DLN: 93493130024709 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization
MARINE LEADERSHIP ALLIANCE INC D Employer identification number B Check if applicable ☐ Address change 56-2045384 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 438 LAVENDAR DR NW ☐ Amended return ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code ROME, GA $\,$ 301652262 $\,$ G Gross receipts \$ 327,155 Name and address of principal officer H(a) Is this a group return for MATT PEAT □Yes ☑No subordinates? 2932 THORNE DRIVE H(b) Are all subordinates ELKHART, IN 46514 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) ✓ 501(c) (6) **◀** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW THEMLA ORG L Year of formation M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO CREATE A LEADERSHIP FORUM OF BOAT BUILDERS AND KEY INDUSTRY SUPPLIERS FOR THE EXCHANGE AND ADVANCEMENT OF MARINE INDUSTRY ISSUES, OPPORTUNITIES, AND SOLUTIONS Activities & Governance Check this box ▶ 🔲 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) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 7,155 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 280,000 320,000 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 280,000 327,155 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 10,000 10,000 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 247,824 252,669 257,824 262,669 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 22,176 64,486 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 98,720 163,206 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 163,206 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 2019-05-02 Signature of officer Sign Here BILL WATTERS BOARD CHAIRMAN Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-05-07 P00644940 Paid self-employed Firm's name ► ESTES & WALCOTT Firm's EIN ▶ 20-3807867 Preparer Use Only Firm's address ► PO BOX 749 Phone no (706) 529-0749 DALTON, GA 307220749 ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)						Page 2
Pa	rt III Stateme	ent of Program Service	Accomplisi	hments			
	Check if S	Schedule O contains a respon	se or note to a	any line in this Part III .			
1	Briefly describe t	he organization's mission		·			
		HIP FORUM OF BOAT BUILDE PORTUNITIES, AND SOLUTIC		INDUSTRY SUPPLIERS FO	OR THE EXCHANGE AND ADVANCEM	1ENT OF MARIN	IE ———
2	Did the organizat	tion undertake any significan	t program ser\	vices during the year whi	ch were not listed on		
	the prior Form 99	90 or 990-EZ?				🗌 Yes 💆	No
	If "Yes," describe	these new services on Sche	dule O				
3	Did the organizat	tion cease conducting, or ma	ke significant d	changes in how it conduc	ts, any program		
		these changes on Schedule				☐ Yes	☑ No
4	Describe the orga Section 501(c)(3	anızatıon's program service a	ccomplishmen s are required	to report the amount of	rgest program services, as measur grants and allocations to others, th		5
4a	(Code) (Expenses \$	260,121	including grants of \$	10,000) (Revenue \$	320,000)	
	See Addıtıonal Data		•		, , ,		
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4d	Other program s (Expenses \$	ervices (Describe in Schedule includ	e O) ling grants of	\$) (Revenue \$)	
4e	Total program	service expenses >	260,1	21			

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Par	Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
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		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
		11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
4.5	Did the assessment on post to Bottly selves (A) line 2 more than #5 000 of seasts or other posts are to a few and			

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Nο

Nο

Nο

No

Nο

Nο

No

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Pa	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.	28	Yes	

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a

1b

0

0

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1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

14b

15

No

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2018) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Nο Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Nο of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4 No Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Nο Did the organization have members or stockholders? 6 Nο 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a No Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Nο

8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
ь	Describe in 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		No
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

status with respect to such arrangements?

List the States with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

►COLIN DUNN PO BOX 1653 ROME, GA 30165 (706) 235-1158

Section C. Disclosure

17

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)

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No

16a

16b

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or 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
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons 🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee
- (B) (C)

Name and Title	Average hours per week (list any hours for related	Position than on is b	ne bo	ox, u n of tor/t	t cha unle: ficer trust	ss pers and a	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) MATT PEAT PRESIDENT		Х		×				0	0	0
(2) NED TRIGG VICE PRESIDE		Х		x				0	0	0
(3) DON ZIRKELBACH TREASURER		х		х				0	0	0
(4) MATT WOOD SECRETARY		Х		х				0	0	0
(5) BILL WATTERS BOARD CHAIRM		X						0	0	0
(6) PAT DUGGAN BOARD MEMBER		X						0	0	0
(7) JASON BLACKBURN BOARD MEMBER		X						0	0	0
(8) MATT BRIDGEWATER BOARD MEMBER		Х						0	0	0
(9) STEVE ELLINGTON PAST PRESIDE	••••••	х						0	0	0
				_				ı		Form 990 (2018)

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Part VII S	ection A. Officers, Direct	ors, Trustees	, Key I	Empl	loye	es,	and I	High	nest Compensate	d Employees (cor	ntinued)
١	(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t che inles ficer	s pers and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b Sub-Total	 			>		•

1b Sub-Total											
d Total (add lines 1b and 1c)				•		>					
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►											
										Yes	No

to Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee line 1a? If "Yes," complete Schedule J for such individual			
of reportable compensation from the organization ▶ Did the organization list any former officer, director or trustee, key employee, or highest compensated employee line 1a? If "Yes," complete Schedule J for such individual			
line 1a? If "Yes," complete Schedule J for such individual			
line 1a? If "Yes," complete Schedule J for such individual		Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	on 3	; [No

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	_		

d	Total (add lines 1b and 1c)			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			

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

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

3	line 1a? If "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	ındıvıdual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
5	ection P. Indopendent Contractors		

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

	Individual	4		No			
5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person						
Se	Section B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year						

5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person							
Se	Section B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year							
	(A)	(B)		/C				

	services rendered to the organization?If "Yes," complete Schedule J for such person				No	
S	Section B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.					
	(A) Name and business address	(B)		(C)	ation	

S	Section B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year						
	(A) Name and business address	(B) Description of services	(C) Compensation				

Name and business address	Description of services	Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		

Form **990** (2018)

Part		Statement of	Revenue							rage 3
		Check if Schedul	le O contains a	a respo	nse or note to an	y line in this Part VII		<u> </u>		🗆
						(A) Total revenue	(B) Related exemp functio	ot on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	18	Federated campaig	ns	1a			revenu	ie		512 - 514
Gifts, Grants illar Amounts		b Membership dues		1 b		•				
Gra not	١,	c Fundraising events		1c	7,155	-				
_,s _ A	١,	d Related organizatio	ns	1d		•				
ija Si	۱,	e Government grants (co	ontributions)	1e		•				
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contributions, and similar amounts n				•				
utic 7e r		above	ot included	1 f						
ᅙᇎ	,	9 Noncash contribution in lines 1a - 1f \$	ons included							
Cont and		h Total. Add lines 1a			>					
					Busines	7,155				
Program Service Revenue	2a	CONFERENCE FEES					320,000	320,000		
-XX-										
Ce l	b									
χerν	d			_						
an (е			_		+				
ogra	f	All other program se	rvice revenue			320,000				
ď	g	Total. Add lines 2a-2	2f		<u> </u>	320,000				
		Investment income (ii similar amounts) .			nterest, and othe	r •				
		Income from investme			and proceeds	>				
	5	Royalties				>				
	e-	Gross rents	(ı) Real	l	(II) Personal	_				
	Va	GIOSS TEIRS								
	b	Less rental expenses								
	c	: Rental income or				\dashv				
		(loss)	. (1)			_				
		Net rental income o	(i) Securit		· · · ▶ (II) Other					
	7a	Gross amount from sales of	(1)		(.,,	\dashv				
		assets other than inventory								
	L	Less cost or				_				
	L	other basis and sales expenses								
	c	Gain or (loss)								
		Net gain or (loss) .			•					
a	8a	Gross income from for for the control of the contro	undraising eve 7,155							
n He		contributions reporte See Part IV, line 18		a						
ev.	b	Less direct expense		ь		_				
erf		: Net income or (loss)		ı sıng eve	ents 🕨					
Other Revenue	9a	Gross income from g See Part IV, line 19	jaming activiti	es						
		See Fait IV, Illie 15		a [
	b	Less direct expense	s	ь						
		: Net income or (loss)		activiti	es >					
	10	Gross sales of invent returns and allowand								
				a						
		Less cost of goods s		ь						
		Net income or (loss) Miscellaneous		invent	ory ► Business Code					
	11	a								
	b	,								
	c									
										1
		All other revenue . Total. Add lines 11a			<u> </u>					+
					•					_
		Total revenue. See	instructions	• •	• • • •	327,1	55	320,000		Form 990 (2018)
										FOLITE 990 (2018)

Forn	1 990 (2018)				Page 10
	Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	inizations must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,000	10,000		
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, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
Ь	Legal				
C	Accounting	350		350	
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	4,922	4,922		
	Office expenses	2,418	220	2,198	
	Information technology				
	Royalties				
	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	244,669	244,669		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance				
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a MISCELLANEOUS	310	310		
	b				
	с				
	d				
,	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	262,669	260,121	2,548	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
					Form 990 (2018)

32

33

34

Net

Check if Schedule O contains a response or note to any line in this Part IX . (A) (B) Beginning of year End of year 98,720 1 163,206 Cash-non-interest-bearing .

Page **11**

2 Savings and temporary cash investments . . . 2 3 3 Pledges and grants receivable, net . . 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors,

trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net .

Assets 8 Inventories for sale or use . Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D Less accumulated depreciation 10b 10c

11 11 Investments—publicly traded securities . 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets

15 15 Other assets See Part IV, line 11 . . 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 98.720 16 163,206 17 17 Accounts payable and accrued expenses 18 18 Grants payable . .

19 Deferred revenue . . . 19 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees,

Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties

24 24 Unsecured notes and loans payable to unrelated third parties 25

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 26 0 26 0

Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

complete lines 27 through 29, and lines 33 and 34. 98.720 163,206 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28

Fund Balance 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958),

check here > \quad \text{and complete lines 30 through 34.} Assets or 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

32

33

34

163,206

163,206

Form **990** (2018)

98.720

98,720

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			327,155
2	Total expenses (must equal Part IX, column (A), line 25)	2			262,669
3	Revenue less expenses Subtract line 2 from line 1	3			64,486
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			98,720
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
_	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			163,206
	t XII Financial Statements and Reporting	10			103,200
Ра					
	Check if Schedule O contains a response or note to any line in this Part XII	•		Yes	No
	Accounting method used to prepare the Form 990	on a	2a		No
	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

3b

Additional Data

Software ID: Software Version:

EIN: 56-2045384

Name: MARINE LEADERSHIP ALLIANCE INC

Form 990 (2018)

Form 990, Part III, Line 4a:

PROMOTE THE EXCHANGE AND ADVANCEMENT OF MARINE INDUSTRY ISSUES, IDEAS AND SOLUTIONS

Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493130024709

OMB No 1545-0047

Open to Public

Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** MARINE LEADERSHIP ALLIANCE INC 56-2045384 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2

_	· · · · · · · · · · · · · · · · · · ·			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c and			
f	Lobbying nontaxable amount Enter the amount from columns			
	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
				•
g	Grassroots nontaxable amount (enter 25% of line 1f	7)		
h	Subtract line 1g from line 1a If zero or less, enter -			
i	Subtract line 1f from line 1c If zero or less, enter -0			
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 repsection 4911 tax for this year?		reporting	☐ Yes ☐ No

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) Lobbying nontaxable amount 2a Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2018 activity

Volunteers?

Part IV

Return Reference

Supplemental Information

instructions), and Part II-B, line 1 Also, complete this part for any additional information

1

(b)

Amount

(a)

No

Yes

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 No 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print	t - DO NOT PROCESS	As Filed Data -					DL	N: 93493130024709
Note: To capture the Schedule I (Form 990) Department of the Treasury Internal Revenue Service	e full content of this do (Cor		2018 Open to Public Inspection					
Name of the organization MARINE LEADERSHIP ALL	IANCE INC					-	yer identific 45384	ation number
 Does the organizat the selection criteri Describe in Part IV Part II Grants and 	a used to award the grants of the organization's procedure	itantiate the amount of to or assistance? es for monitoring the use estic Organizations ar	e of grant funds in the Un of Domestic Governme	ited States	for the grants or assistance, rganization answered "Yes" o		Part IV, line	Yes No 21, for any recipient
(a) Name and addres organization or government	ss of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrij noncash as		(h) Purpose of grant or assistance
(1) CENTER FOR SPORTFIS POLICY 450 LAUREL ST SUITE 1900 BATON ROUGE, LA 708		501C4	10,000					CONTRIBUTION
3 Enter total number	of section 501(c)(3) and go of other organizations listed	I in the line 1 table					<u> </u>	
For Paperwork Reduction A	Act Notice, see the Instruction	Cat No 50055P				edule I (Form 990) 2018		

Explanation Return Reference

Schedule I (Form 990) 2018

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DLN:	93493130024709
SCHEDULE O (Form 990 or 990- EZ)		Supplement Complete to pro Form 990 o	ions on	2018		
Department of the T	Treasury	► Go to <u>u</u>		Open to Public Inspection		
Name Setherofe MARINE LEADERS 990 Schedul	HIP ALLIANCE :	INC emental Informatio	n		Employer identi	fication number
Return Reference				Explanation		
FORM 990, PAGE 6, PART VI, LINE 11B	_					

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 19

FORM 990, GOVERNING DOCUMENTS ARE MADE AVAIABLE TO THE PUBLIC UPON REQUEST
PAGE 6,
PART VI.