distributable amount 			
c 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 Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Forr	Schedule A (Form 990 or 990-EZ) 2019 Page 8			
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,			
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)			

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 for the latest information.

 Name of the organization
 Employer identification number

 MARINE LIFE STUDIES
 27-0318674

 Organization type (check one):
 27-0318674

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
l	4947(a)(1) nonexempt charitable trust not treated as a private foundation
l	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
l	4947(a)(1) nonexempt charitable trust treated as a private foundation
l	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

x	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).

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

Name of organization

Page 2
Employer identification number

MARINE LIFE STUDIES

27-0318674

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY FOUNDATION FOR MONTEREY C 2354 GARDEN ROAD MONTEREY, CA 93940	\$ <u>70,083</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE BENEVITY COMMUNITY IMPACT FUND PO BOX 1010 SAFETY HARBOR, FL 34695	\$ <u>53,795</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARK MCCRACKEN AND DANNY CHAU 10625 ELOISE CIRCLE LOS ALTOS, CA 94024	\$ <u>7,500</u>	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	PAMELA AND EDWARD TAFT 10655 ELOISE CIRCLE LOS ALTOS, CA 94024	\$ <u> </u>	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	OCEANIC SOCIETY PO BOX 844 ROSS, CA 94957	\$ <u>5,150</u>	Person Image: Complete Payroll Image: Complete Noncash Image: Complete (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D	
(Form 990)	

2	0	1	9
	•		•

SCI	HEDULE D	Supplemen	tal Financial Sta	atements		OMB No. 15	45-0047
	rm 990)		ganization answered "Ye			20	10
		Part IV, line 6, 7, 8, 9,	- 10, 11a, 11b, 11c, 11d, 11	e, 11f, 12a, or 12b.		2019	
Denar	tment of the Treasury	▶	Attach to Form 990.			Open to	Public
	al Revenue Service	Go to www.irs.gov/Form99	90 for instructions and th	ne latest information.		Inspecti	on
Name	of the organization			Em	ployer identification	number	
MAR	INE LIFE STUD				27-031867	4	
Pa		tions Maintaining Donor Advised Fu			s.		
	Complete	if the organization answered "Yes" on	Form 990, Part IV, line	e 6.			
			(a) Donor advise	ed funds	(b) Funds a	nd other account	s
1		d of year • • • • • • • • • • • • • • • • • • •					
2	00 0	contributions to (during year) • • • •					
3		grants from (during year)					
4		end of year • • • • • • • • • • • • • • • • • • •					
5	-	n inform all donors and donor advisors in wr	•			Π	Π
_	•	nization's property, subject to the organizatio	-			· Yes	No
6	-	n inform all grantees, donors, and donor adv					
	•	purposes and not for the benefit of the donor					□
Do	·	ssible private benefit?				· Yes	No
Га			- Form 000 Dort IV lin				
	· · · ·	e if the organization answered "Yes" of		ie 7.			
1		ervation easements held by the organization		Dressmustion of a bi	istorically import	ant land area	
	Protection of n	f land for public use (e.g., recreation or educ	auon)	Preservation of a hi Preservation of a ce			
			L	_ Preservation of a ce	entined historic si	liuciure	
2	Preservation o	rough 2d if the organization held a qualified	conconvotion contribution	in the form of a concor	vation		
2		ist day of the tax year.	conservation contribution	In the form of a conser		4h a F aral af the	T V
а		nservation easements			2a Heid at	the End of the	e lax Year
b					2a 2b		
c	•	vation easements on a certified historic struc			20 20		
d		ration easements included in (c) acquired aff			20		
ũ					2d		
3		ration easements modified, transferred, relea			-		
-	tax year 🕨	,,, _,, _					
4		where property subject to conservation ease	ment is located				
5		ion have a written policy regarding the perio		handling of			
	violations, and enfo	prcement of the conservation easements it h	olds?			· Yes	No
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and e	nforcing conservation e	asements during	g the year	_
	•		-	-			
7	Amount of expense	 es incurred in monitoring, inspecting, handlin	g of violations, and enforc	ing conservation easer	ments during the	year	
	▶ \$						
8	Does each conserv	vation easement reported on line 2(d) above	satisfy the requirements of	of section 170(h)(4)(B)(i)		
	and section 170(h)	(4)(B)(ii)?				· 🗌 Yes	🗌 No
9	In Part XIII, describ	e how the organization reports conservation	easements in its revenue	e and expense stateme	nt, and		
	balance sheet, and	l include, if applicable, the text of the footnot	e to the organization's fina	ncial statements that d	escribes the		
	0	ounting for conservation easements.					
Pa		zations Maintaining Collections			er Similar As	sets.	
	Complet	te if the organization answered "Yes" o	on Form 990, Part IV, li	ine 8.			
1a	If the organization	elected, as permitted under FASB ASC 958,	not to report in its revenue	e statement and balanc	e sheet works		
	of art, historical trea	asures, or other similar assets held for public	c exhibition, education, or	research in furtherance	e of public		
	service, provide, in	Part XIII the text of the footnote to its finance	ial statements that describ	pes these items.			
b	If the organization	elected, as permitted under FASB ASC 958,	to report in its revenue sta	atement and balance sh	neet works of		

b 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 ••••••••••••••••••••••••••••• 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:

.....▶\$

Revenue included on Form 990, Part VIII, line 1

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

а

▶ \$

	ule D (Form 990) 2019 MARINE LIFE ST						27-03186		Page 2
Pa	rt III Organizations Maintaining	Collections of A	Art, Histo	orical T	reasures, c	or Oth	er Similar Ass	ets (col	ntinued)
3	Using the organization's acquisition, accessio	n, and other records,	check any	of the follo	wing that mak	e signif	icant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan d	or exchange pi	rograms	3		
b	Scholarly research		e	Other					
с	Preservation for future generations			_					
4	Provide a description of the organization's coll	ections and explain h	now they fur	ther the o	rganization's e	xempt p	ourpose in Part		
	XIII.	·	,		0		•		
5	During the year, did the organization solicit or	receive donations of	art. historic	al treasure	es. or other sim	nilar			
	assets to be sold to raise funds rather than to							C Yes	No
Pa	rt IV Escrow and Custodial Arra								
	Complete if the organization		on Form	990. Pa	art IV. line 9	. or re	ported an amo	unt on F	orm
	990, Part X, line 21.			,		,			
1a	Is the organization an agent, trustee, custodia	n or other intermedia	rv for contri	butions or	other assets r	not			
								. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
~			ing table.				Amo	unt	
с	Beginning balance					1c		June	
	Additions during the year					10			
d	Distributions during the year					_			
e	Ending balance					1e 1f			
f	-					· ·			
2a	Did the organization include an amount on Fo					•			
b	If "Yes," explain the arrangement in Part XIII. (rt V Endowment Funds.	Sneck here if the exp	lanation ha	s been pro	ovided on Part	XIII			•
Fa		anowarad "Vaa"	on Form	000 De	vrt IV line 1	0			
	Complete if the organization							1	
		(a) Current year	(b) Pric	or year	(c) Two years b	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions							+	
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs • • • • • • • • • • • • • • • • • • •								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	-		lumn (a)) h	neld as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment	%							
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should	lld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organizati	on that are	held and a	administered fo	or the		_	
	organization by:								Yes No
	(i) Unrelated organizations					• • • •		3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	d on Sched	ule R? •				3b	
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds	-					
Pa	rt VI Land, Buildings, and Equip								
	Complete if the organization	answered "Yes"	on Form	990, Pa	art IV, line 1	1a. Se	ee Form 990, P	art X, lir	ne 10.
_	Description of property	(a) Cost or oth	er basis	(b) Cost o	r other basis	(c)	Accumulated	(d) Book	value
		(investme	ent)	(0	other)	de	epreciation		
1a	Land	••							
b	Buildings								
с	Leasehold improvements						1		
d	Equipment								
е	OtherSTMD1	E·			304,708		148,485	1	56,223
Total	. Add lines 1a through 1e. (Column (d) must en		<. column (I						56,223
			1				1	_	,

Schedule D (Form 990) 2019

EEA

Schedule D (Form		3	27-	0318674	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered	/es" 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		• Method of valuation • end-of-year market v	
(1) Financial of	lerivatives				
(2) Closely-he	Id equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	▶			
Part VIII	Investments - Program Related.	(aall an Farm 000 Dart I) (line	110 Coo Com		line 12
	Complete if the organization answered "	res on Form 990, Part IV, line	TIC. See Form	990, Part A,	line 15.
	(a) Description of investment	(b) Book value	•	 Method of valuation end-of-year market v 	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Tatal (Column	(b) must squal Form 000, Port X, asl. (P) line 12)				
Part IX	Other Assets.	· · · · · •	44.1.0.5		r 45
	Complete if the organization answered "	res" on Form 990, Part IV, line	11d. See Form	990, Part X,	line 15.
(4)	(a) Descrip	otion		(b) Bo	ook value
(1)					
(2)					
(3)					
<u>(4)</u> (5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 15.)				
Part X	Other Liabilities.				
	Complete if the organization answered " line 25.	/es" on Form 990, Part IV, line	11e or 11f. See	e Form 990, F	Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.) 🔹 🕨				
2. Liability for	uncertain tax positions. In Part XIII, provide the text of t	he footnote to the organization's financi	al statements that r	eports 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

		7-0318674	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments • • • • • • • • • • • • • • • • • • •		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Supplemer	ntal Informati	on Regar	ding Fund	draising or Gam	ning Act	tivities	OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		organization ent	ered more tha ttach to Form	n \$15,000 on 990 or Form 9	90, Part IV, line 17, 18, Form 990-EZ, line 6a. 990-EZ. I the latest informatior	-	f the	2019 Open to Public Inspection
Name of the organization	1	0					Employer ide	entification number
MARINE LIFE STUDI	ES							318674
Part I Fundraisi	ng Activities	. Complete if t	he organiz	zation ans	wered "Yes" on I	Form 99	0, Part IV,	line 17.
Form 990-E	Z filers are no	t required to co	mplete this	part.				
1 Indicate whether the	organization rais	ed funds through	any of the foll	lowing activit	ies. Check all that ap	ply.		
a 🗌 Mail solicitations			=		f non-government gra	ants		
b Internet and emai	l solicitations		f 🗌	Solicitation o	f government grants			
c Phone solicitation	S		g 🗌 🗄	Special fund	aising events			
d 🗌 In-person solicitat	ions							
2a Did the organization	have a written or	oral agreement w	ith any individ	dual (includin	g officers, directors,	trustees,	_	_
or key employees list	ed in Form 990,	Part VII) or entity i	in connection	with profess	ional fundraising serv	vices?	∐ Y	′es 🗌 No
b If "Yes," list the 10 high	ghest paid indivic	luals or entities (fu	ındraisers) pι	ursuant to ag	reements under whic	h the fund	draiser is to be	e
compensated at leas	t \$5,000 by the o	rganization.						
			(iii) Did fun	draiser have		(v) Am	nount paid to	(vi) Amount paid to
(i) Name and address or entity (fundra		(ii) Activity	custody o	or control of outions?	(iv) Gross receipts from activity	fundrai	etained by) iser listed in col. (i)	(or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
·								
8								
9								
10								
Total		is registered or lic		icit contributio	ons or has been notif	ied it is ex	empt from	
registration or licensin	0	C C					·	

27-0318674

Page 2

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.

		gross receipts greater than	φ0,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HOUSE PARTY	AUCTION SILE	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Ine						
Revenue	1	Gross receipts	18,550	5,341		23,891
Re						
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2) • • • • • • • • • • • • • • • • • •	18,550	5,341		23,891
	4	Cash prizes • • • • • • • • • • • •				
	_					
	5	Noncash prizes				
ses	6	Rent/facility costs • • • • • • • •				
pen	-	E. d. a. I. a. a. a.				
Ě	7	Food and beverages • • • • •				
Direct Expenses	•					
ē	8	Entertainment				
	•	Other direct evenences				
	9	Other direct expenses				
	10	Direct expense summary. Add lines	1 through 0 in column (d)		L	
	11	Net income summary. Subtract line				23,891
Pa	rt II					
			-			
		\$15,000 on Form 990-F7	line ba.			
		\$15,000 on Form 990-EZ,	line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
ne		\$15,000 on Form 990-EZ,	IINE 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
evenue		\$15,000 on Form 990-EZ,			(c) Other gaming	
Revenue	1				(c) Other gaming	
Revenue	1	\$15,000 on Form 990-EZ,			(c) Other gaming	
	1				(c) Other gaming	
		Gross revenue			(c) Other gaming	
		Gross revenue			(c) Other gaming	
	2	Gross revenue			(c) Other gaming	
	2	Gross revenue			(c) Other gaming	
Direct Expenses Revenue	2 3	Gross revenue			(c) Other gaming	
	2 3	Gross revenue			(c) Other gaming	
	2 3 4	Gross revenue			(c) Other gaming	
	2 3 4	Gross revenue	(a) Bingo	bingo/progressive bingo		
	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo	%	
	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo	%	
	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes % □ No *	
	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes % □ No *	
	2 3 4 5 6 7 8	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes % □ No *	
	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo	bingo/progressive bingo	Yes% No	col. (a) through col. (c))
Birect Expenses	2 3 4 5 6 7 8 Ent	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes % □ No *	col. (a) through col. (c))
6 Direct Expenses	2 3 4 5 6 7 8 Ent	Gross revenue	(a) Bingo	bingo/progressive bingo	Yes% No	col. (a) through col. (c))
Birect Expenses	2 3 4 5 6 7 8 Ent	Gross revenue	(a) Bingo	bingo/progressive bingo	Yes% No	col. (a) through col. (c))
g s 6 Direct Expenses	2 3 4 5 6 7 8 En 1 5 1 5	Gross revenue	(a) Bingo	bingo/progressive bingo	Yes% No	col. (a) through col. (c))
g a 6 Direct Expenses	2 3 4 5 6 7 8 En 1 5 1 6 7 8 1 5	Gross revenue	(a) Bingo	bingo/progressive bingo	Yes% No	col. (a) through col. (c))
g s 6 Direct Expenses	2 3 4 5 6 7 8 En 1 5 1 6 7 8 1 5	Gross revenue	(a) Bingo	bingo/progressive bingo	Yes% No	col. (a) through col. (c))

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 for the latest information.

OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

MARINE LIFE STUDIES

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)

Depart	ment of the Treasury			Attach to	o your tax	return.					A	Attachmer	nt •
	al Revenue Service (99)	o to www.irs.go	to www.irs.gov/Form4562 for instructions and the latest information.						Sequence No. 179				
Name(s) shown on return			Business or activity to which this form relates						Identify	ing numb	er	
MAR	INE LIFE STUD					1 990 ·					27-	03186	74
Pa	rt I Election	To Expens	e Certain Pro	operty Und	er Sect	ion 179)						
	Note: If y	/ou have any	listed property,	complete Pa	rt V befo	ore you d	comp	lete Part I.					
1	Maximum amount (1		
2	Total cost of section										2		
3	Threshold cost of se										3		
4	Reduction in limitati		-								4		
5													
·	5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions									5			
6													
6 (a) Description of property (b) Cost (business use only) (c) Elected cost													
7	Listed property [Fat	or the emount f	ine 20				7						
7	Listed property. Ent						-				-		
8	Total elected cost of										8		
9	Tentative deduction										9		
10	Carryover of disallo									••	10		
11	Business income lin			,		,					11		
12	Section 179 expens	se deduction. Ac	ld lines 9 and 10,	but don't enter	more tha	n line 11		<u></u>		••	12		
13	Carryover of disallo	wed deduction t	o 2020. Add lines	9 and 10, less	iine 1 🗲			13					
Note	: Don't use Part II or	Part III below fo	or listed property.	Instead, use Pa	art V.								
Pa	rt II Special	Depreciatio	n Allowance	and Other	Depree	ciation	(Do	n't include l	isted pr	opert	y. See	e instruc	ctions.)
14	Special depreciation	n allowance for	qualified property	(other than list	ed proper	ty) placed	l in se	ervice					
	during the tax year.	See instructions	s								14		
15	during the tax year. See instructions 15 Property subject to section 168(f)(1) election 16								15				
16	Other depreciation (16		
			on (Don't inc										
			(2011)	-	ection A			,					
17	MACRS deductions	for assets plac	ed in service in ta	_							17		22 250
18	If you are electing to												22,259
10	, ,	0 1 2		0				0					
	asset accounts, che									ooioti	on Si	(otom	
	Section	I D - Assels r	(b) Month and year	-		Tear Us	sing	the Genera		ecial	on sy	stem	
	(a) Classification of pr	ropertv	placed in	(c) Basis for de (business/invest)		(d) Reco		(e) Convention	(f) Met	hod	(a) [Depreciatio	n deduction
		. ,	service	only-see instr	uctions)	period	1 `		.,		(3)	•	
19a	3-year property		-										
b	5-year property		_										
С	7-year property												
d	10-year property												
е	15-year property												
f	20-year property												
g	25-year property					25 yr:	s.		S/	L			
-	Residential rental					27.5 y		MM	S/				
	property					27.5 y		MM	S/				
i	Nonresidential real					39 yrs		MM	S/				
•	property							MM	S/				
		- Assets Pla	ced in Service	During 201	9 Tax Ye	ar Hsin	a the				ion S	vstem	
200		- A33013 1 10					ig in	Alternativ				ystem	
20a	Class life		-			10	-+		S/				
	12 yrs. S/L												
<u> </u>													
d						40 yr:	S.	MM	S/	L			
Pa		ary (See instr	,										
21	Listed property. En								• • •	21			
22	Total. Add amounts		-										
	here and on the app	propriate lines o	f your return. Part	inerships and S	S corporat	ions - see	e instru	uctions		22			22,259
23	For assets shown a	bove and place	d in service during	g the current ye	ear, enter	the							
	portion of the basis	attributable to s	ection 263A costs	<u> </u>	<u></u>		23						

OMB No. 1545-0172 2019

Form 4562 (2019) MARINE LIFE STUDIES

Page 2

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 - D	epreciation a	nd Other I	nforma	tion (Ca	ution	i: See th	e instru	uctions fo	or limits	s for pa	ssenge	er auton	nobiles.)	
24a	a Do you have evidend	e to support the b	usiness/invest	ment use	claimed?		Yes	No	24b If "	Yes," is	the evic	lence wr	itten?	Yes	No
Т	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	(d) r other basis		(e) Basis for dep business/inv use o	restment	(f) Recovery period	Met	(g) hod/ ention		h) ciation ction	(i) Elected se cos	ction 179
25	Special depreciation	n allowance for o	qualified liste	d proper	ty placed	in serv	vice durin	g							
	the tax year and use	ed more than 50	1% in a qualif	ied busir	ness use.	See ir	struction	- 5			25				
26	Property used more	e than 50% in a o	qualified busi	ness use	e:						•				
			%												
			%												
			%												
27	Property used 50%	or less in a qual	lified busines	s use:											
			%							S/L-					
			%							S/L-					
			%							S/L-					
28	Add amounts in col	umn (h), lines 25	5 through 27.	Enter he	ere and o	n line 2	21, page	1			28				
29	Add amounts in col	umn (i), line 26.	Enter here a	nd on lin	e 7, page	1							29		
			S	ection	B - Info	rmati	on on U	se of V	ehicles/						
Coi	mplete this section fo	or vehicles used	by a sole pro	oprietor,	partner, o	r other	"more th	an 5% o	wner," or	related p	person.	lf you pr	ovided v	ehicles	
to y	our employees, first	answer the que	stions in Sec	tion C to	see if yo	u mee	t an exce	otion to a	completing	g this se	ction fo	those v	ehicles.		
					a)		(b)		c)	(0			e)	(f	
30	Total business/inve		-	Vehic	le 1	Veh	icle 2	Vehi	cle 3	Vehic	le 4	Vehi	cle 5	Vehicl	e 6
	the year (don't inclu	•	,												
31	Total commuting mi	iles driven during	g the year												
32	Total other persona	l (noncommuting	g)												
	miles driven •••														
33	Total miles driven d	uring the year. A	dd												
	lines 30 through 32														
34	Was the vehicle ava	•	nal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty														
35	Was the vehicle use		more												
	than 5% owner or re														
36	Is another vehicle a			<u> </u>	Ļ		<u> </u>	l				<u> </u>			
		Section C - Q		-	-					-					•
	swer these questi		-		-	on to c	completi	ng Sec	tion B fo	r vehic	les use	ed by er	nployee	es who a	ren't
	pre than 5% owner													Vee	Na
37	Do you maintain a v								-	-	БУ			Yes	No
~~	your employees?														
38	Do you maintain a v				•			•							
20	employees? See the			-											
	Do you treat all use														
40	Do you provide mor use of the vehicles,		-					-							
44	Do you meet the real														
41	Note: If your answe														
P	art VI Amorti		+0, 01 41 15		rt comple					103.					
•		Zution									,				
	(a) Description of o	costs	Date amo	b) rtization gins	A		(c) ble amount		(d) Code sec	tion	e) Amortiz period percent	ation or	Amortizat	(f) ion for this y	'ear
42	Amortization of cost	ts that begins du	iring your 20	19 tax ve	ar (see ir	struct	ions):	1				-			
		<u> </u>		,	Ì		,								
43	Amortization of cost	ts that began be	fore your 20	19 tax ye	ar • • •							43			254
44	Total. Add amounts	s in column (f). S	ee the instru	ctions fo	r where to	repor	t	<u></u>	<u></u> .			44			254
EEA													F	orm 4562	(2019)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

(Rev. January 2020)

File a separate application for each return.

►	Go to	www.	irs.gov/l	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.

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.

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

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

Application	Return	Application	Return
Is For	Code	ls For	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 F PEGGY JO WEST-STAP, 6 CARLTON DR, MONTEREY, CA 93940

	elephone No. ► 831-901-3833 FAX No. ► 831-717-4198		
	the organization does not have an office or place of business in the United States, check this box		· · · · · · · • 🛯
		this is	
for th	ne whole group, check this box 🛛 • • • • • • • 🕨 🗌 . If it is for part of the group, check this box • • • • 🕨 🗌 and attack	h	
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 <u>11−16</u> , 20 <u>20</u> , to file the exempt organization ret the organization named above. The extension is for the organization's return for:	urn fo	
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.	3a	\$
b	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.	3b	\$
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
Caut	tion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8	3879-E	EO for payment
instru	uctions.		
For F	Privacy Act and Paperwork Reduction Act Notice, see instructions.	Forr	m 8868 (Rev. 1-2020)

EEA

F	FOR YOUR RECO		2019	PG01		
Name(s) as shown on return			Tax ID Number			
MARINE LIFE STUDIES			2'	7-0318674		
FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1E INVESTMENTS - OTHER						
DESCRIPTION	COST/BASIS	COST/BASIS		BOOK		
OF INVESTMENT	(INVESTMENT)	(OTHER)	DEPR	VALUE		
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		
TOTAL	0	304,708	148,485	156,223		

990

Overflow Statement

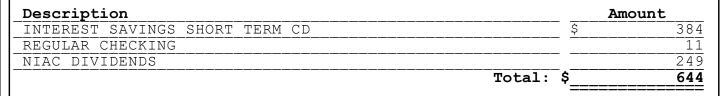
Name(s) as shown on return

MARINE LIFE STUDIES

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
Total:	\$179,099

INVESTMENT INCOME



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
Total:	: \$31,886

2019 Page 1

FEIN

27-0318674

⊼mo:---+

990	Overflow Statement			2019 Page 2
Name(s) as shown on return MARINE LIFE STUDIES			FEIN	27-0318674
	EMPLOYEE WAGES AND FRINGES	<u>-</u>		
Description				Amount
VAGES		Total:	<u>\$</u>	28,62 28,62
			===	

1

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	10-18-2011	173	173		7	0	0	172	0
OFFICE									
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	12-21-2011	150	150		7	0	0	149	0
3DRAWER									
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
Total		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 &	11-02-2009	323	323		5	0	0	323	0
AMP									
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
Total		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

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
Total		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	01-30-2015	1,875	1,875	200 DBHY	5	0	0	1,767	216
ADAPTER ETC									
TELEMENTRY 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	05-20-2015	205	205		3	0	0	204	0
SET									
FIRE EXTINGUSHERS FOR ENGINE	05-22-2015	252	252	200 DBHY	5	0	0	237	29
ROOM									
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	05-29-2015	286	286	200 DBHY	5	0	0	270	33
PLOTTER									
TELEMETRY BUOY KIT CARABINEERS	04-01-2016	3,185	3,185	200 DBHY	10	0	0	2,061	367
MOMORING H									
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
Total		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		
Total		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
Total		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

				- F					
Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr
Grand Total		308,525	308,204			0	0	151,173	22,513

	is included in UBIA ction 199A calculations.					-	ciation Deta	•						2019 PAGE 1		
	JBIA" in lower right corner.						For your records of									
	as shown on return							, <u> </u>				Social sec	urity number/EIN			
MA	RINE LIFE STUDIES											27	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 S'	TART UP COST	0601200	3,816		100.00			3,816	15	AMT-AMT	6.6667	2,434	254	2,688	254	
2 A	QUARIAN AUDIO HYDROF	1102200	9 323		100.00			323	5		0	323		323		
3 S	PYDERCO KNIVES	1201200	09 630		100.00			630	5		0	630		630		
4 G	O FLEX HD SEAGATE	0309201	144		100.00			144	5		0	144		144		
5 SI	EAGATE 500 GB HARD D	0510201	11 76		100.00			76	5		0	76		76		
62	PIECE DESK AND CHAI	1005201	130		100.00			130	7		0	130		130		
7 S:	LANTED SIGN HOLDERS	1018201	L1 130		100.00			130	7		0	130		130		
85	TABLES FOR BOOTH EV	1018201	173		100.00			173	7		0	172		172		
9 U	SB EXTENSION FLOOR C	1030201	L1 53		100.00			53	3		0	53		53		
10 2	TB GO FLEX HARD DRI	1108201	108		100.00			108	5		0	108		108		
11 II	N DESIGN CS5.5 SOFTW	1115201	11 60		100.00			60	3	AMT-	0	60		60		
12 DI	ESK ORGANIZER	1118201	11 74		100.00			74	5		0	74		74		
13 II	DEA DESK WITH FILE C	1221201	150		100.00			150	7		0	149		149		
14 8	BY 10 STORAGE UNIT	0116201	12 810		100.00			810	7	200 DB MQ	1.09	803	7	810	7	
15 2	4 TIER SHELVING RAC	0329201	L2 233		100.00			233	7	200 DB MQ	1.09	229	3	232	4	
16 0	FFICE CHAIR	0728201	103		100.00			103	7	200 DB MQ	5.53	97	6	103	6	
17 II	PAD2 64 GB WITH WIFI	0802201	1,098		75.00			824	5		0	824		824		
18 H	P OFFICEJET PRO PRIN	10817201	189		75.00			142	5		0	141		141		
19 1	6 TIER SHELF RACK	1201201	101		100.00			101	7	200 DB MQ	7.64	94	7	101	7	
20 6	DRAWER FILE CABINET	0109201	L3 264		100.00			264	7	200 DB HY	8.93	230	24	254	32	
21 1	5INCH MACDOOK PRO WI	0204201	L3 2,857		100.00			2,857	5		0	2,857		2,857		
22 R	OUTER	0408201	L3 325		100.00			325	5		0	324		324		
23 L	IVE DUO NETWORK	1105201	L3 336		100.00			336	5		0	336		336		
24 B	ACKUP DRIVE	1126201	L3 222		100.00			222	5		0	222		222		
25 G	OPRO HERO 2	0207201	L4 280		100.00			280	7	200 DB HY	8.92	218	25	243	34	
26 V	IDEO CAMERA	0701201	1,544		100.00			1,544	7	200 DB HY	8.92	1,200	138	1,338	189	
27 V	IDEO CAMERA	0701201	L4 1,458		100.00			1,458	7	200 DB HY	8.92	1,132	130	1,262	179	
28 T	OOLS	0701201	L4 413		100.00			413	7	200 DB HY	8.92	321	37	358	51	
29 T	OOL KIT	0701201	L4 812		100.00			812	7	200 DB HY	8.92	631	72	703	99	
30 J	OHNSON HICK DEPTH SO	0418201	L4 2,757		100.00			2,757	7	200 DB HY	8.92	2,141	246	2,387	338	

" Item is included						Depic			J					2013		
for Section 199A c	calculations.					1	Management & Ge	eneral					PAGE 2			
See "UBIA" in low	er right corner.						For your records	only								
Name(s) as shown on re	eturn											Social sec	urity number/EIN	I		
MARINE LIFE	E STUDIES											27	-0318674			
No. Descrip	ption	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 HI	ICK DEPTH PI	061320	14 1,156		100.00			1,156	5 7	200 DB HY	8.92	897	103	1,000	142	
32 EQUIPMENT		071420	14 1,106	;	100.00			1,106	7	200 DB HY	8.92	859	99	958	135	
33 2 CARBON F	FIBER POLES	101420	14 1,847	,	100.00			1,847	7	200 DB HY	8.92	1,435	165	1,600	226	
34 WET HI DEP	TH VIDEO CA	120420	14 269		100.00			269	7	200 DB HY	8.92	209	24	233	33	
35 2014 TOYTA	4	032720	14 34,321		100.00			34,321	7	200 DB HY	8.92	26,664	3,061	29,725	4,204	
36 INFLATIBLE	E BOAT AND T	071420	14 10,366	5	100.00			10,366	7	200 DB HY	8.92	8,054	925	8,979	1,270	
37 TRAILER FO	OR SUPPLIES	070120	14 3,899		100.00			3,899	7	200 DB HY	8.92	3,029	348	3,377	478	
38 TOOLS FOR	WET	070120	14 274		100.00			274	7	200 DB HY	8.92	212	24	236	34	
39 NEW HP 15	COMPUTER	012020	15 391		100.00			391	5	200 DB HY	11.52	323	45	368	65	
40 2 HARD DRI	IVES	021420	15 279		100.00			279	5	200 DB HY	11.52	231	32	263	46	
41 CARBINEER	MORRING HOC	013020	15 1,875	i	100.00			1,875	5	200 DB HY	11.52	1,551	216	1,767	312	
42 TELEMENTRY	I PACKAGE AN	020620	15 5,398		100.00			5,398	7	200 DB HY	8.93	3,711	482	4,193	661	
43 2 HERO 4 G	GOPRO	021120	15 945		100.00			945	5	200 DB HY	11.52	781	109	890	157	
44 SATELLITE	PHONE	051920	15 890		100.00			890	5	200 DB HY	11.52	737	103	840	148	
45 HITACHI DS	518DSAL 18 V	052020	15 205		100.00			205	3		0	204		204		
46 DAVIS NAVI	IGATION INST	052020	15 101		100.00			101	3		0	101		101		
47 FIRE EXTIN	IGUSHERS FOR	052220	15 252		100.00			252	5	200 DB HY	11.52	208	29	237	42	
48 SHOP VAC I	TOOL SET	052320	15 212		100.00			212	5	200 DB HY	11.52	175	24	199	35	
49 LASHCARD F	OR E-120 RA	052920	15 286		100.00			286	5	200 DB HY	11.52	237	33	270	48	
50 LIFE SAVIN	IG FLOATATIC	052720	15 690		100.00			690	5	200 DB HY	11.52	570	79	649	115	
51 HANDHELD V	/HF RADIO 2	052720	15 288		100.00			288	5	200 DB HY	11.52	238	33	271	48	
52 VANNESS VE	ESSEL 40' AI	042320	15 184,213	8	100.00			184,213	20	150 DB HY	5.713	53,840	10,524	64,364	10,524	
53 TELEMETRY	BUOY KIT CA	040120	16 3,185	i	100.00			3,185	10	200 DB HY	11.52	1,694	367	2,061	367	
54 TELONICS I	FELEMETRY GE	072220	16 3,240		100.00			3,240	10	200 DB HY	11.52	1,723	373	2,096	373	
55 EQUIPMENT	AED DEFIBRI	011820	17 1,106	j	100.00			1,106	57	200 DB HY	17.49	429	193	622	193	
56 NIKON N720	00 WITH LENS	022020	17 1,447	,	100.00			1,447	7	200 DB HY	17.49	561	253	814	253	
57 NIKON N720	00 WOTH ONE	091020	17 1,153	6	100.00			1,153	5 7	200 DB HY	17.49	447	202	649	202	
58 TAX ON BOA	AT PURCHASE	052420	17 14,000		100.00			14,000	20	150 DB HY	6.677	1,711	935	2,646	935	
59 2018 4.2 W	VING INFLATA	051120	18 15,462		100.00			15,462	10	200 DB HY	18	1,546	2,783	4,329	2,783	
Totals			308,525	j				308,204	L			128,660	22,513	151,173	25,029	

Land Amount Net Depreciable Cost

* Item is included in UBIA

308,525

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

ST ADJ: 22,513

Depreciation Detail Listing

2019

I

	201	9					
Name(s) a	is ahown on retur	'n				Tax ID I	Number
MARIN	E LIFE S	TUDIES				27-0	318674
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	м	5	
MGT	1	SPYDERCO KNIVES	12-01-2009	630	м	5	
MGT	1	GO FLEX HD SEAGATE	03-09-2011	144	м	5	
MGT	1	SEAGATE 500 GB HARD DRIV	05-10-2011	76	м	5	
MGT	1	2 PIECE DESK AND CHAIR C	10-05-2011	130	м	7	
мст	1	SLANTED STON HOLDERS	10-18-2011	130	M	7	

MGT

MGT

1

1

MGI	-	GO FIER ID SERGRIE	05 05 2011			15	
MGT	1	SEAGATE 500 GB HARD DRIV	05-10-2011	76	м	5	
MGT	1	2 PIECE DESK AND CHAIR C	10-05-2011	130	м	7	
MGT	1	SLANTED SIGN HOLDERS	10-18-2011	130	м	7	
MGT	1	5 TABLES FOR BOOTH EVENT	10-18-2011	173	м	7	
MGT	1	USB EXTENSION FLOOR CABL	10-30-2011	53	м	3	
MGT	1	2 TB GO FLEX HARD DRIVE	11-08-2011	108	м	5	
MGT	1	IN DESIGN CS5.5 SOFTWARE	11-15-2011	60	AMT	3	
MGT	1	DESK ORGANIZER	11-18-2011	74	м	5	
MGT	1	IDEA DESK WITH FILE CABI	12-21-2011	150	м	7	
MGT	1	8 BY 10 STORAGE UNIT	01-16-2012	810	м	7	
MGT	1	2 4 TIER SHELVING RACK	03-29-2012	233	м	7	
MGT	1	OFFICE CHAIR	07-28-2012	103	м	7	
MGT	1	IPAD2 64 GB WITH WIFI &	08-02-2012	824	м	5	
MGT	1	HP OFFICEJET PRO PRINTER	08-17-2012	142	м	5	
MGT	1	1 6 TIER SHELF RACK	12-01-2012	101	м	7	
MGT	1	6 DRAWER FILE CABINET	01-09-2013	264	м	7	10
MGT	1	15INCH MACDOOK PRO WIDE	02-04-2013	2,857	м	5	
MGT	1	ROUTER	04-08-2013	325	м	5	
MGT	1	LIVE DUO NETWORK	11-05-2013	336	м	5	
MGT	1	BACKUP DRIVE	11-26-2013	222	м	5	
MGT	1	GOPRO HERO 2	02-07-2014	280	м	7	25
MGT	1	VIDEO CAMERA	07-01-2014	1,544	м	7	138
MGT	1	VIDEO CAMERA	07-01-2014	1,458	м	7	130
MGT	1	TOOLS	07-01-2014	413	м	7	37
MGT	1	TOOL KIT	07-01-2014	812	м	7	73
MGT	1	JOHNSON HICK DEPTH SOUND	04-18-2014	2,757	м	7	246
MGT	1	JOHNSON HICK DEPTH PLOTT	06-13-2014	1,156	м	7	103
MGT	1	EQUIPMENT	07-14-2014	1,106	м	7	99
MGT	1	2 CARBON FIBER POLES FOR	10-14-2014	1,847	м	7	165
MGT	1	WET HI DEPTH VIDEO CAMER	12-04-2014	269	м	7	24
MGT	1	2014 TOYTA	03-27-2014	34,321	м	7	3,065
MGT	1	INFLATIBLE BOAT AND TRAI	07-14-2014	10,366	м	7	926
MGT	1	TRAILER FOR SUPPLIES	07-01-2014	3,899	м	7	348
MGT	1	TOOLS FOR WET	07-01-2014	274	м	7	24
MGT	1	NEW HP 15 COMPUTER	01-20-2015	391	м	5	23
MGT	1	2 HARD DRIVES	02-14-2015	279	м	5	16
MGT	1	CARBINEER MORRING HOOK A	01-30-2015	1,875	м	5	108
MGT	1	TELEMENTRY PACKAGE AND T	02-06-2015	5,398	м	7	482
MGT	1	2 HERO 4 GOPRO	02-11-2015	945	м	5	54
MGT	1	SATELLITE PHONE	05-19-2015	890	м	5	50
MGT	1	HITACHI DS18DSAL 18 VOLT	05-20-2015	205	м	3	
MGT	1	DAVIS NAVIGATION INSTRAM	05-20-2015	101	м	3	
MGT	1	FIRE EXTINGUSHERS FOR EN	05-22-2015	252	м	5	15
MGT	1	SHOP VAC TOOL SET	05-23-2015	212	м	5	12
MGT	1	LASHCARD FOR E-120 RAYMA	05-29-2015	286	м	5	16
MGT	1	LIFE SAVING FLOATATION	05-27-2015	690	м	5	40
					1	I _	1

05-27-2015

04-23-2015

HANDHELD VHF RADIO 2 PFD

VANNESS VESSEL 40' ALBIN

5

20

288

184,213

М

М

17

9,736

			Depreciation V eep for your records)			20	19
ame(s)	as ahown on retu	-) Number
	NE LIFE S					27-	0318674
orm	Multi-Form	Description	Date	Basis	Method	Life	Deduction
IGT	1	TELEMETRY BUOY KIT CARAB	04-01-2016	3,185	м	10	294
IGT	1	TELONICS TELEMETRY GPS P	07-22-2016	3,240	м	10	299
IGT	1	EQUIPMENT AED DEFIBRILLA	01-18-2017	1,106	м	7	138
IGT	1	NIKON N7200 WITH LENSES	02-20-2017	1,447	м	7	181
IGT	1	NIKON N7200 WOTH ONE LEN	09-10-2017	1,153	M	7	144
IGT	1	TAX ON BOAT PURCHASE	05-24-2017	14,000	M	20	865
GT	1	2018 4.2 WING INFLATABLE	05-11-2018	15,462	м	10	2,227
		TOTAL					20,384

TAXABLE YEARCalifornia Exempt Organization2019Annual Information Return

Calenda	Year 2019 or fiscal year beginning (mm/dd/y	/уу)	, and end	ing (mm/dd/yyyy)	
Corporation	/Organization name			California co	prporation number
MARI	067				
Additional i	nformation. See instructions.			FEIN	
				27-0	318674
Street addr	ess (suite or room)				PMB no.
6 CA	RLTON DRIVE				
City				State	Zip code
MONT	EREY			CA	93940
Foreign co	intry name	Foreign province/state	/county		Foreign postal code
A First Ref	um •••••	•••• Yes 🗌 No	J If exempt under R&TC Section 23	3701d, has the organizatior	1
B Amende	d Return	• • Yes No	engaged in political activities? Se	ee instructions	• • • • Yes • No
C IRC Sec	tion 4947(a)(1) trust	••• Yes 🛛 No	K Is the organization exempt under	R&TC Section 23701g?	• • • Yes No
D Final Inf	ormation Return?		If "Yes," enter the gross receipts	from nonmember sources	•••• \$
• 🗌 D	ssolved Surrendered (Withdrawn) Merge	d/Reorganized	L If organization is a public charity	exempt under R&TC	
Enter da	te: (mm/dd/yyyy)	_	Section 23701d and meets the fil	ling fee exception,	_
E Check a	ccounting method: (1) 🛛 Cash (2) 🗌 Accrua	l (3) Other	check box. No filing fee is require	ed ••••••••	· · · · · · • []
F Federal	return filed? (1) ●	(3) • 🗌 Sch H (990)	M Is the organization a Limited Liab	bility Company? • • •	••••• Yes 🛛 No
(4) 📉 C	ther 990 series		N Did the organization file Form 10	0 or Form 109 to report	
G Is this a	group filing? See instructions	• • 🗌 Yes 📙 No	taxable income? • • • •		••••• Yes No
H Is this or	ganization in a group exemption	••• Yes 🛛 No	O Is the organization under audit by	y the IRS or has the IRS	
If "Yes,"	what is the parent's name?		audited in a prior year? • •		••••• Yes No
			P Is federal Form 1023/1024 pendi	ng?	••••• Yes No
I Did the	rganization have any changes to its guidelines		Date filed with IRS		
not repo	ted to the FTB? See instructions	••• Yes No			
Part I	Complete Part I unless not required to file this form. S	ee General Information B	and C.		
	1 Gross sales or receipts from other sources. From Si	de 2, Part II, line 8 •			1 00
	2 Gross dues and assessments from members and affi		2 00		
Receipts and	3 Gross contributions, gifts, grants, and similar amount	s received • • • •		••••••	3 00
Revenues	4 Total gross receipts for filing requirement test. Add li	ne 1 through line 3.			
	This line must be completed. If the result is less that			••••••	4 0 00
	5 Cost of goods sold				00
	6 Cost or other basis, and sales expenses of assets so	ld • • • • • • • •	•••••6	1	0
	7 Total costs. Add line 5 and line 6 • • • • •			• • • • • • • • • • •	7 00
	8 Total gross income. Subtract line 7 from line 4 •				8 00
Expenses	9 Total expenses and disbursements. From Side 2, Pa				9 00 e
	10 Excess of receipts over expenses and disbursements	Subtract line 9 from line 8	3		10 00 11 00
	11 Total payments ••••••••••••••••••••••••••••••••••••				11 00 12 00
Filing Fee		tract line 12 from line 11			13 00
	13 Payments balance. If line 11 is more than line 12, subtract14 Use tax balance. If line 12 is more than line 11, subtract				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 Balance due. Add line 12, line 15, and line 16. Then :		alt		
	Under penalties of perjury, I declare that I have examine true, correct, and complete. Declaration of preparer (ot				/ · · · · · ·
Sign Here	true, correct, and complete. Declaration of preparer (oti	her than taxpayer) is based	Title	is any knowledge.	Telephone
	Signature of officer ▶PEGGY STAP			05/13/2020	-
			Date	Check if self-	• PTIN
	Preparer's signature		10/21/2020		P00063721
Paid					• Firm's FEIN
Preparer's Use Only	Firm's name (or yours, if self-employed) ► BARRY	ASSOCIATE	S INC		38-2728121
			STE 1A		Telephone
	RICHL				269-629-4436
	May the FTB discuss this return with the preparer show	above? See instructions			• X Yes No
_					

Г

I Gross sales or receipts from all business activities. See instructions I 00 Interest Dividends Interest Interest Interest Bit denses Gross rents Interest Interest Interest Gross rents Gross rents Interest Interest Interest Gross rents Gross rents Interest Interest Interest Gross amount received from sale of assets (See Instructions) Interest Interest Interest Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 Interest Interest I Oo Interest Interest Interest Interest I Interest Interest Interest Interest Interest I	Part II	o o 1	· · ·		—	2-	7-0318674
2 1 1 2 0 3 Other Section 5 0 <			-				
Arcept Nome 3 Dividends 4 000 4 Grass area rants 6 3 000 5 Grass area rants 6 6 000 6 Grass area rants 6 6 000 7 Other more, Attant schedule 7 000 8 Total grass size or roops from other sources. Act in a through ine 7. Enter there and on Side 1, Part I, line 1 8 000 0 Contribution, gifts, grants, and shall are schedule 11 000 000 10 Dispansion of offices, giftectors, and rustes. Attach schedule 11 000 000 12 Other salaries and wages 11 000 000 000 000 13 Dispansion of fices, giftectors, and rustes. Attach schedule 11 000 000 000 000 000 14 Taxes 15 000 000 000 000 000 000 000 000 000 000 000 000 000 0000 0000 0000							
Steepter 4 00 Server 6 Gross royalities 6 00 9 Gross andount received from sale of assets (See Instructions) 6 00 0 8 or open sales or reservable 7 00 0 8 or open sales or reservable 7 00 0 8 or open sales or reservable 10 00 10 0 contributions, gitts, grants, and similar amounts paid. Attach schedule 11 00 10 0 contributions, gitts, grants, and similar amounts paid. Attach schedule 11 00 11 0 contributions, gitts, grants, and similar amounts paid. Attach schedule 11 00 12 0 contributions, gitts, grants, and similar amounts paid. Attach schedule 11 00 12 0 contributions, gitts, grants, and simular amounts paid. Attach schedule 11 11 00 13 14 control 16 00 17 00 0 14 16 control 16 00 17 0 0 14 16 control 17 16 00							
Server \$ Cross royalies \$	Receipts	-					
Secret 6 Grass amount received from sale of assets (See Instructions) 6 6 00 9 Controlutions, allach schedule 9 000 10 000 000 10 000 000 10 000 000 10 000 12 000 11 000 11 000 11 000 11 000 11 000 11 000 11 000 11 000 11 000 11 000 11 000 11 000 11 000 11 000 11 000 11 000 11 000		-					
7 0 ber income. Attach schedule 7 00 8 Total goes sales or receipts from other sources. Ack line 1 through line 7. Enter here and on Side 1, Part I, ine 1 8 00 9 Contributions, gifts, gans, and similar amounts paid. Attach schedule 10 00 10 Disbursements to or for members 11 00 12 Other sales and wages 11 00 12 Other sales and wages 11 00 14 Toxes 14 00 15 Parts 16 00 16 Descretation and depletion (See instructions) 16 16 16 Descretation and depletion (See instructions) 16 16 00 17 Other Expenses and Disbursements. Attach schedule 17 10 00 18 Total schements 624 624 624 2 Assiste 624 624 624 4 Inventories 126, 226 178, 483 149, 947 154, 762 1 Investments in otch 126, 226 178, 483 149, 947 154, 762 1 </th <th>Sources</th> <th>2</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Sources	2					
6 Total goes sales or members and using amounts paid. Attach schedule 0			, ,				
9 Contributions, gifts, grants, and smilar amounts paid. Attach schedule 9 000 10 Disbursements to of for members 0 0 000 000 11 Composation of Offices, directors, and trustees. Attach schedule 11 000 000 12 Other salers and wages 11 000 000 000 12 Other salers and wages 11 000 000 000 11 000 12 Other salers and Wages 11 11 000 000 11 000 000 11 000 000 11 000 000 11 000 000 11 000 000 100 11 000 000 100 000 000 100 000 000 100 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 0000 0000 00000 00000000 000000000000000000000000000000							
10 Disbursments to or for members 10 0 10 0 11 00 11 Compensation of officers, directors, and trustees. Attach schedule 11 00 12 00 12 Other statings and wages 13 13 00 13 13 00 13 Interest 14 00 14 00 14 00 14 Disbursments 14 00 15 00 15 00 15 00 15 00 15 00 17 00 10 15 00 17 00 10 15 00 17 00 17 00 17 00 18 724 92 14 00 00 17 00 17 00 17 00 17 00 17 00 17 00 17 00 17 00 12 0 0 0 0 0 0 0 0 0		. .	·		,		
In Compensation of officers, directors, and trustees. Attach schedule Interest. Interest.			•		-		
Listenses 12 Other sataries and wages 12 00 13 Interest 13 00 13 00 13 Interest 14 00 15 Rents 16 00 15 Rents 16 00 17 Other Expenses and Disbursements. Attach schedule 17 00 18 Total expenses and disbursements. Attach schedule 18 18 00 18 Total expenses and disbursements. Attach schedule 18 18 00 14 00 18 Total expenses and disbursements. Attach schedule 18 18 00 16 Baince Shet Baince Shet Baince Shet 62.4 62.4 62.4 10 Ant incles receivable 4 62.4 62.4 62.4 10 a Depreciable and state government obligations 6 6 10 12.6,22.6 17.8,48.3 14.9,94.7 154,762. 11 a Other invisements. Attach schedule 1,382 <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>							
Expense 13 Interest • 13 00 14 Taxes • 14 00 15 Depreciation and depletion (See instructions) • 16 0 16 Depreciation and depletion (See instructions) • 16 0 16 Depreciation and depletion (See instructions) • 16 0 17 Other Expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 00 2 Schedule L Balance Sheet Beginning of taxable year End of taxable year Assets (a) (b) (c) (d) 13 00 3 Net notes receivable 4 44, 684 62.4 62.4 4 Ivestiments in stock • • • • 10 Depreciation state government obligations • • • • 11 Land • • • • • • • • •							
14 Taxes • 14 00 15 Rents • 16 00 16 Depreciation and depletion (See instructions) • 16 00 17 Other Expenses and Disbursements. Attach schedule • 17 00 18 Total expenses and disbursements. Attach schedule • 17 00 2 Cash • 43, 919 • 44, 684 3 Net notes receivable • • • • 1 Cash • • • • • 1 Investories • • • • • 1 Cash • • • • • • 1 Cash •	Fynense	•					
Stenars 15 Rents 15 00 16 Depreciation and depletion (See instructions) 0 16 16 00 17 Other Expenses and disbursements. Attach schedule 17 00 18 Total expenses and disbursements. Attach schedule 17 10 2 Schedule L Balance Sheet Beginning of taxable year End of taxable year Assets (a) (b) (c) (d) 1 Cash 43, 919 44, 684 2 Net notes receivable 0 0 0 3 Net notes receivable 0 0 0 4 Inventories 624 624 624 5 Federal and state government obligations 0 0 0 10 a Depreciable assets 304, 709 304, 709 0 12 Other investments, attach schedule 1, 382 1, 128 1, 128 14 Accounts payable 11, 200 22, 000 0 0 14 Accounts payable 11, 000 22, 000 0 0 1, 55, 187 12 Other assets. Attach schedule 59, 748 48, 523 225, 710 14 Accounts paya	and						
16 Depreciation and depletion (See instructions) 1 <t< th=""><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></t<>		-					
17 Other Expenses and Disbursements. Atad ine 9 through line 17. Enter here and on Side 1, Part I, line 9 17 00 Schedule L Balance Sheet Beginning of taxable year End of taxable year Assets (a) (b) (c) (d) 1 Cash 43, 919 444, 684 1 Assets (a) (b) (c) (d) 1 Cash 43, 919 444, 684 (c) (c) (d) 1 Cash (a) (b) (c) (d) (c) (d) 3 Net notes receivable (c) (c) (c) (c) (c) 4 Investments in other bonds (c) (c) (c) (c) (c) (c) 9 Other investments. Attach schedule (c) (c) (c) (c) (c) (c) 10 a percipable assets (c) (c) (c) (c) (c) 10 a percipable asset (c) (c) (c) (c)	mento						
18 Total 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 Assets (a) (b) (c) (d) 1 Cash 43,919 44,684 2 Net accounts receivable - - 3 Net notes receivable - - 4 Investments in other bonds - - 6 Investments in other bonds - - 7 Investments in stock - - 8 Mortgage loans - - - 9 Other investments Attach schedule - - - 11 and - - - - 12 Cher assets. Attach schedule - 1,382 1,1,128 1 1,382 1,1,282 2,0,00 - 12 Cher investers. Attach schedule - - 14 Accounts p							
Schedule L Balance Sheet Beginning of taxable year End of taxable year Assets (a) (b) (c) (d) Assets (a) (b) (c) (d) 1 Cash 43,919 44,684 2 Net accounts receivable (a) (b) (c) (d) 3 Net notes receivable (c) (c) (d) (c) 4 Inventories (c) (c) (c) (c) 6 Investments in other bonds (c) (c) (c) (c) 9 Other investments in stock (c) (c) (c) (c) 9 Other investments. Attach schedule (c) (c) (c) (c) 10 a Depreciable assets 304,709 304,709 (c) (c) 12 Coher assets. Attach schedule 1,382 1,128 (c) (c) 12 Other assets 224,408 201,198 (c) (c) (c) (c) 14 Accounts payable (c) (c)<		-					00
Assets (a) (b) (c) (d) 1 Cash	Sched		-			xable v	vear
1 Cash	Asset	s					-
2 Net accounts receivable • 3 Net notes receivable • 4 Inventifies 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 12 Other assets. Attach schedule 12,382 1,128 13 Total assets 224,408 201,198 14 Accounts gayable • • 15 Contributines, afte, or grants payable • • 16 Bords and notes payable • • • 17 Mortgages payable • • • 18 Deal asing sor income fund • • • 18 Betained asings or income fund • • • 18 Total asotschedule • • <th>1 Ca</th> <th>ash • • • • • • • • • • • • • • • • • • •</th> <th></th> <th>43,919</th> <th></th> <th>•</th> <th>44,684</th>	1 Ca	ash • • • • • • • • • • • • • • • • • • •		43,919		•	44,684
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 • 11 Lass accumulated depreciation 126,226 178,483 149,947 154,762 11 Land • • • • • 12 Other assets 224,408 201,198 • • • 13 Total assets • <td>2 Ne</td> <td>et accounts receivable</td> <td></td> <td></td> <td></td> <td>•</td> <td></td>	2 Ne	et accounts receivable				•	
5 Federal and state government obligations • 6 Investments in other bonds • 7 Investments in stock • 9 Other investments. Attach schedule • 10 a Depreciable assets · 11 Less accumulated depreciation · 12 Other assets. Attach schedule · 12 Other assets. Attach schedule · 13 Total assets · 14 Accounts payable · 15 Contributions, gifts, or grants payable · 16 Bords and notes payable · 17 Mortgages payable · 18 Other liabilities and net worth · 18 Other liabilities and net worth · 20 Paid-in or capital struck schedule · 20 Paid-in or capital struck schedule · 21 Cher liabilities and net worth · 21 Cher liabilities and net worth · 21 Capital stock or principal fund · 21 Retained earnings or income fund <t< th=""><td>3 Ne</td><td>et notes receivable</td><td></td><td></td><td></td><td>•</td><td></td></t<>	3 Ne	et notes receivable				•	
Investments in other bonds • Investments in other bonds • Investments in stock • Other investments. Attach schedule • Other investments. Attach schedule • Other investments. Attach schedule • I a Depreciable assets 304,709 Jack and the bonds of the investments. Attach schedule • I Land • I Other assets. Attach schedule 1,26,226 I Cantar assets 224,408 I Cantar assets 224,408 I Cantar assets 224,408 I Cantar assets 224,408 I Contributions, gifts, or grants payable • I Capital billities. Attach schedule • I Capital inbilitities and net worth 235,748 </th <td>4 In</td> <td>ventories • • • • • • • • • • • • • • • • • • •</td> <td></td> <td>624</td> <td></td> <td>•</td> <td>624</td>	4 In	ventories • • • • • • • • • • • • • • • • • • •		624		•	624
Investments in stock • 8 Mortgage loans • 9 Other investments. Attach schedule • 10 a Depreciable assets · 11 Land · 12 Other assets. Attach schedule · 13 Total assets · 14 Accounts payable · 15 Contributions, gifts, or grants payable · 14 Accounts payable · 15 Contributions, gifts, or grants payable · 16 Bonds and notes payable · 17 Mortgage spayabe · 18 Other inabilities. Attach schedule · 19 Capital stock or principal fund · 10 Paid-in or capital surplus. Attach reconciliation · 11 Retained earnings or income fund · 164, 660 12 Total liabilities and net worth · 235, 408	5 Fe	ederal and state government obligations • • • •				•	
8 Mortgage loans • 9 Other investments. Attach schedule • 10 a Depreciable assets 304,709 11 Land 126,226 178,483 149,947 12 Other assets. Attach schedule 1,382 1,128 12 Other assets. Attach schedule 1,382 1,128 13 Total assets 224,408 201,198 Liabilities and net worth • • • 14 Accounts payable • • 15 Contributions, gifts, or grants payable • • 16 Bonds and notes payable • • 17 Mortgages payable • • • 18 Other inabilities. Attach schedule • • • 19 Capital stock or principal fund • • • • 11 Retained earnings or income fund • • • • • 12 Total ilabilities and net worth 164,660 • 155,187 • • • • • • <th>6 In</th> <th>vestments in other bonds</th> <th></th> <th></th> <th></th> <th>•</th> <th></th>	6 In	vestments in other bonds				•	
9 Other investments. Attach schedule 304,709 304,709 10 a Depreciable assets 304,709 304,709 b Less accumulated depreciation 126,226 178,483 149,947 154,762 11 Land 126,226 178,483 149,947 154,762 12 Other assets. Attach schedule 1,382 1,128 13 Total assets 224,408 201,198 Labilities and net worth 4 4 14 Accounts payable 11,000 22,000 15 Contributions, gifts, or grants payable 11,000 22,000 16 Bonds and notes payable 9 4 17 Mortgages payable 9 11,000 22,000 18 Other liabilities. Attach schedule 59,748 48,523 19 Capital stock or principal fund 164,660 155,187 22 Total liabilities and net worth 235,408 225,710 Schedule M1 Reconciliation of income per books with income per return 0 10 Not included in this return. Attach schedule 3 Excess of capital losses over capital gains 7 1 Income net recorded on books this year. 4 Income not recorded on books this year. 7 10 Net income pe	7 In	vestments in stock				•	
0 a Depreciable assets 304,709 304,709 10 a Depreciable assets 304,709 304,709 11 Land 126,226 178,483 149,947 154,762 11 Land 1,382 1,128 12 Other assets. Attach schedule 224,408 201,198 13 Total assets 224,408 201,198 Labilities and net worth 11,000 22,000 16 Bonds and notes payable 11,000 22,000 16 Other liabilities, diffs, or grants payable 11,000 22,000 17 Mortgages payable 9 164,660 48,523 19 Capital surplus. Attach reconciliation 1 0 0 10 Retained earnings or income fund 235,408 225,710 Schedule M1 Reconciliation of income per books with income per return 0 0 10 Net income per books 1 10 Net income fils gear. 0 14 Acto schedule 1 3, olumn (d), is less than \$50,000 0 11 Net income per books 7 Income recorded on books this year. 0 14 Income not recorded on books this year. 7 Income reture corded on books this year. 0	8 M	ortgage loans • • • • • • • • • • • • • • • • • • •				•	
b Less accumulated depreciation 126,226 178,483 149,947 154,762 11 Land 1,382 1,128 12 Other assets. Attach schedule 224,408 201,198 13 Total assets 224,408 201,198 14 Accounts payable 11,000 222,000 16 Bonds and notes payable 11,000 222,000 16 Other liabilities. Attach schedule 59,748 48,523 17 Mortgages payable 59,748 48,523 10 Paid-in or capital surplus. Attach reconciliation 0 0 11 Retained earnings or income fund 164,660 155,187 10 Net income per books 7 Income recorded on books this year. 0 12 Federal income tax 0 7 Income recorded on books this year. 0 13 Excess of capital losses over capital gains 0 7 Income retwore this schedule 0 2 Federal income tax 0 7 Income recorded on books this year. 0 0 2 Federal income tax 0 7 Income retwore this gear. 0 0 0 3 Excess of capital losses over capital gains 0 <	9 Oi	ther investments. Attach schedule				•	
11 Land • 12 Other assets. Attach schedule 1,382 • 13 Total assets 224,408 201,198 Liabilities and net worth • • • 14 Accounts payable • • • 15 Contributions, gifts, or grants payable • • • 16 Bords and notes payable • • • • 17 Mortgages payable •<	10 a	Depreciable assets • • • • • • • • • • • • • • • • • • •			304,709		
12 Other assets. Attach schedule 1,382 1,128 13 Total assets 224,408 201,198 Liabilities and net worth 224,408 201,198 14 Accounts payable 11,000 22,000 15 Contributions, gifts, or grants payable 11,000 22,000 16 Bonds and notes payable 0 0 17 Mortgages payable 0 0 18 Other liabilities. Attach schedule 59,748 48,523 19 Capital stock or principal fund 0 0 20 Paid-in or capital surplus. Attach reconciliation 0 0 21 Retained earnings or income fund 164,660 155,187 22 Total liabilities and net worth 235,408 225,710 Schedule M-1 Reconciliation of income per books with income per return 0 ont complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000 0 1 Net income per books 1 7 Income recorded on books this year 0 2 Federal income tax 0 7 Income recorded on books this year. 0 4 Income not recorded on books this year. 4 Itach schedule 0 0 Net income per return. 0 5 Expenses recorded on boo	b	Less accumulated depreciation • • • • • •	126,226	178,483	149,947		154 , 762
13 Total assets 224,408 201,198 Liabilities and net worth 4 4 14 Accounts payable 11,000 22,000 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 Total liabilities and net worth 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. 4 Income not recorded on books this year. • • • 4 Income not recorded on books this year. • • • 4 Income not recorded on books this year. • • • • 5 Expenses recorded on books this year not deducted in thi	11 La	and • • • • • • • • • • • • • • • • • • •				•	
Liabilities and net worth • 14 Accounts payable · · · · · · · · · · · · · · · · · · ·	12 Of	ther assets. Attach schedule •••••••				•	
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 Total liabilities and net worth 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 • • • 2 Federal income tax • • • 2 Excess of capital losses over capital gains • • • 4 Income not recorded on books this year. • • • • 4 Income not recorded on books this year. • • • • 5 Expenses recorded on books this year not deducted in this return. Attach schedule • • • •	13 To	otal assets		224,408			201,198
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 Total liabilities and net worth 235,408 225,710 Schedule M-1 Reconciliation of income per books with income per return 0 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 Ecderal income tax • • 8 Deductions in this return. Attach schedule • 4 Income not recorded on books this year. Attach schedule • • • • • 5 Expenses recorded on books this year not deducted in this return. Attach schedule • • • • 10 Net income per return. • 10 Net income per return. • • • <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
16 Bonds and notes payable • 17 Mortgages payable • 18 Other liabilities. Attach schedule • 19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation • 21 Retained earnings or income fund • 21 Retained earnings or income fund • 22 Total liabilities and net worth • 22 Total liabilities and net worth • 22 Total liabilities and net worth • 23 5,408 225,710 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 2 Federal income tax • 3 Excess of capital losses over capital gains • 4 Income not recorded on books this year. • 4 Income not recorded on books this year. • • 5 Expenses recorded on books this year not deducted in this return. Attach schedule <td>14 Ac</td> <td>ccounts payable</td> <td></td> <td></td> <td></td> <td></td> <td></td>	14 Ac	ccounts 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 Total liabilities and net worth 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 3 Excess of capital losses over capital gains • 8 Deductions in this return not charged against book income this year. Attach schedule • 4 Income not recorded on books this year. Attach schedule • 9 Total. Add line 7 and line 8 • 5 Expenses recorded on books this year not deducted in this return. Attach schedule • 10 Net income per return. •				11,000			22,000
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 22 Total liabilities and net worth 235,408 22 Total liabilities and net worth 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 • 2 Federal income tax • 4 Income not recorded on books this year. • 4 Income not recorded on books this year. • 4 Income not recorded on books this year not deducted in this return. Attach schedule • 9 Total. Add line 7 and line 8 • 9 Total. Add line 7 and line 8 •							
19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation • 21 Retained earnings or income fund 164,660 22 Total liabilities and net worth 235,408 22 Total liabilities and net worth 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 • 2 Federal income tax • 3 Excess of capital losses over capital gains • 4 Income not recorded on books this year. • Attach schedule • 5 Expenses recorded on books this year not deducted in this return. Attach schedule • 9 Total. Add line 7 and line 8 • 10 Net income per return. •						•	
20 Paid-in or capital surplus. Attach reconciliation • 21 Retained earnings or income fund • 22 Total liabilities and net worth • 22 Total liabilities and net worth • 22 Total liabilities and net worth • 23 5,408 225,710 Schedule M-1 Reconciliation of income per books with income per return 0 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 • 2 Federal income tax • 4 Income not recorded on books this year. • 4 Income not recorded on books this year. • 4 Income not recorded on books this year. • 5 Expenses recorded on books this year not deducted in this return. Attach schedule • 9 Total. Add line 7 and line 8 • 10 Net income per return. •				59,748			48,523
21 Retained earnings or income fund 164,660 155,187 22 Total liabilities and net worth 235,408 225,710 Schedule M-1 Reconciliation of income per books with income per return 235,408 225,710 Schedule M-1 Reconciliation of income per books with income per return 0 7 Income recorded on books this year 1 Net income per books • • 7 Income recorded on books this year 2 Federal income tax • • 8 Deductions in this return. Attach schedule 3 Excess of capital losses over capital gains • • 8 Deductions in this return not charged against book income this year. 4 Income not recorded on books this year. • • • • 5 Expenses recorded on books this year not deducted in this return. Attach schedule • • • 9 Total. Add line 7 and line 8 • • •							
22 Total liabilities and net worth 235,408 225,710 Schedule M-1 Reconciliation of income per books with income per return				1.6.4			
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 • • 7 Income recorded on books this year not included in this return. Attach schedule 3 Excess of capital losses over capital gains • • 8 Deductions in this return not charged against book income this year. Attach schedule • • • 5 Expenses recorded on books this year not deducted in this return. Attach schedule • • • • 10 Net income per return. • • • • •		5				-	
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 • 2 Federal income tax • 3 Excess of capital losses over capital gains • 4 Income not recorded on books this year. • Attach schedule • 5 Expenses recorded on books this year not deducted in this return. Attach schedule • 10 Net income per return. •				•			225,710
1 Net income per books • • 7 Income recorded on books this year not included in this return. Attach schedule 2 Federal income tax • • • • • 3 Excess of capital losses over capital gains • • 8 Deductions in this return not charged against book income this year. • 4 Income not recorded on books this year. • • • • 5 Expenses recorded on books this year not deducted in this return. Attach schedule • • • 10 Net income per return. • • • • •	Sched						
 2 Federal income tax							
 3 Excess of capital losses over capital gains 4 Income not recorded on books this year. Attach schedule 5 Expenses recorded on books this year not deducted in this return. Attach schedule • • • • • • • • • • • • • • • • • • •				-		-	
4 Income not recorded on books this year. against book income this year. Attach schedule • Attach schedule • • • • • 5 Expenses recorded on books this year not deducted in this return. Attach schedule • • • • • 10 Net income per return.			•			-	
Attach schedule • • Attach schedule • 5 Expenses recorded on books this year not deducted in this return. Attach schedule • • • 10 Net income per return. • • •			-		-		
5 Expenses recorded on books this year not deducted in this return. Attach schedule 9 Total. Add line 7 and line 8		-	•				
deducted in this return. Attach schedule • 10 Net income per return.			-				
			•				
			-				

Γ

ev. 09/2017) 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	TO A Si 1 Failure to submit organization's ac minimum tax of \$8	L REGISTRATION RENE ATTORNEY GENERAL O ections 12586 and 12587, California O 1 Cal. Code Regs. sections 301-306, 3 this report annually no later than four months counting period may result in the loss of tax 00, plus interest, and/or fines or filing penaltic ; Government Code section 12586.1. IRS ex	F CALIF Government (309, 311, and and fifteen day exemption and es. Revenue &	ORNIA Code 312 s after the end of the the assessment of a Taxation Code section	se Only)
MARINE LIFE ST Name of Organization	TUDIES	has used		nge of address nded report		
6 CARLTON DRIV Address (Number and Street) MONTEREY, CA 9 City or Town, State, and ZIP C	93940			arity Registration Number $CT - 154$ ion or Organization No. 310906		
Telephone Number		E-mail Address		Employer ID No. <u>27-0318674</u>		
ANNUA	L REGISTRATION I	RENEWAL FEE SCHEDULE (11 Cal. C Make Check Payable to Departm				
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	<u>I</u>	Fee
Less than \$25,000 Between \$25,000 and \$100,0	0 000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	n \$	5150 5225 5300
PART A - ACTIVITIES						
	ogram Expenses \$		al Expenses	12-31-19) list: Total Assets \$ \$		
		ATION DURING THE PERIOD OF THIS		h a senarate nage		
providing an explana	tion and details for ea	ch "yes" response. Please review RRF-1	instructions for	or information required.	Yes	No
0 1 01	, ,	ntracts, loans, leases or other financial y or with an entity in which any such off		5		Х
2. During this reporting period	d, was there any the	ft, embezzlement, diversion or misuse o	of the organiza	ation's charitable property or funds?		Х
3. During this reporting perior	d, were any organiza	ation funds used to pay any penalty, fine	or judgment?	2		X
 During this reporting perio coventurer used? 	d, were the services	of a commercial fundraiser, fundraising	counsel for c	haritable purposes, or commercial		x
5. During this reporting perior	d, did the organizatio	on receive any governmental funding?				Х
6. During this reporting perior	d, did the organizatio	on hold a raffle for charitable purposes?				Х
7. Does the organization con	duct a vehicle donat	ion program?				X
 Did the organization condu generally accepted account 		uudit and prepare audited financial state iis reporting period?	ments in acco	ordance with		X
9. At the end of this reporting	period, did the orga	nization hold restricted net assets, while	e reporting ne	gative unrestricted net assets?		Х
		amined this report, including accomp , and I am authorized to sign.	banying docu	ments, and to the best of my knowled	ge and	<u>.</u>
		PEGGY STAP	P	RESIDENT 05	-13-	2020

S RI (F

TATE OF CALIFORNIA	
RF-1	
Rev. 09/2017)	

P/	ART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT		
No	ote: 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?		Х
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?		Х

	PEGGY STAP	PRESIDENT	05-13-2020
Signature of Authorized Agent	Printed Name	Title	Date

TAXABLE YEARCorporation Depreciation2019and Amortization

3885

	-								
Attach to Form 100 or Form 100W. MANA	GEMENT/GEN	ERAL -							
Corporation name						California	a corpora	tion nun	ıber
MARINE LIFE STUDIES						310	906	7	
Part I Election To Expense Certain Proper	rty Under IRC Section	on 179							
1 Maximum deduction under IRC Section 179 for	California						1		\$25,000
2 Total cost of IRC Section 179 property placed in	n service • • • •					· · [2		
3 Threshold cost of IRC Section 179 property bef	ore reduction in limita	ation ••••				· · [3		\$200,000
4 Reduction in limitation. Subtract line 3 from line	2. If zero or less, ent	ter -0-					4		
5 Dollar limitation for taxable year. Subtract line 4	from line 1. If zero or	r less, enter -0-					5		25,000
(a) Description of property		(b) Cost (busine	ss use only)	(c)	Elected c	ost			
6									
7 Listed property (elected IRC Section 179 cost)			7						
8 Total elected cost of IRC Section 179 property.	Add amounts in colur	mn (c) line 6 and					8		
9 Tentative deduction. Enter the smaller of line 5		· · · · · · · · · · ·					9		
10 Carryover of disallowed deduction from prior tax							10		
11 Business income limitation. Enter the smaller of	•					-	11		
12 IRC Section 179 expense deduction. Add line 9	•	,				-	12		
13 Carryover of disallowed deduction to 2020. Add					<u></u>	• •	12		
Part II Depreciation and Election of Addition					24356				
						5	(0)		(b)
(a)	(b)	(c)	(d) Depreciation	Depre			(g) Deprecial		(h) Additional first
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	allowable	ciatio	on rat		this y		year depreciation
	(in earlier years	s meth	ou				
14 STATEMENT# 810									
						_			
15 Add the amounts in column (g) and column (h).		(),					~ ~		
See instructions for line 14, column (h)						152	2,2	59	L
Part III Summary									1
16 Total: If the corporation is electing:									
IRC Section 179 expense, add the amount on li		(•)							
Additional first year depreciation under R&TC S			e 15, columns (g	g) and (h)	or				
Depreciation (if no election is made), enter the						• • •	• • •		22,259
17 Total depreciation claimed for federal purposes		,				• • •	• • •	· 17	22 , 259
18 Depreciation adjustment. If line 17 is greater the						-			
If line 17 is less than line 16, enter the difference				•					
amounts are used to determine net income bef	ore state adjustment	s on Form 100 or	r Form 100W, no	o adjustme	ent is nec	essary)	- 18	
Part IV Amortization		1	1			-			
(a)	(b)	(c)	(d)		(e)	(f)		(g)
Description of property	Date acquired	Cost or other basis	Amortization allow allowable in earlier		TC Section ee instr.)		od or ntage		Amortization for this year
	(mm/dd/yyyy)		allowable in earlier	years (s	ee msu.)		-		ior this year
19 START UP COST	06/01/2009	3,816	2,43	34 _{AM}	1T	15			254
20 Total. Add the amounts in column (g)	 .	.					· 20		254
21 Total amortization claimed for federal purposes	from federal Form 45	562, line 44 🛛 🔸					· 21		254
22 Amortization adjustment. If line 21 is greater that	an line 20, enter the c	lifference here ar	nd on Form 100	or Form 1	00W,				
Side 1, line 6. If line 21 is less than line 20, enter	er the difference here	and on Form 10	<u>0 or Form 10</u> 0W	/, Side 2, I	ine 12 ·		· 22		

Γ

California Depreciation & Amortization

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

Name(s) shown on return

STATEMENT# 81 PG01

Name(s) shown on return MARINE LIFE STUDIES						Identifying Num 27-03186	
(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 o rate	(g) or Depreciation	(h) Additiona first year depreciati
B BY 10 STORAGE	01/16/2012	810	803	200 DB	7	7	
4 TIER SHELVI	03/29/2012	233	229	200 DB	7	3	
FFICE CHAIR	07/28/2012	103	97	200 DB	7	6	
6 TIER SHELF	12/01/2012	101	94	200 DB	7	7	
5 DRAWER FILE C	01/09/2013	264	230	200 DB	7	24	
GOPRO HERO 2	02/07/2014	280	218	200 DB	7	25	
IDEO CAMERA	07/01/2014	1,544	1,200	200 DB	7	138	
'IDEO CAMERA	07/01/2014	1,458	1,132	200 DB	7	130	
COOLS	07/01/2014	413	321	200 DB	7	37	
OOL KIT	07/01/2014	812	631	200 DB	7	72	
OHNSON 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	
QUIPMENT	07/14/2014	1,106	859	200 DB	7	99	
CARBON FIBER	10/14/2014	1,847	1,435	200 DB	7	165	
VET HI DEPTH VI	12/04/2014	269	209	200 DB	7	24	
2014 TOYTA	03/27/2014		26,664	200 DB	7	3,061	
NFLATIBLE BOAT	07/14/2014		8,054	200 DB	7	925	
RAILER FOR SUP	07/01/2014	3,899	3,029	200 DB	7	348	
OOLS FOR WET	07/01/2014	274	212	200 DB	7	24	
EW HP 15 COMPU	01/20/2015	391	323	200 DB	5	45	
HARD DRIVES	02/14/2015	279	231	200 DB	5	32	
ARBINEER MORRI	01/30/2015	1,875	1,551	200 DB	5	216	
ELEMENTRY 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	
ASHCARD FOR E-	05/29/2015	286	237	200 DB	5	33	
IFE SAVING FLO	05/27/2015	690	570	200 DB	5	79	
IANDHELD VHF RA	05/27/2015	288	238	200 DB	5	33	
VANNESS VESSEL	04/23/2015		53,840	150 DB	20	10,524	
ELEMETRY BUOY	04/01/2016		1,694	200 DB	10	367	
'ELONICS TELEME	07/22/2016		1,723	200 DB	10	373	
LQUIPMENT AED D	01/18/2017 02/20/2017		429	200 DB	7 7	193	
IIKON N7200 WIT IIKON N7200 WOT	09/10/2017	· ·	561	200 DB	7 7	253 202	
AX ON BOAT PUR	05/24/2017		447	200 DB		935	
018 4.2 WING I	05/11/2018		1,711	150 DB	20		
UI8 4.2 WING I	05/11/2018	15,462	1,546	200 DB	10	2,783	
		I				I	l
ACE TOTAL		297 325	110 100			22 259	