# Form **8868**

(Rev. January 2022)

Internal Revenue Service

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

Department of the Treasury

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

### Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 20-2294408 MARINEPARENTS.COM, INC File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your P.O. BOX 1115 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. COLUMBIA, MO 65205-1115 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Code Code Is For Is For Form 1041-A 80 01 Form 990 or Form 990-EZ Form 4720 (other than individual) 03 Form 4720 (individual) 10 Form 5227 04 Form 990-PF 11 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 12 06 Form 8870 Form 990-T (trust other than above) 07 Form 990-T (corporation) TRACY DELLA VECCHIA • The books are in the care of ▶ P.O. BOX 1115 - COLUMBIA, MO 65205-1115 Telephone No. ► 573-449-2003 Fax No. If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending Final return Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. 3a any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3b estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. Form 8868 (Rev. 1-2022)

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

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

# Form **990**

# 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.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

and ending A For the 2022 calendar year, or tax year beginning D Employer identification number C Name of organization MARINEPARENTS.COM, INC 20-2294408 Name change Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite 573-449-2003 Final return/ P.O. BOX 1115 1,095,308. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return H(a) Is this a group return 65205-1115 COLUMBIA, MO Yes X No Applicafor subordinates? F Name and address of principal officer: TRACY DELLA pending H(b) Are all subordinates included? Yes 65205-1115 P.O. BOX 1115 COLUMBIA, MO (insert no.) 4947(a)(1) or If "No." attach a list. See instructions I Tax-exempt status: X 501(c)(3) 501(c)( H(c) Group exemption number WWW.MARINEPARENTS.COM J Website: K Form of organization: X Corporation Trust Association Year of formation: 2004 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 232 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 268,887. 213,751 Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 9 12. 59. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 331,902. 541,529. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 755,292. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 600,848. 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 526,118. 416,795. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 228,551. 204,296. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 754,669. 621,091. 623. -20,243.19 Revenue less expenses. Subtract line 18 from line 12 Ses Ses **Beginning of Current Year** End of Year 353,807. 331,745. 20 Total assets (Part X. line 16) Total liabilities (Part X, line 26) 74,652. 72,834 Net / Net assets or fund balances. Subtract line 21 from line 20 ..... 279,155. 258,911 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign TRACY DELLA VECCHIA, PRESIDENT Here Type or print name and title Date PTIN Check X Preparer's signature Print/Type preparer's name P01040116 self-employed Paid KENNETH GEEL KENNETH G GEEL CPA Firm's EIN 43-1122552 Preparer Firm's name Firm's address PO BOX 7087 Use Only Phone no. 573-445-8611 COLUMBIA, MO 65205-7087 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

21121109 143628 202294408

Pa	Checklist of Required Schedules		restor and	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes." complete Schedule A	1_	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
•	Schedule D, Part III			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
	If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	X	-
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
7/2	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445		х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	_	Δ
120	Schedule D, Parts XI and XII	100		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		Λ
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form **990** (2022)

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Pa	rt IV Checklist of Required Schedules (continued)		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	INO
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
_ , ,	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		Х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Λ
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	27		X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		A
28	200 St. 147			F.E.
	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			HIP CO. LETTE
а		28a	х	
h	"Yes," complete Schedule L, Part IV	28b	X	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
٠	"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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			**
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
	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?	36		Х
07	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		21
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
00	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the name of reported in box of the same of the s	3		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	)	300 p	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

ding Other IRS Filings and Tax Compliance (continued)

Par	Statements negaring other mornings and rax compliance (commed)		V	Na			
	Towns W.O. Transmitted of Wage and Tay Statements		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 12						
1925	filed for the calendar year ending with or within the year covered by this return	2b		X			
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
За	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
4a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
6a	any contributions that were not tax deductible as charitable contributions?	6a		X			
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
D	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1					
C	to file Form 8282?	7c		X			
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders		15.2				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		- 1-g : Va			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-					
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.	13a					
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand 13c		r5, 1				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 10					
10	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?							
	If "Yes," complete Form 4720, Schedule O.	16	11	X			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.	VATE I					

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

	Check if Schedule O contains a response or note to any line in this Part VI				X		
Sec	tion A. Governing Body and Management						
				Yes	No		
12	Enter the number of voting members of the governing body at the end of the tax year	1a	7				
Iu	If there are material differences in voting rights among members of the governing body, or if the governing			27			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
h	Enter the number of voting members included on line 1a, above, who are independent	1b	3				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other	1000				
2	officer, director, trustee, or key employee?		2	X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision					
3	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 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		X		
6	Did the organization have members or stockholders?				X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or					
1 a	more members of the governing body?		7a		X		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or					
D	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 the following:					
-	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 real	ched at the					
9	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						
	100 200 100 100 100 100 100 100 100 100			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such cl						
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			X			
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	on Schedule O how this was done		12c	Х			
13	Did the organization have a written whistleblower policy?		. 13	Х			
14	Did the organization have a written document retention and destruction policy?			X			
15	Did the process for determining compensation of the following persons include a review and approve						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official		15a	X			
	Other officers or key employees of the organization			X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a					
	taxable entity during the year?		16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua						
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?		16b				
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedNONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501(c	(3)s only	) availa	able		
(12.50)	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy	and finar	ncial			
	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 bo	oks and records					
	TRACY DELLA VECCHIA - 573-449-2003						
	P.O. BOX 1115, COLUMBIA, MO 65205-1115						
			Forn	990	(2022)		

232006 12-13-22

# 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

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

- 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) Position						(D)	(E)	(F)	
Name and title	Average		not c	heck	more	than		Reportable compensation	Reportable compensation from related	Estimated amount of	
	hours per week	offi	, unle cer an	ss pe	rson lirecto	is bot or/trus	n an tee)	from		other	
	(list any	ctor						the	organizations	compensation	
	hours for	rdire				peq		organization	(W-2/1099-MISC/	from the	
	related	tee o	ustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	al trus	onal tr		oloyee	comp		1099-NEC)		and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) TRACY DELLA VECCHIA	60.00		Ī								
PRESIDENT		X		X				80,328.	0.	0	
(2) LUIGI DELLA VECCHIA	50.00									_	
DIRECTOR		X						70,026.	0.	0	
(3) DAVID OGDEN	4.00									_	
SECRETARY		X		X				37,013.	0.	0	
(4) DANIELLE CORRADO	4.00										
TREASURER		X		X				0.	0.	0	
(5) LAURA FLY	4.00										
VICE PRESIDENT		X		X	_			0.	0.	0	
(6) DERRICK JENSEN	2.50										
DIRECTOR		X						0.	0.	0	
(7) MATT CORRADO	2.50										
DIRECTOR		X		_			_	0.	0.	0	
			1								
		-	_	_	_	-					
	1	1	1	1	1	1	1	1		L.	

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Form 990 (2022)

Par	t VII Section A. Officers, Directors, Tr		ploy	ees,			ighe	st C			-		(5)	
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) imate ount other	
		(list any hours for related organizations	Individual trustee or director	trustee		93	npensated		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISO 1099-NEC)	C/	orga	ensa om the inizat relat	e ion
		below line)	Individual tr	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	10331420)			orgai		
											-			
1h	Subtotal								187,367.		0.			0 .
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A							0. 187,367.		0.			0.
2	Total number of individuals (including bu compensation from the organization	t not limited to th	ose	liste	u ai	JOV6	e) wi	10 16	eceived more than \$100	,000 of reportable			Yes	No.
3	Did the organization list any former offic line 1a? If "Yes," complete Schedule J fo											3		x
4 5	For any individual listed on line 1a, is the and related organizations greater than \$*Did any person listed on line 1a receive of the state of the s	150,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		X
	rendered to the organization? If "Yes," co											5		X
1	Complete this table for your five highest the organization. Report compensation f										ensa	tion fro	om	
	(A) Name and busine			ONE					(B) Description of s		Со	(C) mpen		n
								+						
2	Total number of independent contractor \$100,000 of compensation from the organization fr		ot li	mite	d to		se li:	sted	above) who received n	nore than		orm C		

Га	II L V	411	Check if Schedule O			enonea	or note to any lin	e in this Part VIII			
			Check if Schedule O	COITE	airis a re	саропас	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C)	Revenue excluded
ts	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
S, G			Fundraising events		100000000000000000000000000000000000000	1c					
ar /			Related organizations			1d					
s, G			Government grants (conti			1e					
ion		f	All other contributions, gifts,	grant	ts, and						
but			similar amounts not included	abov	/e	1f	268,887.				
dol		g	Noncash contributions included in	lines	1a-1f	1g \$					
Co			Total. Add lines 1a-1f					268,887.			
							Business Code				
e	2	а									
e Vic		b									
Program Service Revenue		С									
leve		d									
Pogl		е									
Ъ		f	All other program service	reve	nue						
		_	Total. Add lines 2a-2f						TO COMPANY STATES		
	3		Investment income (include					F.0			
			other similar amounts)					59.	59.		
	4		Income from investment of					A CONTRACTOR OF THE STATE OF TH			
	5		Royalties	······	(2)	DI					
					(1)	Real	(ii) Personal				
			Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	)		curities	(ii) Other				
	7	а	Gross amount from sales of	_	(1) 360	curities	(ii) Other				
		h	assets other than inventory Less: cost or other basis	7a							
ē		_	and sales expenses	7b							
enc			Gain or (loss)								
Revenue			Net gain or (loss)								
er			Gross income from fundraising				1	<b>是对你是我的</b> "是了"			
Oth	٥		including \$			of					
•			contributions reported on		37.4						
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from								
	9		Gross income from gamin								
			Part IV, line 19			9a			CALL POWER IN		
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ing activ	vities					
	10	а	Gross sales of inventory, I	less r	returns						
			and allowances				826,362.				
		b	Less: cost of goods sold	st of goods sold 10b 494,460.							
		С	Net income or (loss) from	sales	of inve	entory		331,902.	331,902.		
S							Business Code				
Miscellaneous Revenue	11						-				
llan		b					-				
Rev		С			C-127-127-127-127-1						
Ž	1		All other revenue								
			Total Add lines 11a-11d		and the second s	THE COURSE OF THE PARTY OF THE		600,848.	331,961.	0.	0.
23200	12		Total revenue. See instruction	J118				000,040.	331,301.	0.	Form <b>990</b> (2022)

# 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).

Do	Check if Schedule O contains a respons	(A)		(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		450 005	0 000	
	trustees, and key employees	187,368.	179,335.	8,033.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		100 510		
7	Other salaries and wages	139,640.	139,640.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	65,157.	65,157.		
10	Payroll taxes	24,630.	24,630.		
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	5,956.		5,956.	
	Lobbying			Contraction and Contraction	
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	22 422	22 422		
12	Advertising and promotion	33,483.	33,483.		
13	Office expenses	32,043.	32,043.		
14	Information technology	16,069.	16,069.		
15	Royalties	44 000	44 000		
16	Occupancy	41,288.	41,288.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	2 104	2 104		
22	Depreciation, depletion, and amortization	3,124.	3,124.		
23	Insurance Other avacance Itemia avacance act as avacance	1,573.	1,573.		
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 (A).				
а	amount, list line 24e expenses on Schedule 0.) OUTREACH	68,509.	68,509.		
	MISCELLANEOUS	2,251.	2,251.		
		4,451.	4,401.		
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	621,091.	607,102.	13,989.	0
25 26	Joint costs. Complete this line only if the organization	021,091.	001,102.	10,000.	0
-0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	outoutonal campaign and fundialong solicitation.				

Part	X	Balance Sheet					
		Check if Schedule O contains a response or	note to any I	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		30,830.	1	21,508	
	2	Savings and temporary cash investments			123,139.	2	145,709
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,645.	4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial cor	ntributor, or 35%			
		controlled entity or family member of any of t	hese persons	s		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in section	on 4958(c)(3)(B)		6	
so l	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			189,376.	8	158,815
As	9	Prepaid expenses and deferred charges				9	
1	0a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D		81,498.			
	b	Less: accumulated depreciation		75,785.	8,837.	10c	5,713
1	1	Investments - publicly traded securities			11		
1:	2	Investments - other securities. See Part IV, lir		12			
1:	3	Investments - program-related. See Part IV, li		13			
1.	4	Intangible assets		14			
1	5	Other assets. See Part IV, line 11			15		
10	6	Total assets. Add lines 1 through 15 (must e			353,807.	16	331,745
1	7	Accounts payable and accrued expenses			74,652.	17	72,834.
18	8	Grants payable		•	18	•	
19		Deferred revenue		19			
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Comple				21	
g 2	2	Loans and other payables to any current or fo	rmer officer,	director,		R F	
Ĭ		trustee, key employee, creator or founder, su	ostantial con	tributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese persons	3	-	22	
23	3	Secured mortgages and notes payable to uni	elated third	parties		23	
24	4	Unsecured notes and loans payable to unrela	ted third par	ties		24	
25	5	Other liabilities (including federal income tax,	payables to r	related third			
		parties, and other liabilities not included on lin	es 17-24). C	omplete Part X			
		of Schedule D				25	
26	6				74,652.	26	72,834.
(0		Organizations that follow FASB ASC 958, c	heck here				
Se		and complete lines 27, 28, 32, and 33.					
<u>e</u> 27	7	Net assets without donor restrictions				27	
28	8	Net assets with donor restrictions		L		28	
ğ		Organizations that do not follow FASB ASC	958, check	here			
		and complete lines 29 through 33.					
29	9	Capital stock or trust principal, or current fund	is		0.	29	0.
30		Paid-in or capital surplus, or land, building, or			0.	30	0.
Net Assets or Fund Balances 25 2 3 3 1 3 2 2 3 3 1 3 2 3 3 1 3 2 3 3 1 3 2 3 3 1 3 2 3 3 1 3 2 3 3 1 3 2 3 3 1 3 2 3 3 1 3 3 3 3		Retained earnings, endowment, accumulated			279,155.	31	258,911.
32	2	Total net assets or fund balances			279,155.	32	258,911.
33		Total liabilities and net assets/fund balances			353,807.	33	331,745.

Form 990 (2022)

Forn	m 990 (2022) MARINEPARENTS.COM, INC	20-229	4408	Page 12
Pa	art XI Reconciliation of Net Assets	9		
	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	600	,848,
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	621	,091
3	Revenue less expenses. Subtract line 2 from line 1		-20	,243.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	279	,155.
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		-1.
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	258	,911.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFI			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Sched	lule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ved on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		14.75	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	rate 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			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on S	Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2022)

### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support

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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 20-2294408 MARINEPARENTS.COM, INC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

(Complete only if you	u checked the box on line 5, 7, o	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 c	omplete Part III.)

Se	ction A. Public Support						
Cal	endar 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.")						
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						
4							
5		1770					
	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,				C. 100 (100 (100 to		
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3)	
200	organization, check this box and stop	here					
sec	tion C. Computation of Public	c Support Pe	rcentage				
14	Public support percentage for 2022 (lin	ne 6, column (f), c	divided by line 11, o	column (f))		14	%
10	Public support percentage from 2021	Schedule A, Part	II, line 14		[	15	%
ioa	33 1/3% support test - 2022. If the or	rganization did no	of check the box on	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
h	stop here. The organization qualifies a	s a publicly supp	orted organization				
D	33 1/3% support test - 2021. If the or	yanization did no	or check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
170	and stop here. The organization qualif	es as a publicly s	supported organiza	tion			
ııa	10% -facts-and-circumstances test	- ZUZZ. IT the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	t The organization	on qualifies as a	blick supported	e. Explain in Part \	now the organiza	tion
h	meets the facts-and-circumstances test 10% -facts-and-circumstances test	- 2021 If the ora	on qualifies as a pu	blicly supported o	rganization	70 and line 45 1 4	
2	more, and if the organization meets the	facts and circur	nstances test che	ok this how and at	no, roa, rob, or 1	Part VI have the	U‰ Or
	organization meets the facts-and-circul						
18	Private foundation. If the organization	did not check a	box on line 13, 16a	. 16b. 17a. or 17h	. check this how as	nd see instructions	
	, , , , , , , , , , , , , , , , , , , ,				, s. look allo box al		form 990) 2022

# 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

Se	ction A. Public Support	leiow, piease comp	Diete Part II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	275,522.		88.065.	213,251.	268,887.	1.071.490.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,745,778.	1,609,202,	1,140,336.	1,071,977.	826,362.	6,393,655.
3	Gross receipts from activities that are not an unrelated trade or business 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	2,021,300.	1,834,967.	1,228,401.	1,285,228.	1,095,249.	7,465,145.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				× × .		0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						7.465.145.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,	2,021,300.	1,834,967.	1,228,401.	1,285,228.	1,095,249.	7,465,145.
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	191.	346.	20.	12.	59.	628.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	191.	346.	20.	12.	59.	628.
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	2,021,491.	1,835,313.	1,228,421.	1,285,240.	1,095,308.	7,465,773.
	First 5 years. If the Form 990 is for the						
Sec	check this box and stop heretion C. Computation of Public	Support Per	centage				
	Public support percentage for 2022 (lir			lumn (f))	T	15	99.99 %
16	Public support percentage from 2021	Schedule A, Part II	I, line 15				99.99 % 99.99 %
	tion D. Computation of Invest					10	<u> </u>
17	Investment income percentage for 202	22 (line 10c, column	n (f), divided by line	13, column (f))		17	.01 %
	Investment income percentage from 2					18	.01 %
	33 1/3% support tests - 2022. If the					3 1/3%, and line 17	is not
	more than 33 1/3%, check this box an	d <b>stop here.</b> The o	rganization qualifie	s as a publicly su	pported organizat	ion	X
	33 1/3% support tests - 2021. If the oline 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization						
						0 1 1 1 1 1	

### 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	3	No
1			
2			
3a			
3b			
3с			
4a			
4b			
4c			
5a			
5b	100000000000000000000000000000000000000	-	
5c			
6			*
7 200			
8			
9a			
9b			
9c			
10a			
10b		High High	

Pa	rt IV Supporting Organizations (continued)			ago o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	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	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	10-2		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		7	
			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		Zerony	
	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			
2001	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the 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	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	1S).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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	New Tell		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	machi.	Missis a	

Schedule A (Form 990) 2022

	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	<b>新疆的</b>	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integra	ated Type III supporting org	anization (see

Schedule A (Form 990) 2022

instructions)

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 10 (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 1 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 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: a Applied to underdistributions of prior years b Applied to 2022 distributable amount c 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. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

### 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

Schedule B (Form 990) (2022)

Employer identification number

MARINEPARENTS.COM, INC 20-2294408 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Employer identification number

## MARINEPARENTS.COM, INC

20-2294408

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VETERANS UNITED FOUNDATION  1400 VETERENS UNITED DRIVE  COLUMBIA, MO 65203	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TRIAD FOUNDATION  15 ASCOT PLACE  ITHACA, NY 14850	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DAVID KRAVITZ 63 SPRING CREEK RD BARRINGTON HILLS, IL 60010	\$17,000.	Person X Payroll
(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.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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.)

Name of organization

Employer identification number

### MARINEPARENTS.COM, INC

20-2294408

Part II	Noncash Property (see instructions). Use duplicate copies of	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
453 11-15-2		Ψ	Schedule B (Form 990) (2

Name of organization Employer identification number MARINEPARENTS.COM, INC 20-2294408 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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, 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, 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number MARINEPARENTS.COM, INC 20-2294408 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2022

		ARENTS CON		-	20	0-22944	8 0	Page 2
	rt III Organizations Maintaining						tinued	1)
3	Using the organization's acquisition, access	ion, and other recor	ds, check any of th	ne following that mal	ke significant us	e of its		
	collection items (check all that apply):							
а				xchange program				
b			e Other					
C								
4	Provide a description of the organization's c					in Part XIII.		
5	During the year, did the organization solicit of						_	
	to be sold to raise funds rather than to be m	aintained as part of	the organization's	collection?		. Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if the organizat	ion answered "Yes"	on Form 990, F	Part IV, line 9,	or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod		7.0					
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:					
						Amou	nt	
С	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							_
	Did the organization include an amount on F					Yes		⊣ No
	If "Yes," explain the arrangement in Part XIII.							
ra	Tt V Endowment Funds. Complete i					- h-ali ( ) [-		- 61
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	s back (e) For	ir years	s back
	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains, and losses				-			
	Grants or scholarships				-			
е	Other expenditures for facilities							
-	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr		e (line 1g, column (	(a)) held as:				
а	Board designated or quasi-endowment		_%					
	Permanent endowment	%						
C		6						
	The percentages on lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administered for	the			
	organization by:						Yes	No
	(i) Unrelated organizations		***************************************			3a(i)		
	(ii) Related organizations					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Schedule R?			3b		
	Describe in Part XIII the intended uses of the		wment funds.					
Par	,							
	Complete if the organization answered			See Form 990, Part	X, line 10.			
	Description of property	(a) Cost or ot			Accumulated	(d) Boo	k valu	е
_		basis (investm	ent) basis	(other) d	epreciation			
	Land							
b	Buildings							
	Dalialings							
С	Leasehold improvements							
c d	Leasehold improvements Equipment Other			1,498.	75,785			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 MARINEPAREN	TS.COM, INC	2	0-2294408 Pag
Part VII Investments - Other Securities.	F 000 B-+ N/ I'-		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)			
	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E) ·			
(F)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		Logist space that the second construction of the Construction of t	CANADAM AND
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1)	(4)	(0)	To or your marrier raids
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line a	15.)		
	- F - 000 B - 1114 11 - 4		
Complete if the organization answered "Yes" or (a) Description of liability	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	****		
(0)			

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2022

(9)

### SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the	e organization	MARINEPAR	ENTS, COI	м	INC					riden		ion nu	ımber
Part I						tion 501(c)(4), and se	ection 501(c)(29) orga				.00		
	Complete if the	organization ans	wered "Yes" on	Form	990, P	art IV, line 25a or 25l	b, or Form 990-EZ, P	art V,	line 40	0b.			
1 (a) Nan	ne of disqualified	nerson (b) F	Relationship bet			lified	c) Description of tran	sactio	n		(d)	Corre	cted?
(a) (vai	no or disqualifica	person	person and o	organiz	ation	,	c) Description of train	isaotic	<i></i>		Y	es	No
											+	+	
2 Enter t	he amount of tax	incurred by the o	rganization mai	nagers	or disc	qualified persons du	ring the year under						
section													
3 Enter t	he amount of tax	, if any, on line 2,	above, reimbur	sed by	the or	ganization			\$				
Part II	Loans to an	d/or From Int	arastad Par	reone					-				
raitii						Part V line 38a or F	Form 990, Part IV, lin	0 26.	or if th	oe oras	nizati	on	
		ount on Form 990				, rait v, line soa or i	Omi 990, Fartiv, iii	16 20,	or ii ti	ie orga	ııızaıı	OH	
(a)	Name of	(b) Relationship	(c) Purpose	(d) L	oan to or	(e) Original	(f) Balance due	(g)	In	(h) Ap by bo	proved	(i) W	/ritten
	sted person	with organization	of loan		m the ization?	principal amount		defa		comm	ard or nittee?	agree	ment?
				То	From			Yes	No	Yes	No	Yes	No
				-									
				-	-								-
				+	-								-
		1		+	-					-			
	· · · · · · · · · · · · · · · · · · ·		>-11X-12										
Total	4					\$							
Part III		ssistance Ber											
	Complete if the	organization answ	vered "Yes" on	Form 9	990, Pa	art IV, line 27.							
(a) Na	me of interested	person (	<ul> <li>b) Relationship interested persented the organization</li> </ul>	son an		(c) Amount of assistance	(d) Type assistand				Purp assista	ose of ance	
									-				
									+		-		
		-							_				
									-				

Schedule L (Form 990) 2022

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

## SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

QMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MARINEPARENTS, COM. INC

Employer identification number

MARINEPARENTS.COM, INC	20-2294408
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
THE MISSION OF MARINEPARENTS.COM, INC. IS TO PROVIDE	
SUPPORT, INFORMATION, AND SERVICES TO MARINES AND THEIR FAM	MILIES AND
CREATE OPPORTUNITIES FOR THE PUBLIC TO SUPPORT OUR TROOPS	THROUGH THE
ORGANIZATION'S OUTREACH PROGRAMS.	
FORM 990, PART VI, SECTION A, LINE 2:	
TRACY DELLA VECCHIA, PRESIDENT AND LUIGI DELLA VECCHIA, DI	RECTOR ARE
MARRIED.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT COPY OF THE 990 IS REVIEWED BY THE ORGANIZATION'S	PRESIDENT AND IS
FORMALLY APPROVED AT THE NEXT BOARD OF DIRECTORS MEETING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY CO	NFLICTS OF
INTEREST THEY HAVE WITH THE ORGANIZATION AT THE FIRST BOAR	D MEETING EACH
YEAR.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PRESITENT'S SALARY IS APPROVED BY THE ORGANIZATION'S B	OARD OF
DIRECTORS.	
FORM 990, PART VI, LINE 15	
THE SALARIES OF OFFICERS SHALL BE FIXED FROM TIME TO TIME	BY THE BOARD OF
DIRECTORS, AND NO OFFICER SHALL BE PREVENTED FROM RECEIVIN	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

232211 10-28-22

# 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	990 PAGE 10						066							
Asset No.	Description	Date Acquired	Method	Life	No c >	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
74	2 TABLES	12/01/06	SL	7.00	16	573.				573.	573.		• 0	573.
	3 DESKS	12/30/06	SI	7.00	16	1,615.				1,615.	1,615.		•	1,615.
7	4 MARBLE TOP TABLE & 4 CHAIRS	03/17/08	SI	7.00	16	867.				867.	867.		.0	867.
<b>41</b>	5 FURNITURE	03/21/08	SI	7.00	16	. 565.				565.	565.		·	565.
9	6 FLAGS FOR OFFICE	10/27/08	SI	7.00	16	349.				349.	349.		•	349.
	7 2 BENCHES	12/29/08	SI	7.00	16	269.				269.	269.		o	269.
8	8 MISC FURNITURE	80/08/90	SI	7.00	16	522.				522.	522.		.0	522.
6	9 2 CHERRY WOOD FILE CABINETS	01/25/10	SL	7.00	16	400.				400.	400.		0	400.
10	OUTDOOR PICNIC TABLES	05/15/12	TS	7.00	16	120.	Ž,			120.	120.		0	120.
3	STAFF LOCKERS	01/31/12	IS	7.00	16	365.				365.	365.		•	365.
12	2 2 DESKS & FILE CABINETS	06/30/13	ZS	7.00	16	1,200.				1,200.	1,200.		0.	1,200.
13	3 LEASEHOLD IMPROVEMENTS	09/03/09	SI	15.00	16	19,212.				19,212.	15,691.		1,281.	16,972.
14	1 LEASEHOLD IMPROVEMENTS	06/30/13	SL	15.00	16	6,511.				6,511.	3,690.		434.	4,124.
15	5 COMPUTER	11/01/11	SI	5.00	16	750.				750.	750.		·o	750.
16	6 волгржемт	11/22/11	TS	5.00	16	386.				386.	386.		.0	386.
17	7 COMPUTER	04/25/11	SI	2,00	16	349.				349.	349.		o	349.
18	8 COMPUTER HP PAVILLION	05/23/11	SI	2.00	16	572.				572.	572.		0	572.
19	9 MISC EQUIPMENT	12/16/11	SI	5.00	16	180.				180.	180.		0.	180.
228111 04-01-22	04-01-22				<u>D</u> )	(D) - Asset disposed	osed		*	ITC. Salvade	* ITC. Salvage. Bonus. Commercial Revitalization Deduction	ercial Revita	ization Doduc	on CO Zono

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990	O FAGE TO													
Asset No.	Description	Date Acquired	Method	Life	Oor>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
20 4	4 ACER LAPTOPS	06/30/12	SL	5.00	16	2,256.				2,256.	2,256.	00 magnetis major se na (200 cas 200 cas	• 0	2,256.
21	HP DESKTOP COMPUTER	06/30/12	SL	5,00	1.6	717.				717.	717.		o	717.
22	2 DESKTOP COMPUTERS	06/30/12	SI	5.00	16	1,207.	THE STATE OF THE S			1,207.	1,207.		• 0	1,207.
23 (	COMPUTER ACCESSORIES	06/30/12	SI	5,00	16	557.				557.	557.		o	557.
24 1	POWER SHREDDER	06/30/12	SI	5.00	16	224.				224.	224.		.0	224.
25	SECURITY CAMERA SYSTEM	01/27/12	SI	5.00	16	6,947.				6,947.	6,947.		0	6,947.
26	SECURITY ALARM SYSTEM	09/12/13	SL	5.00	16	1,595.				1,595.	1,565.		• 0	1,565.
27	4 NEW COMPUTERS	06/30/13	SI	5,00	1.6	1,169.				1,169.	1,169.		o	1,169.
28	5 NEW PRINTERS	06/30/13	SI	5.00	16	3,356.				3,356.	3,356.		0	3,356.
29 1	MISC COMPUTER EQUIPMENT	06/30/13	SL	5.00	16	968.				. 968.	. 896		0	896
30 0	CAMERA EQUIPMENT	06/30/13	SL	5.00	16	187.				187.	187.	Magnetic Section (Section )	0	187.
31	EPSON /890 PRODUCTION PRINTER	09/23/14	SL	2,00	16	2,245.				2,245.	2,245.		0	2,245.
32	SHELVES	04/30/07	SL	7.00	16	443.				443.	443.		0	443.
33 8	SWING PRESS & MUG PRESS	03/10/10	SL	5.00	16	9,821.				9,821.	9,821.		0	9,821.
34 8	STORAGE RACKS	10/25/10	SL	7.00	16	145.				145.	145.		0	145.
35 1	HEAT PRESS & STANE	11/11/10	SI	5.00	16	1,855.				1,855.	1,855.		0	1,855.
36	2 MUG PRESS	12/16/10	SI	2.00	16	1,524.				1,524.	1,524.		.0	1,524.
37 1	MODEL 225 AC-1 CUTTER	04/19/11	SI	5.00	16	568.				268	268			022

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

Method
SL 5.00
SL 7.00
ode - Tro

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone