Department of the Treasury

EXTENDED TO NOVEMBER 15, 2023 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.



Inter	nal Rev	enue Service	Go to www.irs.gov/Form990 for instruction	ons and t	the latest i	nformation.	Inspection				
Α	For th	e 2022 calend	lar year, or tax year beginning	ending	_						
В	Check if applicat	De: C Name o	forganization			D Employer identification number					
	Addr	ess MARI	NE RESOURCES DEVELOPMENT FOUN	DATI	ON						
	Name		usiness as MARINELAB	67-0258256							
	Initial		r and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number					
	Final	M P.O. BOX 37787 305-4				305-451-1					
	termi ated	ñ-	own, state or province, country, and ZIP or foreign postal o	code		G Gross receipts \$	26,762,506.				
	Amer returr		LARGO, FL 33037-0787			H(a) Is this a group re	turn				
	Appli tion	I F Name a	nd address of principal officer:GINETTE HUGHES	5		for subordinates? Yes X No					
	pend		BOX 37787, KEY LARGO, FL 330			H(b) Are all subordinates in					
Τ.	Tax-e>	empt status:	X 501(c)(3) 501(c) () (insert no.) 49	947(a)(1)	or 🔄 527	If "No," attach a	list. See instructions				
	Webs		MRDF.ORG			H(c) Group exemption					
ĸ	Form o	f organization:	X Corporation Trust Association Other		L Year	of formation: 1970 N	State of legal domicile: ${f FL}$				
Pa	art I	Summary									
ø	1	Briefly descril	be the organization's mission or most significant activities:	PROM	OTING	RESPONSIBLE	&				
Activities & Governance		SUSTAIN	IABLE USE OF MARINE RESOURCES				-				
ern	2	Check this bo	ox if the organization discontinued its operations	or dispos	sed of more	than 25% of its net as					
Š	3					9					
م	4	Number of independent voting members of the governing body (Part VI, line 1b)					8				
ies	5		of individuals employed in calendar year 2022 (Part V, line				54				
iži	6		of volunteers (estimate if necessary)								
Act			d business revenue from Part VIII, column (C), line 12				119,413.				
	b	Net unrelated	et unrelated business taxable income from Form 990-T, Part I, line 11		 I		0 • Current Year				
		O I I I I				369,432.	26,757,350.				
Iue	8		and grants (Part VIII, line 1h)			788,140.	2,084,194.				
Revenue	9	•	ice revenue (Part VIII, line 2g)			2,110.	-18,480.				
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)			7,860,717.	-2,107,338.				
	11		- add lines 8 through 11 (must equal Part VIII, column (A), I			9,020,399.	26,715,726.				
	13		milar amounts paid (Part IX, column (A), lines 1-3)			0.	0.				
	14		to or for members (Part IX, column (A), line 4)			0.	0.				
s			r compensation, employee benefits (Part IX, column (A), lin			762,551.	1,154,658.				
Expenses	16a		undraising fees (Part IX, column (A), line 11e)			0.	0.				
bei	b		ing expenses (Part IX, column (D), line 25) 5, 3	802,6	66.						
ũ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)			19,798,552.	6,691,121.				
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)			20,561,103.	7,845,779.				
	19	Revenue less	ue less expenses. Subtract line 18 from line 12				18,869,947.				
t Assets or d Balances					Be	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)			14,206,249.	36,320,568.				
t As	21	Total liabilities	s (Part X, line 26)			4,932,966.	8,177,338.				
Fund	22	Net assets or	fund balances. Subtract line 21 from line 20			9,273,283.	28,143,230.				
P a	art II	Signatur	e 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	Signature of officer			Date					
	GINETTE HUGHES, CEO								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	SHAWN TOLLEY, CPA				₽00507980				
Preparer	Firm's name TOLLEY & HILL, PL			Firm's EIN 45-	3835896				
Use Only	Firm's address 102411 OVERSEAS H	IGHWAY							
	KEY LARGO, FL 330	37		Phone no. (305) 852-9898				
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	X32001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) MARINE RESOURCES DEVELOPMENT FOUNDATION 67-0258256 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: MRDF INSPIRES TODAY'S STUDENTS TO BECOME TOMORROW'S OCEAN PROTECTORS THROUGH OUR MARINELAB EXPERIENTIAL EDUCATION PROGRAMS. WE USE PEER
	REVIEWED SCIENCE TO CREATE ENGAGING, HANDS-ON ACTIVITIES FOR ONSITE
	AND VIRTUAL CLASS GROUPS & CAMPS, FREE LEARNING RESOURCES, AND
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	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?
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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,504,567. including grants of \$) (Revenue \$ 2,084,194.)
4a	(Code:) (Expenses \$ 1,504,567. including grants of \$ 0000000000000000000000000000000000
	SCIENCE CONCEPTS THROUGH HANDS-ON LABS, DISCUSSION ACTIVITIES, AND
	SNORKELING EXPLORATIONS BY BOAT ON OUR US COAST GUARD INSPECTED
	VESSELS. FOR MANY OF OUR STUDENTS, THIS IS THEIR FIRST EXPERIENCE OF
	THE OCEAN. IN ADDITION, WE HOSTED OVER 50 TEACHERS IN SEVERAL
	PROFESSIONAL DEVELOPMENT WORKSHOPS, INCLUDING 12 TEACHERS FROM
	CARIBBEAN NATIONS. OUR CURRICULUM IS BASED ON PEER-REVIEWED SCIENCE,
	AND CONCEPTS ARE REINFORCED THROUGHOUT THE PROGRAM. FIELD EXPERIENCES
	HAVE BEEN PROVEN TO INCREASE RETENTION OF KNOWLEDGE - PLUS THE STUDENTS ARE EXPERIENCING NATURE UNPLUGGED IN AN INCREASINGLY PLUGGED-IN WORLD.
	PARTICIPATION IN CITIZEN SCIENCE PROJECTS AND ADVANCED PROGRAMS IS
	AVAILABLE FOR HIGH SCHOOL AGE STUDENTS. FOR STUDENTS WHO CANNOT TRAVEL
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
чы	THE MARINELAB UNDERSEA LABORATORY HOSTED RESEARCH AND EDUCATIONAL
	PROGRAMS WHILE IT WAS SUBMERGED IN OUR LAGOON FROM 1985 - 2018. AFTER
	IT WAS REMOVED FROM THE WATER IN 2018, IT WAS RENOVATED AND TURNED INTO
	AN INTERACTIVE MUSEUM, DESIGNED TO PROVIDE AN EXPERIENCE THAT MIMICS
	THE FEELING OF BEING IN A WORKING UNDERSEA RESEARCH STATION.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$) OUR LOCATION ON KEY LARGO PROVIDES UNPARALLELED ACCESS TO THE ECOSYSTEM
	PROTECTED BY THE FLORIDA KEYS NATIONAL MARINE SANCTUARY, EVERGLADES
	NATIONAL PARK, AND THE CROCODILE LAKE WILDLIFE REFUGE. WE HOST
	INDIVIDUAL RESEARCHERS AND ORGANIZATIONS CONDUCTING FIELD WORK IN THESE
	PROTECTED AREAS.
44	Other program services (Describe on Schedule O.)
-tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,504,567.
	Form 990 (2022)
232002	12-13-22 SEE SCHEDULE O FOR CONTINUATION(S) 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
e	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	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	-		
Ŭ	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 23
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13		13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	114		
-	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
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

			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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			
	Ochodula I. Dati 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	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	24		x
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		
U U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (202	2) MARINE	RESOURCES	DEVELOPMENT	FOUNDATION				
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	54	Ł		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	int)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	, , , , , , , , , , , , , , , , , , , ,					X
с	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
6a	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 contribut	ions o	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set					X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as reo	quired			37
	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 c			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f 7g		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8						
9	sponsoring organization have excess business holdings at any time during the year?					
	Sponsoring organizations maintaining donor advised funds.			9a		
a b	 a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 					
10	Section 501(c)(7) organizations. Enter:			9b		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b		_		
	Enter the amount of reserves on hand	13c				37
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			-		v
	excess parachute payment(s) during the year?			15		X
10	If "Yes," see the instructions and file Form 4720, Schedule N.			10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it inco	ome?	16		X
47	If "Yes," complete Form 4720, Schedule O.	4 1	-			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17		

Form	990	(2022)
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MARINE RESOURCES DEVELOPMENT FOUNDATION

67-0258256 Page 6

Part VI	Go	overnance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" resp	onse
	to lii	ine 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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9		
	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		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p 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	ne dire	ct 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 9	990 wa	as filed?	. 4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		. 5		Х
6	Did the organization have members or stockholders?			. 6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	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, s	stockh	olders, 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	ar by th	e following:			
а	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 read	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e 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 c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?					
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	ore filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12 b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done			12c	X	v
13	Did the organization have a written whistleblower policy?					X X
14	Did the organization have a written document retention and destruction policy?			. 14		
15	Did the process for determining compensation of the following persons include a review and approv		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v
	The organization's CEO, Executive Director, or top management official					X X
b	Other officers or key employees of the organization			. 15b		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		- 44 La			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			10-		х
	taxable entity during the year?			. 16a		<u>л</u>
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in island to be a forward the second to be a forward the second to be a forward the second to be a forward to be a	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			40%		
800	exempt status with respect to such arrangements?			_ 16b		
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filedFL,VI					
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 00	N-T (section 501(c)	(3) 5 001	() avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	10 99		(0)5 011	y) avall	able
	Own website Another's website X Upon request Other (explain	on Sr	chedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		,	and find	Incial	
13		ormict	or interest policy,		uiciai	
	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
	GINETTE HUGHES - 305-451-1139

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.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(da	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both ar		h an	compensation	compensation	amount of		
	week		officer and a director/trustee)		tee)	from	from related	other		
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	onal		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GINETTE HUGHES	40.00	드	느	ò	¥	포히	R			
CEO				x				86,753.	0.	0.
(2) SARAH EGNER	32.00								• •	
SENIOR VICE PRESIDENT		x						55,583.	0.	0.
(3) BOB RUSSELL	0.50							,		
TREASURER				x				0.	Ο.	0.
(4) TONYA KOBLICK	0.50									
DIRECTOR				x				0.	Ο.	0.
(5) IAN KOBLICK	20.00									
CHAIRMAN				Х				0.	0.	0.
(6) DAVID STONE	0.50									
DIRECTOR		Х						0.	0.	0.
(7) NEIL MONNEY	0.50									
VICE CHAIRMAN		Х						0.	0.	0.
(8) CRAIG MULLEN	0.50									
DIRECTOR		Х						0.	0.	0.
(9) KATHLEEN MCCUE	1.00									
SECRETARY		Х						0.	0.	0.
(10) SHAWN TOLLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(11) LES BURKE	1.00									
DIRECTOR		Х						0.	0.	0.
	•							•		- 000 (*****

Form 990 (2022)

	/	SOURCES	5 I)E/	/EI	LOI	PME	EN'	T FOUNDATION	67-02	582	256	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,			ghe	st C	compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do not check more than one					n an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	am	(F) timate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		fro orga anc	oensa om the anizati I relate nizatio	e on ed
											_			
. <u> </u>														
1b	Subtotal								142,336.		0.			0.
с	Total from continuation sheets to Part V	I, Section A							0. 142,336.		0.			0.
2 2	Total (add lines 1b and 1c) Total number of individuals (including but ne									l),000 of reportable				
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for sa</i>	-		•	•	•		Ŭ		2		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	le cc	mpe	ensa	ation	n anc	l otl				4		x
5	Did any person listed on line 1a receive or a	ccrue comper	nsati	ion f	rom	any	unr	elat	ed organization or indiv					
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	plete Schedule	e J to	or sl	icn j	bers	son .					5		X
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								oensa	ation fi	rom	
	(A) Name and business			ONE					(B) Description of s		Сс	(C omper		า
	Total number of independent contractory #		ot !!		d +-	th -	oc "-			acro than				
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	or iif	nite	u 10		se iis)	siec	above) who received h	iore triari				

Form **990** (2022)

						DUR	CES DEVE	LOPMENT FO	UNDATION	67-0258	256 Page 9
Pa	rt \	VIII									
			Check if Schedule O	cont	ains a respo	onse	or note to any lin	ie in this Part VIII (A)	(B)	(C)	[]
								Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b						
Am Am		с	Fundraising events		1c						
Gif	d Related organizations 1d										
Sim's			Government grants (contr								
er (f	All other contributions, gifts,								
Oth			similar amounts not included				26,757,350.				
uq uq		-	Noncash contributions included in				26,565,000.				
<u>0 a</u>		h	Total. Add lines 1a-1f				Business Code	26,757,350.			
đ			EDUCATIONAL PROGRAM	g			721214	2,082,514.	2,082,514.		
vice	2	a b	EMARINELAB	.0			721214	1,050.	1,050.		
Ser		0	RESEARCH REVENUE				541700	630.	630.		
ne a		d					511700				
Program Service Revenue		u م									
Pro		f	All other program service	reve	nue						
		q	Total. Add lines 2a-2f					2,084,194.			
	3		Investment income (inclue								
			other similar amounts)					571.		571.	
	4		Income from investment of	of tax	x-exempt bo	ond p	roceeds				
	5		Royalties	. <u></u>							
					(i) Rea		(ii) Personal				
	6	а	Gross rents	6a	· · ·		750.				
			Less: rental expenses	6b	· · ·		0.				
			Rental income or (loss)	6c	,	510.	750.	444.262		111.000	
	_		Net rental income or (loss	;) <u></u>	(i) Securit		(ii) Other	114,360.		114,360.	
	7	а	Gross amount from sales of	-		les	(ii) Other 500				
		h	assets other than inventory Less: cost or other basis	7a			500.				
ē		D	and sales expenses	7b			19,551.				
venue		c	Gain or (loss)	7c			-19,051.				
Rev			Net gain or (loss)				-	-19,051.	-19,051.		
Other	8		Gross income from fundraisi					,	, -		
ŧ	_		including \$	Ū	、 of						
			contributions reported on	line	1c). See						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from								
	9	а	Gross income from gamin								
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from			s					
	10	а	Gross sales of inventory,			10-					
		h	and allowances			10a					
			Less: cost of goods sold Net income or (loss) from			10b	1				
		U		<u></u>	S OF INVENILO	יy	Business Code				
sno	11	а	ERC				900099	33,866.	33,866.		
ane	. '	b	FUNDRAISER				900099	3,602.		3,602.	
Miscellaneous Revenue		c	CASH BACK REWARDS				900099	3,174.		3,174.	
Alisc		d	All other revenue				524298	-2,262,340.	-2260046.	-2,294.	
2			Total. Add lines 11a-11d					-2,221,698.			
	12		Total revenue See instruction					26 715 726.	-161 037.	119 413.	0.

232009 12-13-22

Form 990 (2022) MARINE RESOURCES DEVELOPMENT FOUNDATION 67-0258256 Page 10 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).

Dor	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)	
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		experiede	general expenses	oxponoco	
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	133,643.		133,643.		
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	851,619.	688,993.	156,054.	6,572	
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	17,288.	11,356.	5,932.		
9	Other employee benefits	63,885.	48,126.	15,759.		
10	Payroll taxes	88,223.	72,485.	15,493.	245	
11	Fees for services (nonemployees):					
а	Management	60,000.		60,000.		
b	Legal	4,639.			4,639	
С	Accounting	315.		315.		
	Lobbying					
е	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25,	<		c 000		
	column (A), amount, list line 11g expenses on Sch 0.)	6,880.	10.054	6,880.		
12	Advertising and promotion	23,414.	13,376.	8,752.	1,286	
13	Office expenses	24,865.	1,464.	20,581.	2,820	
14	Information technology					
15	Royalties	00 450				
16	Occupancy	90,450.	55,395.	35,035.	20	
17	Travel					
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	106 000		106 020		
20		106,020.		106,020.		
21	Payments to affiliates	2 1 2 0 0 0 5		229,918.	1 000 077	
22	Depreciation, depletion, and amortization	2,129,895. 268,851.	100 000	79,829.	1,899,977	
23		200,001.	189,022.	19,029.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)					
а	DONATED BOAT EXPENSES	3,375,125.			3,375,125	
b	PROGRAM COSTS	152,660.	148,587.		4,073	
с	MAINT. & REPAIRS PROGRA	97,503.	97,503.			
d	MAINT. & REPAIRS	88,818.	9,132.	79,686.		
е	All other expenses	261,686.	169,128.	84,649.	7,909	
25	Total functional expenses. Add lines 1 through 24e	7,845,779.	1,504,567.	1,038,546.	5,302,666	
26	Joint costs. Complete this line only if the organization					
	reported in column (B) joint costs from a combined					
	educational campaign and fundraising solicitation.					
	Check here if following SOP 98-2 (ASC 958-720)					

Form 990 (2022)	MARINE	RESOURCES	DEVELOPMENT	FOUNDATION
Part X Balance Sheet	t			

67-0258256 Page 11

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			460,651.	1	693,378.
	2	Savings and temporary cash investments		2	200,017.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	3,245.	4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
ŝts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		·····	11,628,283.	8	33,324,306.
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,281,704. 3,219,837.	0 110 050		
	b	• • • • • • • • • • • • • • • • • • • •	2,113,070.	10c	2,061,867.		
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	1 000	14	41 000		
	15	Other assets. See Part IV, line 11		1,000.	15	41,000.	
	16	Total assets. Add lines 1 through 15 (must equa			14,206,249.	16	36,320,568.
	17	Accounts payable and accrued expenses	10,775.	17	47,786.		
	18	Grants payable	458,513.	18			
	19	Deferred revenue	430,313.	19	500,666.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F			21		
abilities	22	Loans and other payables to any current or form					
pilio		trustee, key employee, creator or founder, subst					
Lia		controlled entity or family member of any of thes		F	4,254,857.	22	7,465,276.
	23	Secured mortgages and notes payable to unrela			4,234,037.	23 24	7,405,270.
	24	Unsecured notes and loans payable to unrelated		F		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines of Schedule D	-		208,821.	25	163,610.
	26	of Schedule D Total liabilities. Add lines 17 through 25			4,932,966.	25 26	8,177,338.
	26	Organizations that follow FASB ASC 958, che	ck boro		1,552,5000	20	0/1///0000
es		and complete lines 27, 28, 32, and 33.					
anc	27				6,670,522.	27	25,494,715.
Bal	28	Net assets with donor restrictions		·····	2,602,761.	28	2,648,515.
p	20	Organizations that do not follow FASB ASC 9				20	_,,
Net Assets or Fund Balances		and complete lines 29 through 33.					
2 S	29	Capital stock or trust principal, or current funds			29		
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
fet	32	Total net assets or fund balances			9,273,283.	32	28,143,230.
-	33	Total liabilities and net assets/fund balances	14,206,249.		36,320,568.		

Form **990** (2022)

Form	000	(2022
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Form	1 990 (2022) MARINE RESOURCES DEVELOPMENT FOUNDATION	67-	-025825	6 Р	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2			779.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,8	<u>69,</u>	947.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,2	73,:	283.
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			
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	28,1	43,2	230.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?			<u>ہ</u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis	,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?			c 🗌	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule	0.		
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?			a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			5	

Form **990** (2022)

(Form 990)

<u>Tot</u>al

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-FZ.

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service				At /Go to www.irs.gov	Open to Public Inspection						
Nam	e of	the organizati								identification number	
					ES DEVELOPME					7-0258256	
Pa	rt I	Reason	for Public	Charity Status.	(All organizations must o	omplete t	his part.) S	See instructio	ns.		
The	orgar	nization is not a	a private found	dation because it is: ((For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)					
3		A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).			
4		A medical res	search organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(/	A)(iii). Enter	the hospital's name,	
		city, and stat	e:								
5		An organizati	ion operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrit	oed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	ate, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).			
7	X				antial part of its support f				the general	public described in	
				omplete Part II.)		U U			•		
8					(1)(A)(vi). (Complete Par	t II.)					
9					in section 170(b)(1)(A)(ed in conju	unction with a	a land-grant	college	
		-	-	-	culture (see instructions).		-		-	-	
		university:		5 5 5	· · · · · ·		, .	,		,	
10			ion that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons. member	ship fees. a	nd aross receipts from	
					ct to certain exceptions;						
					e (less section 511 tax) fr						
				mplete Part III.)	(,,			······, ····	5	,,	
11				. ,	ively to test for public sa	fetv. See	section 50	09(a)(4).			
12		-	-	-	ively for the benefit of, to	•			carry out the	e purposes of one or	
					ed in section 509(a)(1) o						
					of supporting organizatio						
а		_			supervised, or controlled					/ aivina	
					gularly appoint or elect a						
				complete Part IV, Se						seppermig	
b		-			d or controlled in connec	tion with it	ts support	ed organizati	ion(s), by ha	avina	
					anization vested in the s						
			•	t complete Part IV,					age are ear		
с		-			g organization operated	in connec	tion with	and function	ally integrat	ed with	
•					s). You must complete l				any mograe	ou mui,	
d			•		porting organization oper				orted organi	ization(s)	
u					zation generally must sa						
				с с	nplete Part IV, Sections	•		•	ia an attern		
е		- ·			written determination fro						
C			•		mally integrated support			а турет, тур	еп, туре п		
f	Ent										
				n about the supporte							
<u> </u>		(i) Name of supp	-	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	of monetary	(vi) Amount of other	
		organizatior	า		(described on lines 1-10	Yes	ing document? No	support (see	-	support (see instructions)	
					above (see instructions))						

MARINE RESOURCES DEVELOPMENT FOUNDATION 67-0258256 Page 2 Schedule A (Form 990) 2022 Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	11,935.	14,689.	35,026.	79,548.	162,349.	303,547.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge \dots							
4	Total. Add lines 1 through 3	11,935.	14,689.	35,026.	79,548.	162,349.	303,547.	
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.						303,547.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	11,935.	14,689.	35,026.	(d) 2021 79,548.	(e)2022 162,349.	(f) Total 303,547.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1,253.	2,601.	2,806.	2,110.	571.	9,341.	
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						312,888.	
	Gross receipts from related activities,	etc. (see instruction	ons)			12	-	
	First 5 years. If the Form 990 is for th	,	,			501(c)(3)		
	organization, check this box and stop	-			-			
See	ction C. Computation of Publ							
-	Public support percentage for 2022 (I			column (f))		14	97.01 %	
	Public support percentage from 2021					15	94.53 %	
	33 1/3% support test - 2022. If the c					nore, check this bo	ox and	
	stop here. The organization qualifies							
b	33 1/3% support test - 2021. If the c							
17a	and stop here. The organization qualifies as a publicly supported organization							
	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	b 10% -facts-and-circumstances test - 2021. 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 th	-						
	organization meets the facts-and-circl							
18	Private foundation. If the organizatio							
				., ,	,			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 MARINE RESOURCES DEVELOPMENT FOUNDATION 67-0258256 Page 3 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	e (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
t	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2013	(0) 2020	(0) 2021	(6) 2022	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	inization,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (line 8, column (f), a	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20		mn (f), divided by I	ine 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a	-					
r	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
				, c			·····

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990) 2022 MARINE RESOURCES DEVELOPMENT FOUNDATION 67-0258256 Page 5

Pa	Part IV Supporting Organizations (continued)			
			Yes	No
11	11 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons descr	ibed on lines 11b and		
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
с	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		
Sec	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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

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(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations	;
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			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 yea(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 L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- **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.**
- **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.*

Yes No

1

2

Schedule A	(Form 990) 2022	MARINE	RESOURCES	DEVELOPMENT	FOUNDATION	67-0258256	Page 6
Part V	Type III Non-Funct	tionally Integ	grated 509(a)(3)	Supporting Organ	izations		

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.

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

instructions).

Schedule A (Form 990) 2022

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

chedule A	(Form 99	90) 2	2022	

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	Adule A (Form 990) 2022 MARINE RESOUR rt V Type III Non-Functionally Integrated 509	CES DEVELOPMEN (a)(3) Supporting Org			7-0258256 Page 7				
	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemption								
_	organizations, in excess of income from activity	2							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	he organization is responsive	9						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
a	From 2017								
b	From 2018								
c	From 2019								
d	From 2020								
e	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2022 distributable amount								
i	Carryover from 2017 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
-	Applied to underdistributions of prior years								
-	Applied to 2022 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.				1				

Schedule A (Form 990) 2022

Part V. Ji Supplemental Information. Provide the explorations required by Part II, line 10, Part II, Jine 17, Part IV, Section J, Ine 2, 30, 56, 40, 66, 70, 11, 10, and 11, 20 HV. Section J, Ine 1 and 2, Part IV, Section J, Ine 1, Part IV, Section J, Ine 1, 2, 30, 56, 40, 66, 70, 11, 10, and 11, 20 HV. Section J, Ine 11, Part IV, Section J, Ine 1, Part IV, Section J, Ine 2, 5, and 6. Also complete the part for any adoitonal information. Bio International Section 2, Ines 2, 5, and 6. Also complete the part of any adoitonal information.	Schedule A	(Form 990) 2022	MARINE	RESOURCES	DEVELOPMENT	FOUNDATION 67-0258256 Page 8
	Part VI	Supplemental Inform Part IV, Section A, lines 1, J line 1; Part IV, Section D, lin Section D, lines 5, 6, and 8	n ation. Prov 2, 3b, 3c, 4b, 4 nes 2 and 3; P	ide the explanations 4c, 5a, 6, 9a, 9b, 9c art IV, Section E, lin	s required by Part II, line , 11a, 11b, and 11c; Par es 1c, 2a, 2b, 3a, and 3	10; Part II, line 17a or 17b; Part III, line 12; t IV, Section B, lines 1 and 2; Part IV, Section C, b; Part V, line 1; Part V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2022

Employer identification number

67-0258256

MARINE	RESOURCES	DEVELOPMENT	FOUNDATION

Organization type (check	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 for an *exclusively* religious is received *nonexclusively* religious.

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).

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

Name of organization

Employer identification number

MARINE RESOURCES DEVELOPMENT FOUNDATION

67-0258256

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RAYMOND CATENA & ELSIE CATENA 423 LOCUST POINT LOCUST, NJ 07760	\$14,000,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBERT G FESSLER WESTWIND PACIFIC LLC 1100 HOLLAND DRIVE BOCA RATON, FL 33487	\$6,200,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KENNEDY SMITH JR AND CAROL A SMITH 9775 W. WYNN COURT CRYSTAL RIVER, FL 34429	\$ <u>1,850,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	JOAN T PETROZZA MBR PARADIGM VENTURE GROUP LLC 7305 BELLE MEADE ISLAND DRIVE MIAMI, FL 33138	\$6,235,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JEANETTE WIDICK AND MARK WIDICK 898 FORSYTH ST BOCA RATON, FL 33487	\$ <u>130,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	1956 90' KETCH		
		\$6,200,000.	01/02/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	1995 BROWARD		
		\$1,850,000.	06/13/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	2006 HARGRAVE 97' MOTOR YACHT		
		\$6,235,000.	08/17/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	1977 HATTERAS 42' SPORTFISH		
		\$130,000.	12/21/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-1	5-22 24		Schedule B (Form 990) (2022)

1998 OCEANFAST

MARINE RESOURCES DEVELOPMENT FOUNDATION

(b)

Description of noncash property given

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

Name of organization

Part II

(a)

No.

from

Part I

(a)

1

Employer identification number

(d)

Date received

06/10/22

67-0258256

(c)

FMV (or estimate)

(See instructions.)

14,000,000.

\$

Page 3

Schedule	B (Form 990) (2022)		Page 4						
Name of o	organization		Employer identification number						
MARIN	E RESOURCES DEVELOPMEN	FOUNDATION	67-0258256						
Part III	from any one contributor. Complete columns (a) through (e) and the following line ent	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \$						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gif	t						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
			· · ·						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, a	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 gif	t						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
			· · · · · · · · · · · · · · · · · · ·						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
	(e) Transfer of gift								
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
		[
	1								

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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232051 09-01-22

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 1 Open to Public Inspection

Name of the organization

MARINE RESOURCES DEVELOPMENT FOUNDATION

Employer identification number 67-0258256

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir					
		(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	-				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes LI No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can	be used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpo	Ť Ē			
Pa		-	0, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recrea		of a historically important land area			
	Protection of natural habitat	Preservation	of a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the fo				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements					
b						
С	Number of conservation easements on a certified historic st					
d	Number of conservation easements included in (c) acquired					
	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by	the organization during the tax			
	year					
4	Number of states where property subject to conservation ea		— <u>,</u>			
5	Does the organization have a written policy regarding the pe					
~	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing c	onservation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conse	nyation easements during the year			
'	Amount of expenses incurred in monitoring, inspecting, nam	aling of violations, and enforcing conse	rvation easements during the year			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 1	70(b)(4)(B)(i)			
U	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservat					
Ŭ	balance sheet, and include, if applicable, the text of the foot	-				
	organization's accounting for conservation easements.					
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or	Other Similar Assets.			
	Complete if the organization answered "Yes" on Forn					
1a	If the organization elected, as permitted under FASB ASC 9	58. not to report in its revenue stateme	nt and balance sheet works			
	of art, historical treasures, or other similar assets held for pu					
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these i	tems.			
b	If the organization elected, as permitted under FASB ASC 99	58, to report in its revenue statement a	nd balance sheet works of			
	art, historical treasures, or other similar assets held for public					
	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 tre		icial gain, provide			
	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1		\$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022			

Sche		RESOURCES								Page 2
Par	t III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures, c	or Other	r Similar	Asse	ts (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	t make siç	gnificant us	e of its		
	collection items (check all that apply):									
а	Public exhibition	c			hange progra					
b	Scholarly research	e		Other						
c	Preservation for future generations									
4	Provide a description of the organization's of							e in Parl	t XIII.	
5	During the year, did the organization solicit of				-				Vee	
Par	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran							∟ Part IV		└── No
1 41	reported an amount on Form 990, Pa			e organizatio	II allowereu		0111 990, F	art iv,	iii le 9, 0i	
1a	Is the organization an agent, trustee, custoo		diary for	contribution	s or other as	sets not ir	ncluded			
Ĩ	on Form 990, Part X?								Yes	X No
b	If "Yes," explain the arrangement in Part XIII									
	······································								Amount	
с	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
	Ending balance						1f			
2a	Did the organization include an amount on F	Form 990, Part X, line	e 21, for	escrow or cu	ustodial acco	unt liabilit	y?	L	Yes	X No
_	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete		-			· · ·			() 5	
		(a) Current year	(b) F	Prior year	(c) Two year	s back (c	d) Three year	rs back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses End of year balance									
g 2	End of year balance Provide the estimated percentage of the cu		l ne (line 1	a column ()) held as:					
ے a	Board designated or quasi-endowment		ا عا ۱۱۱) عد %	rg, column (a	a)) neiù as.					
b	Permanent endowment	%								
c		%								
	The percentages on lines 2a, 2b, and 2c sho	-'- ould equal 100%.								
3a	Are there endowment funds not in the posse		ation th	at are held a	nd administe	red for the	е			
	organization by:	-							[Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organized	ations listed as requi	ired on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere	ed "Yes" on Form 99	0, Part l'	V, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or c		• • •	or other	• •	cumulated		(d) Book	value
		basis (investi	ment)		(other)	depr	reciation	_	1 (1-	
	Land				7,835.					7,835. 252
	Buildings			<u> </u> ⊥,⊥∠	3,405.	6	91,053	· ·	432	2,352.
	Leasehold improvements			60	0 770	Ē		-	11	600
	Equipment				9,770. 0,694.		28,090 00,694		ΤŢ	.,680.
	Other		Varl			т,9	00,094		2 061	0. .,867.
iotal	, Aud lines la through le. (Column d) must 6	zuuai ruiiii 990. Part	A. COIUI	ти (D). III (P	00.1			1	_,vv1	.,

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	MARINE	RESOU	JRCES	DEVELOP	MENT	FOUNDATION	67-0258256 Page 3
Part VII	Investments -							
							Form 990, Part X, line 1	
	tion of security or cate			(b) B	ook value	(c) i	Viethod of valuation: Cos	st or end-of-year market value
	held equity interests		·····					
(3) Other (A)								
(A) (B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
	o) must equal Form 990							
Part VIII	Investments -	-						_
			ed "Yes" o				Form 990, Part X, line 1	
	(a) Description of	Investment		(b) B(ook value	(C)	viethod of valuation: Cos	st or end-of-year market value
(1)								
(2)								
(3)								
<u>(4)</u> (5)								
(6)								
(7)								
(8)								
(9)								
Total. (Col. (I	o) must equal Form 990), Part X, col. (B) lin	e 13.)					
Part IX	Other Assets.							
	Complete if the org	anization answer				11d. See	e Form 990, Part X, line 1	
			(a) [Description	1			(b) Book value
(1)								
(2)								
(3)								
<u>(4)</u> (5)								
(6)								
(7)								
(8)								
(9)								
Total. (Colu	mn (b) must equal Fo		ol. (B) line	15.)				
Part X	Other Liabilitie	es.						
	-			on Form 99	90, Part IV, line	11e or 1	1f. See Form 990, Part X	
1.		escription of liabil	ity					(b) Book value
	eral income taxes							180.
	LES TAX PA CURITY DEP							3,750.
	EDIT CARD							9,680.
	A LOAN	IAIADDED						150,000.
(6)								
(7)								
(8)								
(9)								
	mn (b) must equal Fo	orm 990, Part X, c	ol. (B) line	25.)	<u></u>			163,610.
2. Liability	for uncertain tax pos	sitions. In Part XII	I, provide	the text of	the footnote to	the orga	anization's financial state	ements 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...

Schedule D (Form 990) 2022

67-0258256 Page 3

Sche	dule D (Form 990) 2022 MARINE RESOURCES DEVELOPM	ENT FOUNDA	ION 67-02582	56 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	-	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)			
Pa	t XIII Supplemental Information.			

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

/U

Employer identification number

L

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Department of the Treasury Internal Revenue Service

Part I

1

Attach to Form 990.

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

Name of the organization

Types of Property

Art - Works of art

MARINE RESOU

RCES DEVELOPMENT FOUNDATION 67-0258256									
(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d) Method of determining noncash contribution amounts					

2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes				2	8,415,000	•			
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ())								
26	Other ())								
27	Other ())								
28	Other ()								
29	Number of Forms 8283 received by the orga	anization	during th	ne tax year fo	or contribut	ions				
	for which the organization completed Form	8283, Pa	art V, Don	ee Acknowle	edgement					
									Yes	No
30a	During the year, did the organization receive	e by cont	tribution a	any property	reported in	Part I, lines 1 thro	ugh 28, that it			
	must hold for at least 3 years from the date			,						
	exempt purposes for the entire holding period							30a		X
b	If "Yes," describe the arrangement in Part II									
31	Does the organization have a gift acceptance	ce policy	that requ	ires the revie	ew of any n	onstandard contrib	outions?	31	1	Х

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2022

31

32a

Х

33

LHA

b If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) 2022 MARINE RESOURCES DEVELOPMENT FOUNDATION 67-0258256 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 30B:

ORGANIZATION USES ARES MARINE INC TO SOLICIT, MAINTAIN, REPAIR, STORE,

AND DISPOSE OF DONATED BOATS.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

MARINE RESOURCES DEVELOPMENT FOUNDATION



67-0258256

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COLLABORATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROFESSIONAL DEVELOPMENT WORKSHOPS. OUR MARINELAB UNDERSEA LABORATORY

MUSEUM INVITES THE PUBLIC TO EXPERIENCE WHAT IT WAS LIKE TO LIVE AND

WORK IN AN UNDERSEA RESEARCH STATION. OUR LOCATION IS AVAILABLE TO

RESEARCHERS AND AGENCIES FROM WHICH TO BASE THEIR FIELD WORK.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO KEY LARGO, WE OFFER OUR EMARINELAB VIRTUAL PROGRAMS WHICH INCLUDE

INTERACTING WITH A LIVE MARINE SCIENCE INSTRUCTOR, HERE ON LOCATION

(SOMETIMES FROM A BOAT) AT OUR KEY LARGO CAMPUS. WE HAVE ALSO

DEVELOPED LEARNING RESOURCES FOR TEACHERS TO USE IN THEIR CLASSROOMS,

RANGING FROM VIDEOS TO GAMES AND LESSON PLANS.

FORM 990, PART VI, SECTION A, LINE 2:

HUSBAND AND WIFE, IAN & TONYA KOBLICK

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

PROVIDED UPON REQUEST

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

VERBALLY MONITORED/REPORTED BOARD MEETINGS

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

Schedule O (Form 990) 2022	Page 2
Name of the organization MARINE RESOURCES DEVELOPMENT FOUNDATION	Employer identification number 67-0258256
FINANCIAL STATEMENTS ARE AVAILABLE ON THE COMPANY WEBSIT	E; ON CHARITY
NAVIGATOR AND GUIDESTAR; ARTICLES, BY LAWS, POLICIES ALL	AVAILABLE UPON
REQUEST.	

Form 4562								
Department of the Treasury Internal Revenue Service								
Name(s) shown on return								

Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

Attachment Sequence No. **179** Identifying number

OMB No. 1545-0172

MAI	RINE RESOURCES DEVEN									67-0258256
Pa	rt I Election To Expense Certain Prope	rty Under Section 1	179 Note: If ye	ou have any li	sted pr	roperty	, complete Part	V befo	re y	
1 1	Maximum amount (see instructions)								1	1,080,000.
2 7	Total cost of section 179 property plac	1	2							
3 1	Threshold cost of section 179 property		3	2,700,000.						
4 F	Reduction in limitation. Subtract line 3		4							
5 🗆	Dollar limitation for tax year. Subtract line 4 from line	e 1. If zero or less, enter	r -0 If married fi	ling separately, se	e instruct	tions		१	5	
6	(a) Description of pro-	operty		(b) Cost (busin	ness use	only)	(c) Elected	cost		
	isted property. Enter the amount from					7				
	Total elected cost of section 179 prope								8	
	Tentative deduction. Enter the smaller								9	
	Carryover of disallowed deduction from								0	
	Business income limitation. Enter the s								1	
	Section 179 expense deduction. Add li						<u></u>	1	2	
-	Carryover of disallowed deduction to 2 Don't use Part II or Part III below for					13				
	rt II Special Depreciation Allowa				la listor	dorood				
	Special depreciation allowance for qua		-	-				<u> </u>		
				• • • • • •			•			348,528.
	he tax year Property subject to section 168(f)(1) ele							····	4 5	540,520.
									6	22,635.
	rt III MACRS Depreciation (Don't	include listed pro							0	22,000
				ection A						
17 1	MACRS deductions for assets placed i	n service in tax v	-		2			1	7	9,017.
	f you are electing to group any assets placed in serv		•	•				η Η		
10	Section B - Assets							ation S	vste	em
		(b) Month and	(c) Basis fo	or depreciation	<u> </u>	Recovery	,		-	
	(a) Classification of property	year placed in service		investment use e instructions)		period	(e) Convention	(f) Meth	ou	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
с	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property				2	5 yrs.		S/L	-	
h	Residential rental property	/			27	'.5 yrs.	MM	S/L		
	nesidential rental property	/			27	'.5 yrs.	MM	S/L		
i	Nonresidential real property	/			3	9 yrs.	MM	S/L	-	
<u> </u>	,	/					MM	S/L		
	Section C - Assets F	Placed in Service	e During 202	2 Tax Year U	Ising th	ne Alte	rnative Depred	iation	Sys	stem
20a	Class life							S/L		
b	12-year					2 yrs.		S/L		
<u>с</u>	30-year	/				0 yrs.	MM	S/L		
d	40-year	/			4	0 yrs.	MM	S/L	-	
	rt IV Summary (See instructions.)									
	_isted property. Enter amount from line							2	21	
	Total. Add amounts from line 12, lines	-								200 100
	Enter here and on the appropriate lines				ations -	see ins	str.	2	22	380,180.
	For assets shown above and placed in	-	-							
F	portion of the basis attributable to sect	ION 263A COSts	<u></u>	<u></u>		23				

216251 12-08-22 LHA For Paperwork Reduction Act Notice, see separate instructions.

For	rm 4562 (2022)	MAR	INE RES	SOURC	ES D	EVEI	LOPME	ENT	FOUND	ATIC	N	67-	-0258	256	Page 2
P	art V Listed Proper				her vehic	cles, ce	rtain airc	raft, ar	nd propert	y used f	or				
	entertainment, Note: For any	,		,	standar	rd miles	na rata i	or dedi	icting leas			nolete or	ulv 24a		
	24b, columns	(a) through (c) of Section A	A, all of S	ection B	, and S	ection C	; if app	licable.		130, 0011		ny 24a,		
	Section A -	Depreciation	on and Other	Informa	tion (Ca	aution:	See the	instruc	tions for li	mits for	passenç	ger auto	mobiles.)		
24a	a Do you have evidence to s	support the bu	isiness/investm	ent use cla	aimed?		/es	No	24b If "Y	'es," is t	he evide	nce writ	ten?	Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)		(g)		(h)		(i)
	Type of property	Date placed in	Business/ investmen		Cost or	(hi	sis for depr usiness/inv		Recovery	Me	thod/		eciation		cted on 179
	(list vehicles first)	service	use percenta		her basis	(~	use onl		period	Con	vention	ded	uction		ost
25	Special depreciation all	owance for c	ualified listed	property	/ placed	in serv	ice durin	g the t	ax year ar	Id					
	used more than 50% in	a qualified b	ousiness use .		·				- 		. 25				
26	Property used more that										I				
		: :		%											
		: :		%											
		: :		%											
27	Property used 50% or l	ess in a qual	ified business	use:											
<u> </u>		: :	1	%						S/L -		1			
		: :		%						S/L -		1			
				%						S/L -					
28	Add amounts in column	(h) lines 25		/ -	e and or	line 21	l nage 1				28				
	Add amounts in column												29		
23		r (i), iiric 20. L		Section I						<u></u>			. 23		
Co	mplete this section for ve	hicles used								or rolato	d norsor	a If you	provideo	l vehicle	e
			, ,	· •	,				,		•	,	•		5
το γ	your employees, first ans	wer the que	stions in Sect	onCtos	see if you	u meet	an exce	ption to	o completi	ng this :	section 1	or those	e venicies	5.	
					a)		(h)		(a)		َم <i>ا</i>		(a)		5)
20	Total huginaga/investment	milaa drivan d	luring the		a) Niclo		(b) biolo		(c)		d) hiolo		(e) biolo	(1 Veh	
30	Total business/investment		•	Ver	nicle	Vehicle		V	/ehicle	Vehicle		ve	Vehicle		icie
~	year (don't include commu														
	Total commuting miles														
32	Total other personal (no														
	driven														
33	Total miles driven during														
	Add lines 30 through 32										-	ļ			
34	Was the vehicle availab			Yes	No	Yes	No	Yes	i No	Yes	No	Yes	No	Yes	No
	during off-duty hours?											ļ			
35	Was the vehicle used p	, ,													
	than 5% owner or relate								_						
36	Is another vehicle availa	able for perso	onal												
	use?														
		Section C	- Questions	for Emp	loyers W	Vho Pro	ovide Ve	hicles	for Use b	y Their	Employ	ees			
Ans	swer these questions to	determine if	you meet an e	exceptior	n to com	pleting	Section	B for v	ehicles us	ed by e	mployee	es who a	ren't		
	re than 5% owners or re	-													
37	Do you maintain a writte				-				-	-	, by you	ır		Yes	No
	employees?														
38	Do you maintain a writte	en policy sta	tement that p	rohibits p	personal	use of	vehicles	, excep	ot commut	ing, by	your				
	employees? See the ins														
	Do you treat all use of v														
40	Do you provide more th														
	the use of the vehicles,														
41	Do you meet the require	ements conc	erning qualifie	ed autom	obile de	monstr	ation use	ə?							
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	es," don'	t comple	ete Sec	tion B fo	r the c	overed vel	hicles.					
P	art VI Amortization				-										
	(a) Description o	f costs	Det	(b)		(c) Amortiza amour	ble		(d) Code		(e)		٨٢	(f) nortization or this year	
			Date	amortization begins		amour	nt		section		Amortiza period or pe		fc	r this year	
42	Amortization of costs th	at begins du	uring your 202	2 tax yea	ar:										
43	Amortization of costs th	at began be	fore your 202	2 tax yea	ar							43			
<u>44</u>	Total. Add amounts in o	column (f). S	ee the instruc	tions for	where to	o report		<u></u>	<u></u>	<u></u>		44			

44	Total. Add amounts in co	lumn (f). See t	ne instruction	s for v	vhere to report	44	
216	252 12-08-22						For