FOR TAX YEAR 2024

MARINE LIFE STUDIES

BARRY ASSOCIATES INC

8653 N 32ND ST STE 1A

RICHLAND, MI 49083

(269)629-4436

BARRY ASSOCIATES INC

8653 N 32ND ST STE 1A
RICHLAND, MI 49083
info@barryassoc.com
Phone: (269)629-4436 | Fax: (269)629-4451

Customer Name	Customer Information	
Marine Life Studies PO Box 163 Moss Landing, CA 95039	Invoice #:	
	Date:	June 19, 2025
	Phone:	(831)901-3833
	E-mail:	PEGGY.STAP@MARINELIFESTUDIES.ORG

Your 2024 tax return was prepared by Colleen Reynolds EA.

Description		Fee
Federal And Supplemental Forms		
Form 990	Return of Org Exempt from Income Tax, page 1	
Form 990 pg 2	Return of Org Exempt from Income Tax, page 2	
Form 990 pg 3	Return of Org Exempt from Income Tax, page 3	
Form 990 pg 4	Return of Org Exempt from Income Tax, page 4	
Form 990 pg 5	Return of Org Exempt from Income Tax, page 5	
Form 990 pg 6	Return of Org Exempt from Income Tax, page 6	
Form 990 pg 7	Return of Org Exempt from Income Tax, page 7	
Form 990 pg 8	Return of Org Exempt from Income Tax, page 8	
Form 990 pg 9	Return of Org Exempt from Income Tax, page 9	
Form 990 pg 10	Return of Org Exempt from Income Tax, page 10	
Form 990 pg 11	Return of Org Exempt from Income Tax, page 11	
Form 990 pg 12	Return of Org Exempt from Income Tax, page 12	
Schedule A	Organization Exempt Under Sec 501(c)(3), page 1	
Schedule A pg 2	Organization Exempt Under Sec 501(c)(3), page 2	
Schedule A pg 3	Organization Exempt Under Sec 501(c)(3), page 3	
Schedule A pg 4	Organization Exempt Under Sec 501(c)(3), page 4	
Schedule A pg 5	Organization Exempt Under Sec 501(c)(3), page 5	
Schedule A pg 6	Organization Exempt Under Sec 501(c)(3), page 6	
Schedule A pg 7	Organization Exempt Under Sec 501(c)(3), page 7	
Schedule A pg 8	Organization Exempt Under Sec 501(c)(3), page 8	
Schedule B	Schedule of Contributors, page 1	
Schedule B pg 2	Schedule of Contributors, page 2	
Schedule B pg 2	Schedule of Contributors, page 2	
Schedule B pg 3	Schedule of Contributors, page 3	
Schedule B pg 4	Schedule of Contributors, page 4	
Schedule D	Supplemental Financial Statement, page 1	
Schedule D pg 2	Supplemental Financial Statement, page 2	
Schedule D pg 3	Supplemental Financial Statement, page 3	
Schedule D pg 4	Supplemental Financial Statement, page 4	
Schedule D pg 5	Supplemental Financial Statement, page 5	
Schedule G	Fundraising and Gaming Activities, page 1	
Schedule G pg 2	Fundraising and Gaming Activities, page 2	
Schedule O	Supplemental Information, page 1	
Form 4562	Depreciation and Amortization	

Form 8868	Application for Extension	
Form 8879-TE	E-file Signature Authorization for Tax Exempt	
Form 8879-TE	E-file Signature Authorization for Tax Exempt	
DEPR - Fixed Asset Report	Fixed Asset Manager Report	
DEPR - Fed Schedule	Federal Depreciation Schedule	
DEPR - Fed Schedule	Federal Depreciation Schedule	
DEPR - Fed Schedule	Federal Depreciation Schedule	
DEPR - Next Year	Next Year Depreciation Schedule	
DEPR - Next Year	Next Year Depreciation Schedule	
Statement Sch D	Schedule D - Part VI, Line 1e	
Overflow	Itemized Listing Attachment	
EF Notice	General Information for Electronic Filing	
California Forms		
CA199	Exempt Organization Annual Information	
CARRFR	REGISTRATION RENEWAL FEE REPORT	
CA3885	Deprec./Amortization	
CA_ATT68	Form 3885 Depr overflow	
CA8453EO	E-file Authorization for Exempt Organizations	

Total Forms	**51**	**Forms Subtotal**	**1,600.00**
Adjustments			
Less Donation For Group			-700.00
		Subtotal	**900.00**
		Total Balance Due	**900.00**

Payment due upon receipt. Thank you for your business!

Ac knowledgement and General Information for Entities That File Returns Electronically

2024

Name(s) as shown on return	Tax ID Number
MARINE LIFE STUDIES	**-***8674

Entity address

PO BOX 163

MOSS LANDING, CA 95039

Thank you for participating in IRS e-file.

1. [x] 2024 8868-01 income tax return for Federal was filed electronically.
   The electronic filing services were provided by BARRY ASSOCIATES INC .

2. [x] 8868-01 income tax return was accepted on 05-05-2025 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
   The submission ID assigned to this return is 3872472025125kx0t023 .

PLEASE DO NOT SEND A PA PER COPY OF EN TITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

BARRY ASSOCIATES INC

8653 N 32ND ST STE 1A
RICHLAND, MI 49083
info@barryassoc.com
Phone: (269)629-4436 | Fax: (269)629-4451

June 19, 2025

Marine Life Studies
PO Box 163
Moss Landing, CA 95039

Marine Life Studies:

Enclosed is the 2024 federal return for a tax-exempt organization, prepared for Marine Life Studies from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Enclosed is the 2024 California Income Tax return for Marine Life Studies, prepared from the information provided. The return will be e-filed with the California taxing authority.

The organization's California Income Tax return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (269)629-4436.

Sincerely,

Colleen Reynolds EA
BARRY ASSOCIATES INC

BARRY ASSOCIATES INC

8653 N 32ND ST STE 1A
RICHLAND, MI 49083
info@barryassoc.com
Phone: (269)629-4436 | Fax: (269)629-4451

June 19, 2025

Marine Life Studies
PO Box 163
Moss Landing, CA 95039

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (269)629-4436.

Sincerely,

Colleen Reynolds EA
BARRY ASSOCIATES INC

Form **8879-TE** | Department of the Treasury Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning , 2024, and ending , 20

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2024

Name of filer: MARINE LIFE STUDIES

EIN or SSN: 27-0318674

Name and title of officer or person subject to tax: PEGGY STAP, EXECUTIVE DIR

Part I Type of Return and Return Information

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

1a	**Form 990** check here ☐	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here ☐	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ☐	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ☐	b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here ☒	b	**Balance due** (Form 8868, line 3c)	5b	0
6a	**Form 990-T** check here ☐	b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here ☐	b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here ☐	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here ☐	b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here ☐	b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

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

PIN: check one box only

☒ I authorize BARRY ASSOCIATES INC (**ERO firm name**) to enter my PIN 69156 (**Enter five numbers, but do not enter all zeros**) as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

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

Signature of officer or person subject to tax ________ Date 06-03-2025

Part III Certification and Authentication

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

387247 33333

Do not enter all zeros

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

ERO's signature COLLEEN REYNOLDS EA Date 06-19-2025

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

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning , 2024, and ending , 20

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2024

Name of filer: MARINE LIFE STUDIES

EIN or SSN: 27-0318674

Name and title of officer or person subject to tax: PEGGY STAP, EXECUTIVE DIR

Part I Type of Return and Return Information

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

1a	**Form 990** check here	X	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	349,930
2a	**Form 990-EZ** check here	☐	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	☐	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	☐	b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☐	b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here	☐	b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

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

PIN: check one box only

X I authorize BARRY ASSOCIATES INC (**ERO firm name**) to enter my PIN 69156 (**Enter five numbers, but do not enter all zeros**) as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

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

Signature of officer or person subject to tax ______ Date 06-03-2025

Part III Certification and Authentication

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

387247 33333

Do not enter all zeros

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

ERO's signature COLLEEN REYNOLDS EA Date 06-19-2025

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

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: MARINE LIFE STUDIES
Doing business as
Number and street (or P.O. box if mail is not delivered to street address): PO BOX 163 Room/suite
City or town, state or province, country, and ZIP or foreign postal code: MOSS LANDING, CA 95039

D Employer identification number: 27-0318674
E Telephone number: (831)901-3833
G Gross receipts $ 349,930

F Name and address of principal officer: PEGGY STAP
6 CARLTON DR Monterey, CA 93940

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: WWW.MARINELIFESTUDIES.ORG
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Year of formation: 2009
M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: MARINE RESEARCH, EDUCATION AND WHALE RESCUE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	219,137	302,259
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,147	47,671
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	246,284	349,930
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	71,782	77,267
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 10,097		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	168,965	255,910
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	240,747	333,177
	19	Revenue less expenses. Subtract line 18 from line 12	5,537	16,753

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	590,701	563,705
	21	Total liabilities (Part X, line 26)	37,854	36,470
	22	Net assets or fund balances. Subtract line 21 from line 20	552,847	527,235

Part II Signature Block

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

Sign Here

PEGGY STAP — 06-03-2025
Signature of officer — Date

PEGGY STAP, EXECUTIVE DIR
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
COLLEEN REYNOLDS EA	COLLEEN REYNOLDS EA	06-19-2025		P00202069

Firm's name: BARRY ASSOCIATES INC — Firm's EIN
Firm's address: 8653 N 32ND ST STE 1A, RICHLAND MI 49083 — Phone no. 269-629-4436

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

MARINE RESEARCH, EDUCATION AND WHALE RESCUE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

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

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

4a (Code:) (Expenses $ 140,229 including grants of $) (Revenue $)

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

4b (Code:) (Expenses $ 80,324 including grants of $) (Revenue $)

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

4c (Code:) (Expenses $ 65,569 including grants of $) (Revenue $)

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

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 286,122

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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 Rev. Proc. 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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
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		X
e	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)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	W as 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		X
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		X
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		X
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		X
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		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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 transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
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 on Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 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 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	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	7d				
e	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		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		X
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		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	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.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
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		
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? If "Yes," see the instructions and file Form 4720, Schedule N.			15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			17		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	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 on 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, 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:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*		9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
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	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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		

Section 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.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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.

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

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

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEPHANIE MARCOS OPERATIONAL MANAGER	32.00				X			45,971	0	0
(2) MARY WHITNEY DIRECTOR	0.50	X						0	0	0
(3) JERRY PEREZCHICA CHAIR	2.00	X						0	0	0
(4) MICHAEL PRICE DIRECTOR	2.00	X						0	0	0
(5) PEGGY STAP EXECUTIVE DIRECTOR & FOUNDER	65.00	X		X				0	0	0
(6) JENNIFER OSBORN SECRETARY	1.00	X		X				0	0	0
(7) RICHARD HUGHETT TREASURER	0.50			X				0	0	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								45,971		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								45,971	0	0

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

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

Section B. Independent Contractors

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

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

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

Part VIII **Statement of Revenue**

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	302,259				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f	1g	$				
	h	**Total.** Add lines 1a-1f			302,259			
Program Service Revenue				Business Code				
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			12,000	12,000		
	4	Income from investment of tax-exempt bond proceeds			35,671	35,671		
	5	Royalties						
				(i) Real / (ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
	11a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d						
	12	**Total revenue.** See instructions			349,930	47,671	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations 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	69,454	69,454		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,243	2,243		
10 Payroll taxes	5,570	5,570		
11 Fees for services (nonemployees):				
a Management	172		172	
b Legal	1,215		1,215	
c Accounting	670		670	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	2,342	2,168	174	
12 Advertising and promotion	1,626			1,626
13 Office expenses	21,027	3,701	14,597	2,729
14 Information technology				
15 Royalties				
16 Occupancy	36,606	36,606		
17 Travel	4,572	4,572		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,764		19,764	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a GENERAL DUES AND FEES	7,238	7,238		
b RESEARCH,EDUCATION,RESCUE	61,331	61,331		
c WET OUTREACH	59,572	59,572		
d RSP EDDUCATION OUTREACH	48,517	48,517		
e All other expenses	(8,742)	(14,850)	366	5,742
25 **Total functional expenses.** Add lines 1 through 24e	333,177	286,122	36,958	10,097
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)				

Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			462,746	1	454,054
	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	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			905	8	905
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	382,643			
	b	Less: accumulated depreciation	10b	273,897	126,938	10c	108,746
	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			112	14	
	15	Other assets. See Part IV, line 11				15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)			590,701	16	563,705
Liabilities	17	Accounts payable and accrued expenses			2,687	17	1,663
	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	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties			35,167	24	34,641
	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	166
	26	**Total liabilities.** Add lines 17 through 25			37,854	26	36,470
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**					
	27	Net assets without donor restrictions			186,146	27	208,584
	28	Net assets with donor restrictions			366,701	28	318,651
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or equipment fund				30	
	31	Retained earnings, endowment, accumulated income, or other funds				31	
	32	Total net assets or fund balances			552,847	32	527,235
	33	Total liabilities and net assets/fund balances			590,701	33	563,705

Part XI Reconciliation of Net As sets

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

1	To tal revenue (must equal Part VIII, column (A), line 12)	1	349,930
2	To tal expenses (must equal Part IX, column (A), line 25)	2	333,177
3	Revenue less expenses. Subtract line 2 from line 1	3	16,753
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	552,847
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	(42,365)
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	527,235

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
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		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization: MARINE LIFE STUDIES

Employer identification number: 27-0318674

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . .

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the 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)						
6 **Public support.** Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) . . . 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . 15 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ☐

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ☐

17a **10%-facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . ☐

b **10%-facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	265,173	222,572	206,027	219,137	302,259	1,215,168
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	265,173	222,572	206,027	219,137	302,259	1,215,168
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						
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support.** (Subtract line 7c from line 6.)						1,215,168

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	265,173	222,572	206,027	219,137	302,259	1,215,168
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	412	387	1,317	27,147	47,671	76,934
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	412	387	1,317	27,147	47,671	76,934
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	265,585	222,959	207,344	246,284	349,930	1,292,102

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	94.05 %
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	97.34 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	6 %
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	3 %

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supporting Organizations**

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

Section A. Al l 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 lines 3b and 3c 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**		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	**3c**		
4a	W as 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 lines 4b and 4c 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**		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	**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**		
c	**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).*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	**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))? *If "Yes," provide detail in **Part VI**.*	**9a**		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI**.*	**9b**		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI**.*	**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 line 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**		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11 c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions)****.*

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 governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b 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.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	**3a**		
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**		

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

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

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 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in **Part VI***)	5	
6	Other distributions *(describe in **Part VI**)*. See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive *(provide details in **Part VI**)*. See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		**(i)** Excess Distributions	**(ii)** Underdistributions Pre-2024	**(iii)** Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in **Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in **Part VI***. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in **Part VI***. See instructions.			
7	**Excess distributions carryover to 2025**. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

Name of the organization	Employer identification number
MARINE LIFE STUDIES	27-0318674

Organization type (check one):

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

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization	Employer identification number
MARINE LIFE STUDIES	27-0318674

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE BENEVITY COMMUNITY IMPACT FUND PO BOX 1010 SAFETY HARBOR, FL 34695	$ 49,145	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	MC MATCH 2354 GARDEN ROAD MONTEREY, CA 93940	$ 10,915	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	PETER NEUMEIER 26435 CARMEL RANCHO BLVD STE 200 CARMEL, CA 93923	$ 15,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	DICK & PEGGY STAPP 6 CARLTON DR MONTEREY, CA 93940	$ 15,027	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	DUNSPAUGH DALTON FOUNDATION, INC 1501 VENERA AVE STE 312 MIAMI, FL 33146	$ 15,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	ANNONYMOUS NA MOSS LANDING, CA 95039	$ 11,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: MARINE LIFE STUDIES

Employer identification number: 27-0318674

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE NATURE CONSERVANCY 830 S ST SACRAMENTO, CA 95811	$ 6,674	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	YACHT-AID GLOBAL 224 BIRMINGHAM DR CARDIFF BY THE SEA, CA 92007	$ 16,750	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
MARINE LIFE STUDIES	27-0318674

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
MARINE LIFE STUDIES	27-0318674

Part III ***Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) **$** ________
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
Open to Public Inspection

Name of the organization	Employer identification number
MARINE LIFE STUDIES	27-0318674

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ______ %
b Permanent endowment ______ %
c Term endowment ______ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

			Yes	No
(i)	Unrelated organizations?	3a(i)		
(ii)	Related organizations?	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment				
e	Other STMD1E	5,963	376,680	273,897	108,746
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				108,746

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SALES TAX	166
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	166

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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:			
	a	Net unrealized gains (losses) on investments	2a		
	b	Donated services and use of facilities	2b		
	c	Recoveries of prior year grants	2c		
	d	Other (Describe in Part XIII.)	2d		
	e	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:			
	a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b	Other (Describe in Part XIII.)	4b		
	c	Add lines **4a** and **4b**		4c	
5		Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*		5	

Part 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:			
	a	Donated services and use of facilities	2a		
	b	Prior year adjustments	2b		
	c	Other losses	2c		
	d	Other (Describe in Part XIII.)	2d		
	e	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:			
	a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b	Other (Describe in Part XIII.)	4b		
	c	Add lines **4a** and **4b**		4c	
5		Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*		5	

Part 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.

Part XIII **Supplemental Information** *(continued)*

SCHEDULE G
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
Open to Public Inspection

Name of the organization: MARINE LIFE STUDIES
Employer identification number: 27-0318674

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of nongovernment grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

			(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
	11	Net income summary. Subtract line 10 from line 3, column (d)				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: ____________

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____________

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

b If "Yes," explain: ____________

SCHEDULE O (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	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.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Am ortization

(Including Information on Listed Property)

At tach to your tax return.

Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

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

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	
2	To tal cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	To tal elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	19,360
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,460	5	HY	200 DB	292
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental			27.5 yrs.	MM	S/L	
property			27.5 yrs.	MM	S/L	
i Nonresidential real			39 yrs.	MM	S/L	
property				MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	19,652
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

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

Section B - Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year				43	112
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	112

Form **8868** (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

File a separate application for each return.
Go to *www.irs.gov/Form8868* for the latest information.

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

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

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.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
MARINE LIFE STUDIES

Taxpayer identification number (TIN)
27-0318674

Number, street, and room or suite no. If a P.O. box, see instructions.
PO BOX 163

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
MOSS LANDING, CA 95039

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name

Plan Number

Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of PEGGY STAP, 6 CARLTON DR Monterey, CA 93940

Telephone No. 831-901-3833 Fax No. 831-717-4198

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

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ________ .

If this is for the whole group, check this box . . . . ☐

If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for . . . . ☐

1 I request an automatic 6-month extension of time until 11-17 , 20 25 , to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 24 or

☐ tax year beginning ________ , 20 ____ , and ending ________ , 20 ____ .

2 If the tax year entered in line 1 is for less than 12 months, check reason:

☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-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**	$
c	**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**	$

Name(s) as shown on return: MARINE LIFE STUDIES
Tax ID Number: 27-0318674

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

STATEMENT #D1E

DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	BOOK VALUE
FURNITURE AND FIXTURES	0	2,464	2,463	1
OFFICE EQUIPMENT	5,963	18,184	17,720	6,427
BOAT AND TRAILER	0	228,214	140,693	87,521
VEHICLES	0	34,321	34,321	0
EQUIPMENT	0	93,497	78,700	14,797
TOTAL	**5,963**	**376,680**	**273,897**	**108,746**

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2024 Page 1

Name(s) as shown on return: MARINE LIFE STUDIES

FEIN: 27-0318674

Overflow Statement

Description	Amount
PROGRAM ALLOCATION	$ (14,85
Total:	$ -14,850

MARINE LIFE STUDIES
FEDERAL DEPRECIATION SCHEDULE
Tax Year End : 12-31-2024
ID Number : 27-0318674
Asset Category: 100 - Vehicles

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		7	0	0	34,321	0
Total		34,321	34,321			0	0	34,321	0

MARINE LIFE STUDIES
FEDERAL DEPRECIATION SCHEDULE
Tax Year End : 12-31-2024
ID Number : 27-0318674
Asset Category: 105 - Watercraft

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		7	0	0	272	0
TRAILER FOR SUPPLIES	07-01-2014	3,899	3,899		7	0	0	3,899	0
INFLATIBLE BOAT AND TRAILER	07-14-2014	10,366	10,366		7	0	0	10,366	0
VANNESS VESSEL 40' ALBIN NORT	04-23-2015	184,213	184,213	150 DBHY	20	0	0	107,872	8,218
TAX ON BOAT PURCHASE	05-24-2017	14,000	14,000	150 DBHY	20	0	0	6,368	633
2018 4.2 WING INFLATABLE VESSEL	05-11-2018	15,462	15,462	200 DBHY	10	0	0	11,916	1,013
Total		228,214	228,214			0	0	140,693	9,864

MARINE LIFE STUDIES
FEDERAL DEPRECIATION SCHEDULE
Tax Year End : 12-31-2024
ID Number : 27-0318674
Asset Category: 200 - Furniture & Fixtures

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr
AQUARIAN AUDIO HYDROPHONE & AMP	11-02-2009	323	323		5	0	0	323	0
SPYDERCO KNIVES	12-01-2009	630	630		5	0	0	630	0
8 BY 10 STORAGE UNIT	01-16-2012	810	810		7	0	0	810	0
2 4 TIER SHELVING RACK	03-29-2012	233	233		7	0	0	232	0
OFFICE CHAIR	07-28-2012	103	103		7	0	0	103	0
1 6 TIER SHELF RACK	12-01-2012	101	101		7	0	0	101	0
6 DRAWER FILE CABINET	01-09-2013	264	264		7	0	0	264	0
Total		2,464	2,464			0	0	2,463	0

MARINE LIFE STUDIES
FEDERAL DEPRECIATION SCHEDULE
Tax Year End : 12-31-2024
ID Number : 27-0318674
Asset Category: 302 - Equipment

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		7	0	0	280	0
JOHNSON HICK DEPTH SOUNDER	04-18-2014	2,757	2,757		7	0	0	2,756	0
JOHNSON HICK DEPTH PLOTTER	06-13-2014	1,156	1,156		7	0	0	1,155	0
TOOL KIT	07-01-2014	812	812		7	0	0	812	0
TOOLS	07-01-2014	413	413		7	0	0	413	0

VIDEO CAMERA	07-01-2014	1,458	1,458		7	0	0	1,457	0
VIDEO CAMERA	07-01-2014	1,544	1,544		7	0	0	1,544	0
EQUIPMENT	07-14-2014	1,106	1,106		7	0	0	1,106	0
2 CARBON FIBER POLES FOR WET	10-14-2014	1,847	1,847		7	0	0	1,847	0
WET HI DEPTH VIDEO CAMERA	12-04-2014	269	269		7	0	0	269	0
CARBINEER MORRING HOOK ADAP TER ETC	01-30-2015	1,875	1,875		5	0	0	1,875	0
TELEMENTRY PACKAGE AND TR-4	02-06-2015	5,398	5,398		7	0	0	5,398	0
2 HERO 4 GOPRO	02-11-2015	945	945		5	0	0	944	0
SATELLITE PHONE	05-19-2015	890	890		5	0	0	890	0
DAVIS NAVIGATION INSTRAMENTS	05-20-2015	101	101		3	0	0	101	0
HITACHI DS18DSAL 18 VOLT DRILL SET	05-20-2015	205	205		3	0	0	204	0
FIRE EXTINGUSHERS FOR ENGINE ROOM	05-22-2015	252	252		5	0	0	252	0
SHOP VAC TOOL SET	05-23-2015	212	212		5	0	0	211	0
HANDHELD VHF RADIO 2 PFD VESTS	05-27-2015	288	288		5	0	0	288	0
LIFE SAVING FLOATATION	05-27-2015	690	690		5	0	0	689	0
LASHCARD FOR E-120 RAYMARINE PLOTTER	05-29-2015	286	286		5	0	0	286	0
TELEMETRY BUOY KIT CARABINEERS MOMORING H	04-01-2016	3,185	3,185	200 DBHY	10	0	0	3,185	177
TELONICS TELEMETRY GPS PACKAGE	07-22-2016	3,240	3,240	200 DBHY	10	0	0	3,240	182
EQUIPMENT AED DEFIBRILLATOR	01-18-2017	1,106	1,106	200 DBHY	7	0	0	1,106	49
NIKON N7200 WITH LENSES	02-20-2017	1,447	1,447	200 DBHY	7	0	0	1,447	65
NIKON N7200 WOTH ONE LENS	09-10-2017	1,153	1,153	200 DBHY	7	0	0	1,153	51
WINSLOW LIFE RAFT AND PELICAN CASE 505	02-05-2020	4,780	4,780	200 DBHY	7	0	0	3,714	427
WINSLOW LIFE RAFT WITH CASE 505	02-05-2020	4,780	4,780	200 DBHY	7	0	0	3,714	427
2 STANDARD JAM GRAPPLE FOR WET	03-06-2020	610	610	200 DBHY	7	0	0	473	54
2 FISHONSPORTS RADAR ARCH & PAD - WET RSP	08-31-2020	1,685	1,685	200 DBHY	7	0	0	1,309	150
USED 2009 EF-25-105 LENS EXC CONDITION	08-31-2020	800	800	200 DBHY	7	0	0	621	71
USED 2011 EOS 5D MK11 CAMERA	08-31-2020	520	520	200 DBHY	7	0	0	403	46
USED 2012 CANON EF-200-400 LENS	08-31-2020	1,400	1,400	200 DBHY	7	0	0	1,088	125
MARINE TOP SOGNAL CEL-FI GI CELL BOOSTER	09-15-2020	950	950	200 DBHY	7	0	0	739	85
2 FURUNO ELECTRONICS RSP-WET	09-18-2020	17,079	17,079	200 DBHY	7	0	0	13,269	1,525
4 GOPRO GERO 8 CAMERAS WITH 4 RECHARGE BAT	09-23-2020	1,612	1,612	200 DBHY	7	0	0	1,252	144
1 SWELL PRO 3 PLUS SPLASHDOWN DRONE	10-01-2020	1,640	1,640	200 DBHY	7	0	0	1,274	146
3 GATH RETRACTABLE VISOR HELMENTS	10-01-2020	517	517	200 DBHY	7	0	0	402	46
CARBON FIBER CUTTING POLE	10-01-2020	1,800	1,800	200 DBHY	7	0	0	1,399	161
2 APPLIE IPADS DOWNLOADING DATA FROM PLOTT	10-13-2020	1,338	1,338	200 DBHY	7	0	0	1,039	119
2 FURUNO EQUIPMNT FOR ALBIN RSP-WET	10-15-2020	903	903	200 DBHY	7	0	0	702	81
2 TEAM WENDY RADIO HARNESSES	10-15-2020	296	296	200 DBHY	7	0	0	229	26

2 FURUNO 16INCH PLOTTER AND DIG COMPASS	10-31-2020	7,603	7,603	200 DBHY	7	0	0	5,907	679
MULTIPLE NEW PELICAN CASES TRIPOD	12-19-2020	2,096	2,096	200 DBHY	7	0	0	1,629	187
HONDA 4-STROKE ENGINE	07-22-2022	4,519	4,519	200 DBHY	7	0	0	2,543	790
CANON 5D CAMERA	12-30-2022	4,448	4,448	200 DBHY	5	0	0	3,167	854
DJI MINI3 PRO DRONE	07-05-2023	1,205	1,205	200 DBHY	5	0	0	627	386
ZEISS BINOCULARS	01-03-2024	1,460	1,460	200 DBHY	5	0	0	292	292
Total		94,956	94,956			0	0	78,700	7,345

MARINE LIFE STUDIES
FEDERAL DEPRECIATION SCHEDULE
Tax Year End : 12-31-2024
ID Number : 27-0318674
Asset Category: 303 - Office Equipment

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr
GO FLEX HD SEAGATE	03-09-2011	144	144		5	0	0	144	0
SEAGATE 500 GB HARD DRIVE	05-10-2011	76	76		5	0	0	76	0
2 PIECE DESK AND CHAIR COVERS	10-05-2011	130	130		7	0	0	130	0
5 TABLES FOR BOOTH EVENT AND OFFICE	10-18-2011	173	173		7	0	0	172	0
SLANTED SIGN HOLDERS	10-18-2011	130	130		7	0	0	130	0
USB EXTENSION FLOOR CABLE COVER	10-30-2011	53	53		3	0	0	53	0
2 TB GO FLEX HARD DRIVE - SEAGATE	11-08-2011	108	108		5	0	0	108	0
IN DESIGN CS5.5 SOFTWARE	11-15-2011	60	60		3	0	0	60	0
DESK ORGANIZER	11-18-2011	74	74		5	0	0	74	0
IDEA DESK WITH FILE CABINET AND 3DRAWER	12-21-2011	150	150		7	0	0	149	0
IPAD2 64 GB WITH WIFI & HARDDRIVE	08-02-2012	1,098	824		5	0	0	824	0
HP OFFICEJET PRO PRINTER	08-17-2012	189	142		5	0	0	141	0
15INCH MACDOOK PRO WIDE SCREEN	02-04-2013	2,857	2,857		5	0	0	2,857	0
ROUTER	04-08-2013	325	325		5	0	0	324	0
LIVE DUO NETWORK	11-05-2013	336	336		5	0	0	336	0
BACKUP DRIVE	11-26-2013	222	222		5	0	0	222	0
NEW HP 15 COMPUTER	01-20-2015	391	391		5	0	0	391	0
2 HARD DRIVES	02-14-2015	279	279		5	0	0	279	0
2 SANSUNG A800 SER 27 INCH MONITORS	12-01-2021	917	917	200 DBMQ	7	0	0	595	129
AP PLE MAC BOOK PRO-16 LAP TOP	12-01-2021	4,019	4,019	200 DBMQ	7	0	0	2,606	565
FAX PRINTER EPSON ECO TRORK PRO-ET5850	12-09-2021	1,029	1,029	200 DBMQ	7	0	0	668	145
APPLELAPTOP	01-28-2022	4,019	4,019	200 DBHY	3	0	0	3,721	595
TWO DELL LAPTOPS	02-28-2022	922	922	200 DBHY	3	0	0	854	137
3 NEW DESKS	12-27-2022	4,987	4,987	200 DBHY	7	0	0	2,806	872
Total		22,688	22,367			0	0	17,720	2,443

MARINE LIFE STUDIES
FEDERAL DEPRECIATION SCHEDULE
Tax Year End : 12-31-2024
ID Number : 27-0318674
Asset Category: 600 - Amortizable Assets

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	3,816	112
Total		3,816	3,816			0	0	3,816	112

MARINE LIFE STUDIES
FEDERAL DEPRECIATION SCHEDULE
Tax Year End : 12-31-2024
ID Number : 27-0318674
Grand total for all departments

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr
GrandTotal		386,459	386,138			0	0	277,713	19,764

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

Depreciation Detail Listing

Management & General

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: MARINE LIFE STUDIES

Social security number/EIN: 27-0318674

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	START UP COST	06-01-2009	3,816		100.00			3,816	15	AMT-AMT	6.6667	3,704	112	3,816	
2	AQUARIAN AUDIO HYDROP	11-02-2009	323		100.00			323	5		0	323		323	
3	SPYDERCO KNIVES	12-01-2009	630		100.00			630	5		0	630		630	
4	GO FLEX HD SEAGATE	03-09-2011	144		100.00			144	5		0	144		144	
5	SEAGATE 500 GB HARD D	05-10-2011	76		100.00			76	5		0	76		76	
6	2 PIECE DESK AND CHAI	10-05-2011	130		100.00			130	7		0	130		130	
7	SLANTED SIGN HOLDERS	10-18-2011	130		100.00			130	7		0	130		130	
8	5 TABLES FOR BOOTH EV	10-18-2011	173		100.00			173	7		0	172		172	
9	USB EXTENSION FLOOR C	10-30-2011	53		100.00			53	3		0	53		53	
10	2 TB GO FLEX HARD DRI	11-08-2011	108		100.00			108	5		0	108		108	
11	IN DESIGN CS5.5 SOFTW	11-15-2011	60		100.00			60	3	AMT-	0	60		60	
12	DESK ORGANIZER	11-18-2011	74		100.00			74	5		0	74		74	
13	IDEA DESK WITH FILE C	12-21-2011	150		100.00			150	7		0	149		149	
14	8 BY 10 STORAGE UNIT	01-16-2012	810		100.00			810	7		0	810		810	
15	2 4 TIER SHELVING RAC	03-29-2012	233		100.00			233	7		0	232		232	
16	OFFICE CHAIR	07-28-2012	103		100.00			103	7		0	103		103	
17	IPAD2 64 GB WITH WIFI	08-02-2012	1,098		75.00			824	5		0	824		824	
18	HP OFFICEJET PRO PRIN	08-17-2012	189		75.00			142	5		0	141		141	
19	1 6 TIER SHELF RACK	12-01-2012	101		100.00			101	7		0	101		101	
20	6 DRAWER FILE CABINET	01-09-2013	264		100.00			264	7		0	264		264	
21	15INCH MACDOOK PRO WI	02-04-2013	2,857		100.00			2,857	5		0	2,857		2,857	
22	ROUTER	04-08-2013	325		100.00			325	5		0	324		324	
23	LIVE DUO NETWORK	11-05-2013	336		100.00			336	5		0	336		336	
24	BACKUP DRIVE	11-26-2013	222		100.00			222	5		0	222		222	
25	GOPRO HERO 2	02-07-2014	280		100.00			280	7		0	280		280	
26	VIDEO CAMERA	07-01-2014	1,544		100.00			1,544	7		0	1,544		1,544	
27	VIDEO CAMERA	07-01-2014	1,458		100.00			1,458	7		0	1,457		1,457	
28	TOOLS	07-01-2014	413		100.00			413	7		0	413		413	
29	TOOL KIT	07-01-2014	812		100.00			812	7		0	812		812	
30	JOHNSON HICK DEPTH SO	04-18-2014	2,757		100.00			2,757	7		0	2,756		2,756	

Depreciation Detail Listing

Management & General

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return: MARINE LIFE STUDIES

Social security number/EIN: 27-0318674

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	JOHNSON HICK DEPTH PL	06-13-2014	1,156		100.00			1,156	7		0	1,155		1,155	
32	EQUIPMENT	07-14-2014	1,106		100.00			1,106	7		0	1,106		1,106	
33	2 CARBON FIBER POLES	10-14-2014	1,847		100.00			1,847	7		0	1,847		1,847	
34	WET HI DEPTH VIDEO CA	12-04-2014	269		100.00			269	7		0	269		269	
35	2014 TOYTA	03-27-2014	34,321		100.00			34,321	7		0	34,321		34,321	
36	INFLATIBLE BOAT AND T	07-14-2014	10,366		100.00			10,366	7		0	10,366		10,366	
37	TRAILER FOR SUPPLIES	07-01-2014	3,899		100.00			3,899	7		0	3,899		3,899	
38	TOOLS FOR WET	07-01-2014	274		100.00			274	7		0	272		272	
39	NEW HP 15 COMPUTER	01-20-2015	391		100.00			391	5		0	391		391	
40	2 HARD DRIVES	02-14-2015	279		100.00			279	5		0	279		279	
41	CARBINEER MORRING HOO	01-30-2015	1,875		100.00			1,875	5		0	1,875		1,875	
42	TELEMENTRY PACKAGE AN	02-06-2015	5,398		100.00			5,398	7		0	5,398		5,398	
43	2 HERO 4 GOPRO	02-11-2015	945		100.00			945	5		0	944		944	
44	SATELLITE PHONE	05-19-2015	890		100.00			890	5		0	890		890	
45	HITACHI DS18DSAL 18 V	05-20-2015	205		100.00			205	3		0	204		204	
46	DAVIS NAVIGATION INST	05-20-2015	101		100.00			101	3		0	101		101	
47	FIRE EXTINGUSHERS FOR	05-22-2015	252		100.00			252	5		0	252		252	
48	SHOP VAC TOOL SET	05-23-2015	212		100.00			212	5		0	211		211	
49	LASHCARD FOR E-120 RA	05-29-2015	286		100.00			286	5		0	286		286	
50	LIFE SAVING FLOATATIO	05-27-2015	690		100.00			690	5		0	689		689	
51	HANDHELD VHF RADIO 2	05-27-2015	288		100.00			288	5		0	288		288	
52	VANNESS VESSEL 40' AL	04-23-2015	184,213		100.00			184,213	20	150 DB HY	4.461	99,654	8,218	107,872	
53	TELEMETRY BUOY KIT CA	04-01-2016	3,185		100.00			3,185	10	200 DB HY	6.56	3,008	177	3,185	
54	TELONICS TELEMETRY GP	07-22-2016	3,240		100.00			3,240	10	200 DB HY	6.56	3,058	182	3,240	
55	EQUIPMENT AED DEFIBRI	01-18-2017	1,106		100.00			1,106	7	200 DB HY	4.46	1,057	49	1,106	
56	NIKON N7200 WITH LENS	02-20-2017	1,447		100.00			1,447	7	200 DB HY	4.46	1,382	65	1,447	
57	NIKON N7200 WOTH ONE	09-10-2017	1,153		100.00			1,153	7	200 DB HY	4.46	1,102	51	1,153	
58	TAX ON BOAT PURCHASE	05-24-2017	14,000		100.00			14,000	20	150 DB HY	4.522	5,735	633	6,368	
59	2018 4.2 WING INFLATA	05-11-2018	15,462		100.00			15,462	10	200 DB HY	6.55	10,903	1,013	11,916	
60	USED 2009 EF-25-105 L	08-31-2020	800		100.00			800	7	200 DB HY	8.93	550	71	621	

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

Depreciation Detail Listing

Management & General

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return: MARINE LIFE STUDIES

Social security number/EIN: 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
61	USED 2011 EOS 5D MK11	08-31-2020	520		100.00			520	7	200 DB HY	8.93	357	46	403	
62	USED 2012 CANON EF-20	08-31-2020	1,400		100.00			1,400	7	200 DB HY	8.93	963	125	1,088	
63	3 GATH RETRACTABLE VI	10-01-2020	517		100.00			517	7	200 DB HY	8.93	356	46	402	
64	CARBON FIBER CUTTING	10-01-2020	1,800		100.00			1,800	7	200 DB HY	8.93	1,238	161	1,399	
65	MARINE TOP SOGNAL CEL	09-15-2020	950		100.00			950	7	200 DB HY	8.93	654	85	739	
66	1 SWELL PRO 3 PLUS SP	10-01-2020	1,640		100.00			1,640	7	200 DB HY	8.93	1,128	146	1,274	
67	2 TEAM WENDY RADIO HA	10-15-2020	296		100.00			296	7	200 DB HY	8.93	203	26	229	
68	4 GOPRO GERO 8 CAMERA	09-23-2020	1,612		100.00			1,612	7	200 DB HY	8.93	1,108	144	1,252	
69	WINSLOW LIFE RAFT WIT	02-05-2020	4,780		100.00			4,780	7	200 DB HY	8.93	3,287	427	3,714	
70	WINSLOW LIFE RAFT AND	02-05-2020	4,780		100.00			4,780	7	200 DB HY	8.93	3,287	427	3,714	
71	2 STANDARD JAM GRAPPL	03-06-2020	610		100.00			610	7	200 DB HY	8.93	419	54	473	
72	2 FISHONSPORTS RADAR	08-31-2020	1,685		100.00			1,685	7	200 DB HY	8.93	1,159	150	1,309	
73	2 FURUNO ELECTRONICS	09-18-2020	17,079		100.00			17,079	7	200 DB HY	8.93	11,744	1,525	13,269	
74	2 APPLIE IPADS DOWNLO	10-13-2020	1,338		100.00			1,338	7	200 DB HY	8.93	920	119	1,039	
75	2 FURUNO EQUIPMNT FOR	10-15-2020	903		100.00			903	7	200 DB HY	8.93	621	81	702	
76	2 FURUNO 16INCH PLOTT	10-31-2020	7,603		100.00			7,603	7	200 DB HY	8.93	5,228	679	5,907	
77	MULTIPLE NEW PELICAN	12-19-2020	2,096		100.00			2,096	7	200 DB HY	8.93	1,442	187	1,629	
78	APPLE MAC BOOK PRO-16	12-01-2021	4,019		100.00			4,019	7	200 DB MQ	14.06	2,041	565	2,606	
79	2 SANSUNG A800 SER 27	12-01-2021	917		100.00			917	7	200 DB MQ	14.06	466	129	595	
80	FAX PRINTER EPSON ECO	12-09-2021	1,029		100.00			1,029	7	200 DB MQ	14.06	523	145	668	
81	3 NEW DESKS	12-27-2022	4,987		100.00			4,987	7	200 DB HY	17.49	1,934	872	2,806	
82	APPLE LAPTOP	01-28-2022	4,019		100.00			4,019	3	200 DB HY	14.81	3,126	595	3,721	
83	TWO DELL LAPTOPS	02-28-2022	922		100.00			922	3	200 DB HY	14.81	717	137	854	
84	CANON 5D CAMERA	12-30-2022	4,448		100.00			4,448	5	200 DB HY	19.2	2,313	854	3,167	
85	HONDA 4-STROKE ENGINE	07-22-2022	4,519		100.00			4,519	7	200 DB HY	17.49	1,753	790	2,543	
86	DJI MINI3 PRO DRONE	07-05-2023	1,205		100.00			1,205	5	200 DB HY	32	241	386	627	
87	ZEISS BINOCULARS	01-03-2024	1,460		100.00			1,460	5	200 DB HY	20		292	292	
	Totals		386,459					386,138				257,949	19,764	277,713	

Land Amount
Net Depreciable Cost 386,459

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus 19,764

ST ADJ:

Next Ye ar's Depreciation Worksheet

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2024

Name(s) as shown on return: MARINE LIFE STUDIES

Tax ID Number: 27-0318674

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	START UP COST	06-01-2009	3,816	AMT	15	
MGT	1	AQUARIAN AUDIO HYDROPHON	11-02-2009	323		5	
MGT	1	SPYDERCO KNIVES	12-01-2009	630		5	
MGT	1	GO FLEX HD SEAGATE	03-09-2011	144		5	
MGT	1	SEAGATE 500 GB HARD DRIV	05-10-2011	76		5	
MGT	1	2 PIECE DESK AND CHAIR C	10-05-2011	130		7	
MGT	1	SLANTED SIGN HOLDERS	10-18-2011	130		7	
MGT	1	5 TABLES FOR BOOTH EVENT	10-18-2011	173		7	
MGT	1	USB EXTENSION FLOOR CABL	10-30-2011	53		3	
MGT	1	2 TB GO FLEX HARD DRIVE	11-08-2011	108		5	
MGT	1	IN DESIGN CS5.5 SOFTWARE	11-15-2011	60		3	
MGT	1	DESK ORGANIZER	11-18-2011	74		5	
MGT	1	IDEA DESK WITH FILE CABI	12-21-2011	150		7	
MGT	1	8 BY 10 STORAGE UNIT	01-16-2012	810		7	
MGT	1	2 4 TIER SHELVING RACK	03-29-2012	233		7	
MGT	1	OFFICE CHAIR	07-28-2012	103		7	
MGT	1	IPAD2 64 GB WITH WIFI &	08-02-2012	824		5	
MGT	1	HP OFFICEJET PRO PRINTER	08-17-2012	142		5	
MGT	1	1 6 TIER SHELF RACK	12-01-2012	101		7	
MGT	1	6 DRAWER FILE CABINET	01-09-2013	264		7	
MGT	1	15INCH MACDOOK PRO WIDE	02-04-2013	2,857		5	
MGT	1	ROUTER	04-08-2013	325		5	
MGT	1	LIVE DUO NETWORK	11-05-2013	336		5	
MGT	1	BACKUP DRIVE	11-26-2013	222		5	
MGT	1	GOPRO HERO 2	02-07-2014	280		7	
MGT	1	VIDEO CAMERA	07-01-2014	1,544		7	
MGT	1	VIDEO CAMERA	07-01-2014	1,458		7	
MGT	1	TOOLS	07-01-2014	413		7	
MGT	1	TOOL KIT	07-01-2014	812		7	
MGT	1	JOHNSON HICK DEPTH SOUND	04-18-2014	2,757		7	
MGT	1	JOHNSON HICK DEPTH PLOTT	06-13-2014	1,156		7	
MGT	1	EQUIPMENT	07-14-2014	1,106		7	
MGT	1	2 CARBON FIBER POLES FOR	10-14-2014	1,847		7	
MGT	1	WET HI DEPTH VIDEO CAMER	12-04-2014	269		7	
MGT	1	2014 TOYTA	03-27-2014	34,321		7	
MGT	1	INFLATIBLE BOAT AND TRAI	07-14-2014	10,366		7	
MGT	1	TRAILER FOR SUPPLIES	07-01-2014	3,899		7	
MGT	1	TOOLS FOR WET	07-01-2014	274		7	
MGT	1	NEW HP 15 COMPUTER	01-20-2015	391		5	
MGT	1	2 HARD DRIVES	02-14-2015	279		5	
MGT	1	CARBINEER MORRING HOOK A	01-30-2015	1,875		5	
MGT	1	TELEMENTRY PACKAGE AND T	02-06-2015	5,398		7	
MGT	1	2 HERO 4 GOPRO	02-11-2015	945		5	
MGT	1	SATELLITE PHONE	05-19-2015	890		5	
MGT	1	HITACHI DS18DSAL 18 VOLT	05-20-2015	205		3	
MGT	1	DAVIS NAVIGATION INSTRAM	05-20-2015	101		3	
MGT	1	FIRE EXTINGUSHERS FOR EN	05-22-2015	252		5	
MGT	1	SHOP VAC TOOL SET	05-23-2015	212		5	
MGT	1	LASHCARD FOR E-120 RAYMA	05-29-2015	286		5	
MGT	1	LIFE SAVING FLOATATION	05-27-2015	690		5	
MGT	1	HANDHELD VHF RADIO 2 PFD	05-27-2015	288		5	
MGT	1	VANNESS VESSEL 40' ALBIN	04-23-2015	184,213	150 DBHY	20	8,220

Next Ye ar's Depreciation Worksheet

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2024

Name(s) as shown on return: MARINE LIFE STUDIES

Tax ID Number: 27-0318674

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	TELEMETRY BUOY KIT CARAB	04-01-2016	3,185	200 DBHY	10	
MGT	1	TELONICS TELEMETRY GPS P	07-22-2016	3,240	200 DBHY	10	
MGT	1	EQUIPMENT AED DEFIBRILLA	01-18-2017	1,106	200 DBHY	7	
MGT	1	NIKON N7200 WITH LENSES	02-20-2017	1,447	200 DBHY	7	
MGT	1	NIKON N7200 WOTH ONE LEN	09-10-2017	1,153	200 DBHY	7	
MGT	1	TAX ON BOAT PURCHASE	05-24-2017	14,000	150 DBHY	20	625
MGT	1	2018 4.2 WING INFLATABLE	05-11-2018	15,462	200 DBHY	10	1,013
MGT	1	USED 2009 EF-25-105 LENS	08-31-2020	800	200 DBHY	7	71
MGT	1	USED 2011 EOS 5D MK11 CA	08-31-2020	520	200 DBHY	7	46
MGT	1	USED 2012 CANON EF-200-4	08-31-2020	1,400	200 DBHY	7	125
MGT	1	3 GATH RETRACTABLE VISOR	10-01-2020	517	200 DBHY	7	46
MGT	1	CARBON FIBER CUTTING POL	10-01-2020	1,800	200 DBHY	7	161
MGT	1	MARINE TOP SOGNAL CEL-FI	09-15-2020	950	200 DBHY	7	85
MGT	1	1 SWELL PRO 3 PLUS SPLAS	10-01-2020	1,640	200 DBHY	7	146
MGT	1	2 TEAM WENDY RADIO HARNE	10-15-2020	296	200 DBHY	7	26
MGT	1	4 GOPRO GERO 8 CAMERAS W	09-23-2020	1,612	200 DBHY	7	144
MGT	1	WINSLOW LIFE RAFT WITH C	02-05-2020	4,780	200 DBHY	7	426
MGT	1	WINSLOW LIFE RAFT AND PE	02-05-2020	4,780	200 DBHY	7	426
MGT	1	2 STANDARD JAM GRAPPLE F	03-06-2020	610	200 DBHY	7	54
MGT	1	2 FISHONSPORTS RADAR ARC	08-31-2020	1,685	200 DBHY	7	150
MGT	1	2 FURUNO ELECTRONICS RS	09-18-2020	17,079	200 DBHY	7	1,523
MGT	1	2 APPLIE IPADS DOWNLOADI	10-13-2020	1,338	200 DBHY	7	119
MGT	1	2 FURUNO EQUIPMNT FOR AL	10-15-2020	903	200 DBHY	7	81
MGT	1	2 FURUNO 16INCH PLOTTER	10-31-2020	7,603	200 DBHY	7	678
MGT	1	MULTIPLE NEW PELICAN CAS	12-19-2020	2,096	200 DBHY	7	187
MGT	1	APPLE MAC BOOK PRO-16 LA	12-01-2021	4,019	200 DBMQ	7	404
MGT	1	2 SANSUNG A800 SER 27 IN	12-01-2021	917	200 DBMQ	7	92
MGT	1	FAX PRINTER EPSON ECO TR	12-09-2021	1,029	200 DBMQ	7	103
MGT	1	3 NEW DESKS	12-27-2022	4,987	200 DBHY	7	623
MGT	1	APPLE LAPTOP	01-28-2022	4,019	200 DBHY	3	298
MGT	1	TWO DELL LAPTOPS	02-28-2022	922	200 DBHY	3	68
MGT	1	CANON 5D CAMERA	12-30-2022	4,448	200 DBHY	5	512
MGT	1	HONDA 4-STROKE ENGINE	07-22-2022	4,519	200 DBHY	7	564
MGT	1	DJI MINI3 PRO DRONE	07-05-2023	1,205	200 DBHY	5	231
MGT	1	ZEISS BINOCULARS	01-03-2024	1,460	200 DBHY	5	467
		TOTAL					17,714

990	Tax Exempt Diagnostic Summary	2024

Name: MARINE LIFE STUDIES

Employer Identification #: 27-0318674

Demographics

Mailing Address:
PO BOX 163
MOSS LANDING, CA 95039

Phone: (831)901-3833
Email: PEGGY.STAP@MARINELIFESTUDIES.ORG

Resident State: CA

Signor of Return

Officer: PEGGY STAP **Title:** EXECUTIVE DIR

Diagnostics

Preparer: COLLEEN REYNOLDS **Invoice:** **Date:** 06-19-2025

Return Information

Item on Return	2024 Federal	2023 Federal (If available)
Total Revenue	349,930	246,284
Total Expenses	333,177	240,747
Net Excess (Deficit)	16,753	5,537
Net Assets or Fund Balances	527,235	552,847

State/City Information

State/City	Taxable Revenue	Total Expenses	Change Fund Balance	UBIT	Total Tax	Refund/ (Balance Due)
CA		(19,764)				

CA-MSG	CA ELECTRONIC FILING MESSAGES **MUST be corrected before electronic filing is allow ed.**	PAGE 1
Name(s) as shown on return MARINE LIFE STUDIES		SSN/FEIN 27-0318674

7006 CA199 Ready for EF indicator missing

In Setup > Options > EF the 'Require Ready for EF indicator on EF screen' box has been checked but the indicator on the EF screen is missing. Please go to the EF screen and indicate this return is ready for e-filing.

CANOTES	Notes about the return	2024 PAGE 1
Name(s) as shown on return MARINE LIFE STUDIES		SSN/FEIN 27-0318674

001 CA 199 - Line 4

Except for a private foundation, organizations with gross receipts that are normally less than $50,000 are not required to file Form 199.

TAXABLE YEAR **2024**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) ______, and ending (mm/dd/yyyy) ______.

Corporation/Organization name	California corporation number
MARINE LIFE STUDIES	3109067
Additional information. See instructions.	FEIN 27-0318674
Street address (suite or room) PO BOX 163	PMB no.
City MOSS LANDING	State CA / ZIP code 95039
Foreign country name / Foreign province/state/county	Foreign postal code

A First return . . . ☐ Yes ☐ No

B Amended return . . . ☐ Yes ☐ No

C IRC Section 4947(a)(1) trust . . . ☐ Yes ☒ No

D Final information return?

☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date: (mm/dd/yyyy)

E Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other

F Federal return filed? (1) ☐ 990T (2) ☐ 990PF (3) ☐ Sch H (990) (4) ☒ Other 990 series

G Is this a group filing? See instructions . . . ☐ Yes ☐ No

H Is this organization in a group exemption . . . ☐ Yes ☒ No

If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions . . . ☐ Yes ☐ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions . . . ☐ Yes ☐ No

K Is the organization exempt under R&TC Section 23701g? . . . ☐ Yes ☐ No

If "Yes," enter the gross receipts from nonmember sources . . . $

L Is the organization a limited liability company? . . . ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? . . . ☐ Yes ☐ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . ☐ Yes ☐ No

O Is federal Form 1023/1024 pending? . . . ☐ Yes ☐ No

Date filed with IRS

Part I **Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1		00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3		00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B	4	0	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8		00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	19,764	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	(19,764)	00
Payments	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result	16		00

Sign Here

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

Signature of officer ▶ PEGGY STAP | Title EXECUTIVE DIR | Date 06/03/2025 | Telephone 831-901-3833

Paid Preparer's Use Only

Preparer's signature ▶ COLLEEN REYNOLDS EA | Date 06/19/2025 | Check if self-employed ▶ ☐ | PTIN P00202069

Firm's name (or yours, if self-employed) and address ▶ BARRY ASSOCIATES INC, 8653 N 32ND ST STE 1A, RICHLAND, MI 49083 | Firm's FEIN 38-2728121 | Telephone 269-629-4436

May the FTB discuss this return with the preparer shown above? See instructions . . . ☒ Yes ☐ No

Part II Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. 27-0318674

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	1		00
	2 Interest	2		00
	3 Dividends	3		00
	4 Gross rents	4		00
	5 Gross royalties	5		00
	6 Gross amount received from sale of assets (See instructions)	6		00
	7 Other income. Attach schedule	7		00
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8		00
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
	10 Disbursements to or for members	10		00
	11 Compensation of officers, directors, and trustees. Attach schedule	11		00
	12 Other salaries and wages	12		00
	13 Interest	13		00
	14 Taxes	14		00
	15 Rents	15		00
	16 Depreciation and depletion (See instructions)	16	19,764	00
	17 Other expenses and disbursements. Attach schedule	17		00
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	19,764	00

Schedule L Balance Sheet	**Beginning of taxable year**		**End of taxable year**	
Assets	**(a)**	**(b)**	**(c)**	**(d)**
1 Cash		462,746		454,054
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories		905		905
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	381,182		382,642	
b Less accumulated depreciation	254,245	126,937	273,897	108,745
11 Land				
12 Other assets. Attach schedule		112		
13 **Total assets**		590,700		563,704
Liabilities and net worth				
14 Accounts payable		2,687		1,663
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule		35,167		36,470
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		552,846		527,234
22 **Total liabilities and net worth**		590,700		565,367

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

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

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

STATE OF CALIFORNIA

RRF-1
(Rev. 01/2024)

DEPARTMENT OF JUSTICE

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

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

(For Registry Use Only)

Name of Organization: MARINE LIFE STUDIES

List all DBAs and names the organization uses or has used:

Address (Number and Street): PO BOX 163

City or Town, State, and ZIP Code: MOSS LANDING, CA 95039

Telephone Number: 831-901-3833

Email Address: PEGGY@MARINELIFESTUD

Check if:
- ☐ Change of address
- ☐ Amended report
- ☐ Organization requests email notifications

State Charity Registration Number: CT-154793

Corporation or Organization No.: 3109067

Federal Employer ID No.: 27-0318674

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 milion	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01-01-2024 **ending** 12-31-2024**) list:**

Total Revenue $ (including noncash contributions) 0 **Noncash Contributions $** 0 **Total Assets $** 0

Program Expenses $ 0 **Total Expenses $** 0

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

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

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

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signature of Authorized Agent	Printed Name	Title	Date
	PEGGY STAP	EXECUTIVE DIR	06-03-2025

TAXABLE YEAR **2024**

Corporation Depreciation and Amortization

CALIFORNIA FORM **3885**

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

Corporation name: MARINE LIFE STUDIES

California corporation number: 3109067

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

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

	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14	STATEMENT# 810							

15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h) | 15 | 19,652

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	19,652
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	19,652
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr.)	(f) Period or percentage	(g) Amortization for this year
19	START UP COST	06/01/2009	3,816	3,704	AMT	15	112

20 Total. Add the amounts in column (g)	20	112
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21	112
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

California Depreciation & Am ortization

2024

STATEMENT# 81
PG01

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

Name(s) shown on return
MARINE LIFE STUDIES

Identifying Number
27-0318674

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
VANNESS VESSEL 40' ALB	04/23/2015	184,213	99,654	150 DB	20	8,218	
TELEMETRY BUOY KIT CAR	04/01/2016	3,185	3,008	200 DB	10	177	
TELONICS TELEMETRY GPS	07/22/2016	3,240	3,058	200 DB	10	182	
EQUIPMENT AED DEFIBRIL	01/18/2017	1,106	1,057	200 DB	7	49	
NIKON N7200 WITH LENSE	02/20/2017	1,447	1,382	200 DB	7	65	
NIKON N7200 WOTH ONE L	09/10/2017	1,153	1,102	200 DB	7	51	
TAX ON BOAT PURCHASE	05/24/2017	14,000	5,735	150 DB	20	633	
2018 4.2 WING INFLATAB	05/11/2018	15,462	10,903	200 DB	10	1,013	
USED 2009 EF-25-105 LE	08/31/2020	800	550	200 DB	7	71	
USED 2011 EOS 5D MK11	08/31/2020	520	357	200 DB	7	46	
USED 2012 CANON EF-200	08/31/2020	1,400	963	200 DB	7	125	
3 GATH RETRACTABLE VIS	10/01/2020	517	356	200 DB	7	46	
CARBON FIBER CUTTING P	10/01/2020	1,800	1,238	200 DB	7	161	
MARINE TOP SOGNAL CEL-	09/15/2020	950	654	200 DB	7	85	
1 SWELL PRO 3 PLUS SPL	10/01/2020	1,640	1,128	200 DB	7	146	
2 TEAM WENDY RADIO HAR	10/15/2020	296	203	200 DB	7	26	
4 GOPRO GERO 8 CAMERAS	09/23/2020	1,612	1,108	200 DB	7	144	
WINSLOW LIFE RAFT WITH	02/05/2020	4,780	3,287	200 DB	7	427	
WINSLOW LIFE RAFT AND	02/05/2020	4,780	3,287	200 DB	7	427	
2 STANDARD JAM GRAPPLE	03/06/2020	610	419	200 DB	7	54	
2 FISHONSPORTS RADAR A	08/31/2020	1,685	1,159	200 DB	7	150	
2 FURUNO ELECTRONICS	09/18/2020	17,079	11,744	200 DB	7	1,525	
2 APPLIE IPADS DOWNLOA	10/13/2020	1,338	920	200 DB	7	119	
2 FURUNO EQUIPMNT FOR	10/15/2020	903	621	200 DB	7	81	
2 FURUNO 16INCH PLOTTE	10/31/2020	7,603	5,228	200 DB	7	679	
MULTIPLE NEW PELICAN C	12/19/2020	2,096	1,442	200 DB	7	187	
APPLE MAC BOOK PRO-16	12/01/2021	4,019	2,041	200 DB	7	565	
2 SANSUNG A800 SER 27	12/01/2021	917	466	200 DB	7	129	
FAX PRINTER EPSON ECO	12/09/2021	1,029	523	200 DB	7	145	
3 NEW DESKS	12/27/2022	4,987	1,934	200 DB	7	872	
APPLE LAPTOP	01/28/2022	4,019	3,126	200 DB	3	595	
TWO DELL LAPTOPS	02/28/2022	922	717	200 DB	3	137	
CANON 5D CAMERA	12/30/2022	4,448	2,313	200 DB	5	854	
HONDA 4-STROKE ENGINE	07/22/2022	4,519	1,753	200 DB	7	790	
DJI MINI3 PRO DRONE	07/05/2023	1,205	241	200 DB	5	386	
ZEISS BINOCULARS	01/03/2024	1,460		200 DB	5	292	
PAGE TOTAL:		301,740	173,677			19,652	

CA_ATT68.LD

043

Date Accepted ____________

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
MARINE LIFE STUDIES	27-0318674

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	
3 Refund (Form 109, line 26)	3	
4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	

Part II Settle Your Account Electronically for Taxable Year 2024

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount ____________ **6b** Withdrawal date (mm/dd/yyyy) ____________

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number ____________

10 Account number ____________ **11** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the **processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here ▶ ____________ Signature of officer | 06-03-2025 Date | ▶ EXECUTIVE DIR Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶	Date	Check if also paid preparer ☒	Check if self-employed ☐	ERO's PTIN P00202069
Firm's name (or yours if self-employed) and address ▶ BARRY ASSOCIATES INC ~~8653 N 32ND ST STE 1A~~ RICHLAND, MI			Firm's FEIN 38-2728121	ZIP code 49083

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶	Date	Check if self-employed ☐	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address ▶		Firm's FEIN	ZIP code