

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

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

2024

Department of the Treasury
Internal Revenue Service

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

Name of filer

MINORITIES IN SHARK SCIENCES INC.

EIN or SSN

85-2192211

Name and title of officer or person subject to tax

**AMANI CAROLYN WEBBER-SCHULTZ
DIRECTOR**

Part I Type of Return and Return Information

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>779,170.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

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

PIN: check one box only

I authorize CST GROUP, CPAS, PC to enter my PIN 20190
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

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

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

54679820191

Do not enter all zeros

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

ERO's signature

DANIEL KEATON

Date

10/08/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2024)

LHA 402521 12-26-24

15341008 759824 5773000

2024.04031 MINORITIES IN SHARK SCIEN 57730001

Filing Instructions

Prepared for:

MINORITIES IN SHARK SCIENCES INC.
PO BOX 10493
BRADENTON, FL 34282

Prepared by:

CST GROUP, CPAS, PC
10740 PARKRIDGE BLVD 5TH FLOOR
RESTON, VA 20191-4424

2024 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 17, 2025

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.

2024

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MINORITIES IN SHARK SCIENCES INC.		D Employer identification number 85-2192211
	Doing business as		E Telephone number 510-688-8511
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 799,028.
	PO BOX 10493		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BRADENTON, FL 34282		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: AMANI CAROLYN WEBBER-SCH SAME AS C ABOVE			H(c) Group exemption number If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MISSELASMO.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2020
			M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MISS PROVIDES A COMMUNITY AND FUNDING OPPORTUNITIES FOR WOMEN OF COLOR WHO WISH TO ENTER THE FIELD		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	25
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 323,142.	Current Year 790,755.
	9 Program service revenue (Part VIII, line 2g)	0.	3,675.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-15,260.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	323,142.	779,170.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		75,490.	123,187.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		465,040.	344,678.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	540,530.	467,865.	
19 Revenue less expenses. Subtract line 18 from line 12	-217,388.	311,305.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 132,196.	End of Year 451,933.
	21 Total liabilities (Part X, line 26)	891.	11,073.
	22 Net assets or fund balances. Subtract line 21 from line 20	131,305.	440,860.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	AMANI CAROLYN WEBBER-SCHULTZ, CFO				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DANIEL KEATON		10/08/25		P01069998
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CST GROUP, CPAS, PC	54-1019610		(703) 391-2000	
	Firm's address 10740 PARKRIDGE BLVD 5TH FLOOR RESTON, VA 20191-4424				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: MISS PROVIDES A COMMUNITY AND FUNDING OPPORTUNITIES FOR WOMEN OF COLOR WHO WISH TO ENTER THE FIELD OF SHARK SCIENCES. WE AIM TO SHOW THAT THERE ARE MANY WOMEN OF COLOR SUCCEEDING IN AND INTERESTED IN THIS FIELD. WE FUNDRAISE AND APPLY FOR GRANTS TO CREATE PAID OPPORTUNITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 105,152. including grants of \$) (Revenue \$) RESEARCH SUMMIT: AN ANNUAL SUMMIT WHERE MISS MEMBERS PRESENT THEIR OWN RESEARCH AT A CONFERENCE. DURING THE WEEK, IN ADDITION TO PRESENTING ON THEIR RESEARCH, THERE ARE ALSO COMMUNITY AND NETWORKING OPPORTUNITIES, AND OPPORTUNITIES FOR HANG OUT EVENTS FOR MEMBERS TO SPEND TIME TOGETHER.

4b (Code:) (Expenses \$ 64,502. including grants of \$) (Revenue \$) ICONIC OCEANS: ICONIC OCEANS AIMS TO CONNECT SCIENTISTS, POLICY MAKERS, FISHERS, AND OTHER COMMUNITY STAKEHOLDERS TO CONSERVE, PROTECT, AND SUSTAINABLY USE MARINE RESOURCES. THE EMPHASIS OF THE PROGRAM WILL BE ON INCLUSIVE CONSERVATION EFFORTS FOCUSED ON BLACK, INDIGENOUS, AND PEOPLE OF COLOR (BIPOC), ECONOMICALLY DISADVANTAGED COMMUNITIES, AND COMMUNITIES THAT RELY ON THE OCEAN'S RESOURCES FOR SURVIVAL OR ECONOMIC STABILITY.

4c (Code:) (Expenses \$ 58,300. including grants of \$) (Revenue \$) MISS INTERNSHIPS: INTERNS SPEND THE SUMMER IN SARASOTA WORKING WITH MISS DIRECTLY ON A PROJECT OF THEIR CHOOSING. THEY ASSIST WITH THE SUMMER CAMP, AND HELP WITH SHARK FIELD RESEARCH AS WELL.

4d Other program services (Describe on Schedule O.) (Expenses \$ 130,498. including grants of \$) (Revenue \$)

4e Total program service expenses 358,452.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No status. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks are present in the Yes/No columns for various questions.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	6	
1b	Enter the number of voting members included on line 1a, above, who are independent	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		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 appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	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 arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
AMANI WEBBER-SCHULTZ - 5106888511
PO BOX 10493, BRADENTON, FL 34282

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	790,755.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		790,755.			
Program Service Revenue	2 a	MEMBERSHIP DUES	Business Code				
			900099	3,675.	3,675.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		3,675.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		4,419.			
b	Less: direct expenses	8b	19,858.				
c	Net income or (loss) from fundraising events		-15,439.		-15,439.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISC REVENUE	Business Code				
			900099	179.		179.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		179.				
12	Total revenue. See instructions		779,170.	3,675.	0.	-15,260.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	53,936.	45,846.	8,090.	
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	54,068.	45,958.	8,110.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,166.		6,166.	
10 Payroll taxes	9,017.	6,763.	2,254.	
11 Fees for services (nonemployees):				
a Management				
b Legal	248.		248.	
c Accounting	4,624.		4,624.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	17,920.		17,920.	
12 Advertising and promotion	2,179.		2,179.	
13 Office expenses	3,720.	1,153.	2,567.	
14 Information technology	11,524.	3,573.	7,951.	
15 Royalties				
16 Occupancy	3,280.	2,460.	820.	
17 Travel	100,361.	70,253.	30,108.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	40,095.	36,451.	3,644.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	777.		777.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a AWARDS & STIPENDS	76,122.	75,361.	761.	
b EDUCATIONAL PROGRAMMING	67,369.	66,696.	673.	
c CONTRACT LABOR	5,496.	1,099.	4,397.	
d RESEARCH	3,461.	1,073.	2,388.	
e All other expenses	7,502.	1,766.	5,736.	
25 Total functional expenses. Add lines 1 through 24e	467,865.	358,452.	109,413.	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	132,036.	1	451,933.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation	10b		10c	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		160.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)		132,196.	16	451,933.	
Liabilities	17 Accounts payable and accrued expenses		17	11,073.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	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		891.	25	0.
	26 Total liabilities. Add lines 17 through 25		891.	26	11,073.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions		131,305.	27	440,860.
	28 Net assets with donor restrictions			28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds			29	
	30 Paid-in or capital surplus, or land, building, or equipment fund			30	
	31 Retained earnings, endowment, accumulated income, or other funds			31	
	32 Total net assets or fund balances		131,305.	32	440,860.
	33 Total liabilities and net assets/fund balances		132,196.	33	451,933.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	779,170.
2	Total expenses (must equal Part IX, column (A), line 25)	2	467,865.
3	Revenue less expenses. Subtract line 2 from line 1	3	311,305.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	131,305.
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	-1,750.
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	440,860.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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 (2024)

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		74,439.	620,812.	620,812.	790,755.	2106818.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					3,675.	3,675.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		74,439.	620,812.	620,812.	794,430.	2110493.
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.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						2110493.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6		74,439.	620,812.	620,812.	794,430.	2110493.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			192.		179.	371.
13 Total support. (Add lines 9, 10c, 11, and 12.)		74,439.	621,004.	620,812.	794,609.	2110864.

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Part VI

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

Lined area for supplemental information.

**Schedule B
(Form 990)**

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

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

MINORITIES IN SHARK SCIENCES INC.

Employer identification number

85-2192211

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) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization MINORITIES IN SHARK SCIENCES INC.	Employer identification number 85-2192211
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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	<u>THE MAXWELL HANRAHAN FOUNDATION</u> <u>3130 ALPINE RD</u> <u>PORTOLA VALLEY, CA 94028</u>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>GULF COAST COMMUNITY FOUNDATION</u> <u>1549 STATE ST</u> <u>SARASOTA, FL 34236</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>THE KEITH CAMPBELL FOUNDATION</u> <u>4801 HAMPDEN LANE APT 106</u> <u>BETHESDA, MD 20814</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>ALLEGHENY COLLEGE</u> <u>520 NORTH MAIN ST</u> <u>MEADVILLE, PA 16335</u>	\$ <u>42,873.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>CHARLES & MARGERY BARANCIK FOUNDATION</u> <u>1515 RINGLING BLVD, STE 500</u> <u>SARASOTA, FL 34236</u>	\$ <u>155,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>FISH AND WILDLIFE FOUNDATION OF FLORIDA LICENSE TAG FUNDS</u> <u>PO BOX 10010</u> <u>TALLAHASSEE, FL 32302</u>	\$ <u>9,748.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MINORITIES IN SHARK SCIENCES INC.	Employer identification number 85-2192211
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GREEN LATINOS 801 PENNSYLVANIA AVENUE NW #1010 WASHINGTON, DC 20004	\$ 7,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NATIONAL MARINE SANCTUARY FOUNDATION 1315 EAST-WEST HIGHWAY SILVER SPRING, MD 20910	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	REWILD (AKA GLOBAL WILDLIFE CONSERVATION) 500 N CAPITAL OF TEXAS HWY BUILDING 1, SUITE 200 AUSTIN, TX 78746	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE FISHMONGERS COMPANYS FISHERIE 18 SOUTHERNHAY WEST EXETER, UNITED KINGDOM	\$ 7,394.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THE SCHMIDT FAMILY FOUNDATION 555 BRYANT ST # 370 PALO ALTO, CA 94301	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MINORITIES IN SHARK SCIENCES INC.	Employer identification number 85-2192211
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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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization MINORITIES IN SHARK SCIENCES INC.	Employer identification number 85-2192211
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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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization MINORITIES IN SHARK SCIENCES INC.	Employer identification number 85-2192211
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF SHARK SCIENCES. WE AIM TO SHOW THAT THERE ARE MANY WOMEN OF COLOR
SUCCEEDING IN AND INTERESTED IN THIS FIELD. WE FUNDRAISE AND APPLY FOR
GRANTS TO CREATE PAID OPPORTUNITIES TO ATTEMPT TO KNOCK DOWN THE
FINANCIAL BARRIER INTO SHARK SCIENCES. WE ENCOURAGE OTHER ORGANIZATIONS
IN OUR FIELD TO DO THE SAME.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO ATTEMPT TO KNOCK DOWN THE FINANCIAL BARRIER INTO SHARK SCIENCES. WE
ENCOURAGE OTHER ORGANIZATIONS IN OUR FIELD TO DO THE SAME.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
GILL GUARDIANS: WE CREATE CONTENT TO EDUCATE THE GENERAL PUBLIC ABOUT
SHARKS, SKATES AND RAYS, THE THREATS THEY FACE AND CONSERVATION EFFORTS
TO PROTECT THEM. COURSES INCLUDE VIDEO LESSONS, ACTIVITIES, QUIZZES AND
ACTION ITEMS. OUR K-12 PROGRAM WILL GIVE STUDENTS A CHANCE TO LEARN
ABOUT SHARK BIOLOGY AND CONSERVATION WHILE ENGAGING WITH WOMEN OF COLOR
WORKING IN THE FIELD OF SHARK SCIENCE. IN THE GRADES K-2 CLASS,
STUDENTS WILL GET TO DO FUN SCIENCE EXPERIMENTS AND EXERCISES TO LEARN
ABOUT WHAT MAKES SHARKS SPECIAL. IN THE GRADES 3-5 CLASS STUDENTS WILL
EXPLORE SHARK ANATOMY WHILE LEARNING ABOUT SOME COMMON SHARK SPECIES.
THE MIDDLE SCHOOL CLASS (GRADES 6-8) WILL LEARN ABOUT SOME OF THE
THREATS FACING SHARKS AND HOW SCIENTISTS ARE WORKING TO UNDERSTAND AND
REVERSE NEGATIVE HUMAN IMPACTS ON SHARK POPULATIONS. FINALLY, THE HIGH
SCHOOL CLASS (GRADES 9-12) WILL LEARN ABOUT SOME OF THE TECHNIQUES
SCIENTISTS USE TO STUDY SHARKS WHILE GETTING TO PRACTICE ANALYZING SOME
REAL DATA.

ICONIC OCEANS: ICONIC OCEANS AIMS TO CONNECT SCIENTISTS, POLICY MAKERS,
FISHERS AND OTHER COMMUNITY STAKEHOLDERS TO CONSERVE, PROTECT AND
SUSTAINABLY USE MARINE RESOURCES. THE EMPHASIS OF THE PROGRAM WILL BE
ON INCLUSIVE CONSERVATION EFFORTS FOCUSED ON BLACK, INDIGENOUS, AND
PEOPLE OF COLOR (BIPOC), ECONOMICALLY DISADVANTAGED COMMUNITIES AND
COMMUNITIES THAT RELY ON THE OCEAN'S RESOURCES FOR SURVIVAL OR ECONOMIC
STABILITY.

NORTH CAROLINA BULL SHARK PROJECT: MINORITIES IN SHARK SCIENCES (MISS)
IS WORKING WITH SCIENTISTS AND COMMUNITY MEMBERS TO UNDERSTAND HOW BULL
SHARKS USE INLAND WATERS AS NURSERIES IN BOTH FLORIDA AND NORTH
CAROLINA. AFTER YEARS OF FOCUSED RESEARCH ON MANATEES, ATTENTION IS NOW
SHIFTING TO BULL SHARKS IN CRYSTAL RIVER, FLORIDA, WHERE LITTLE DATA
CURRENTLY EXISTS REGARDING THEIR POPULATION AND NURSERY HABITATS. MISS
MEMBER DR. ALYSSA ANDRES NOTES THAT CRYSTAL RIVER COULD BE A CRUCIAL
NURSERY FOR THIS SPECIES ON FLORIDA WEST COAST, ESPECIALLY AS WATER
CONDITIONS EVOLVE. SHE STARTED A NEW RESEARCH INITIATIVE IN
COLLABORATION WITH MISS THAT AIMS TO QUANTIFY AND MONITOR THE LOCAL
BULL SHARK POPULATION. THE PROJECT INVOLVES THE LOCAL COMMUNITY,
PARTICULARLY FISHERMEN, WHO PROVIDE VALUABLE INSIGHTS INTO THE SHARKS'
DAILY PRESENCE AND ACTIVITIES. FOR THIS PROJECT, ALYSSA IS TRACKING
BABY BULL SHARKS USING ACOUSTIC TELEMETRY.

SCIENCE AT THE SEA (SARASOTA AND NOT SARASOTA): SCIENCE AT THE SEA HAS
FANTASTIC MARINE SCIENCE PROGRAMS, INTENDED TO PROVIDE ACCESSIBLE
SCIENCE EXPERIENCES FOR KIDS FROM HISTORICALLY EXCLUDED GROUPS IN STEM:
INCLUDING GENDER MINORITIES, RACIAL/ETHNIC MINORITIES, MEMBERS OF THE

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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LGBTQ+ COMMUNITY, AND PEOPLE FROM LOW INCOME OR UNDERSERVED COMMUNITIES. WE HAVE EVENTS THROUGHOUT THE YEAR THAT ARE OPEN TO THE PUBLIC. WE ALSO HOST FIELD TRIPS AND EVENTS WITH SCHOOLS AND COMMUNITY GROUPS. WE HAVE A WIDE VARIETY OF POSSIBLE ACTIVITIES. SOME OF THE THINGS PARTICIPANTS MAY GET TO DO INCLUDE THE FOLLOWING: LEARNING ABOUT THEIR LOCAL WATERSHED, BUILDING REMOTELY OPERATED VEHICLES (ROVS), GETTING UP CLOSE TO SOME AQUATIC ANIMALS, LEARNING TO CODE WITH DRONES, AND EXPLORING THE MARINE SCIENCE FIELD THROUGH FUN GAMES.

SMITHSONIAN FELLOWSHIP: A FELLOWSHIP WITH THE SMITHSONIAN ENVIRONMENTAL RESEARCH AND CONSERVATION PROGRAM IN THE SUMMER WHERE PARTICIPANTS ASSIST WITH RESEARCH AT SERC,

SPRING BREAK CAMP: THIS IS A WEEK OF ACTIVITIES INTENDED TO TEACH PARTICIPANTS HOW WE CAN USE THE OCEAN TO LEARN ABOUT SCIENCE, TECHNOLOGY, ENGINEERING, ART, AND MATH (STEAM) PARTICIPANTS WILL GET TO EXPERIENCE A BROAD RANGE OF STEAM FIELDS INCLUDING CHEMISTRY, ENVIRONMENTAL SCIENCE AND ENGINEERING. THEY WILL ALSO HAVE THE OPPORTUNITY TO COMPLETE THEIR OWN PROJECT AND PRESENT IT FOR THEIR FRIENDS, FAMILY AND COMMUNITY MEMBERS AT THE END OF THE WEEK. THIS PROGRAM IS INTENDED TO PROVIDE ACCESSIBLE SCIENCE EXPERIENCES FOR MIDDLE SCHOOLERS FROM HISTORICALLY EXCLUDED GROUPS IN STEAM INCLUDING: GENDER MINORITIES, RACIAL/ETHNIC MINORITIES, MEMBERS OF THE LGBTQ+ COMMUNITY, AND PEOPLE FROM LOW INCOME OR UNDERSERVED COMMUNITIES. LUNCH, SNACKS AND TRANSPORTATION WILL BE PROVIDED.

SUMMER CAMP: THE MISS SUMMER CAMP IS A FREE MARINE SCIENCE PROGRAM INTENDED TO PROVIDE ACCESSIBLE SCIENCE EXPERIENCES FOR RISING 9TH-12TH GRADERS FROM HISTORICALLY EXCLUDED GROUPS IN STEAM INCLUDING. CAMPERS RECEIVE BREAKFAST, LUNCH AND DINNER. STUDENTS PARTICIPATE IN A BROAD RANGE OF ACTIVITIES INCLUDING FISHING, KAYAKING, SNORKELING, FIELD SURVEYS, AND MORE.

VIRTUAL INCLUSIVE COASTS WORKSHOP SERIES: AN ONLINE WORKSHOP SERIES FOR COLLABORATION ACROSS COUNTRIES.

BIO LEAPS: THE FIELD OF SHARK RESEARCH SUFFERS FROM A NUMBER OF ISSUES THAT HAVE LED TO A CULTURE AND CLIMATE THAT IS UNWELCOMING AND INACCESSIBLE FOR MANY SCIENTISTS AND, IN PARTICULAR, HISTORICALLY AND CONTEMPORARILY EXCLUDED INDIVIDUALS. THE AMERICAN ELASMOBRANCH SOCIETY (AES) REPRESENTS A COLLECTIVE OF SHARK RESEARCHERS IN NORTH AMERICA, AND AS SUCH, THIS PROBLEMATIC CULTURE CAN BE PERVASIVE WITHIN THE SOCIETY ITSELF. HOWEVER, AES IS NOT UNIQUE IN FACING SUCH CHALLENGES AS A SOCIETY. A CULTURE THAT EXCLUDES HISTORICALLY AND CONTEMPORARILY MINORITIZED INDIVIDUALS HAS BEEN REPORTED FOR MANY SMALL-TO-MEDIUM-SIZED SOCIETIES OF THIS NATURE. DESPITE THE ISSUES AES AND OTHER SOCIETIES FACE, AES HAS A TRADITION OF LEADING THE WAY WITH CHANGE, AND THUS WE PROPOSE TO LEAD IN THE CREATION OF CULTURE CHANGE THAT CAN THEN BE EXTENDED TO OTHER SMALL-TO-MEDIUM-SIZED SOCIETIES. SPECIFICALLY, THROUGH THIS DESIGN PROPOSAL, WE SEEK TO 1) PROVIDE A MORE WELCOMING AND SAFE MEETING FOR AES AND SIMILARLY SIZED SOCIETIES, ACCOMPLISHED THROUGH CHANGES TO THE GUIDING DOCUMENTS AND POLICIES OF AES; 2) SEE CULTURE CHANGE WITHIN AES THAT FACILITATES DIVERSITY IN MEMBERSHIP, ACCOMPLISHED THROUGH INTENSIVE TRAINING AND A TRAIN-THE-TRAINER MODEL; AND 3) PROVIDE THE RESOURCES TO HELP AFFORDABLY CREATE CHANGE IN SIMILAR SOCIETIES, ACCOMPLISHED THROUGH A NETWORK APPROACH, PILOTED HERE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DIVERSIFYING OCEAN SCIENCES: A YEAR-LONG HYBRID RESEARCH PROJECT FOR PARTICIPANTS FROM ALL AROUND THE WORLD. THIS PROGRAM IS VIRTUAL FOR 9

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MONTHS AND IN PERSON FOR ONE WEEK. PARTICIPANTS CHOOSE ONE OF THREE MARINE SCIENCE RESEARCH DISCIPLINES WHERE THEY LEARN ABOUT TOPICS WITHIN THAT DISCIPLINE. THE IN-PERSON WEEK IS MEANT TO GIVE PARTICIPANTS FIELD EXPERIENCE WITHIN THEIR SELECTED DISCIPLINE. EXPENSES \$ 43,472. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SUMMER CAMP: THE MISS SUMMER CAMP IS A FREE MARINE SCIENCE PROGRAM INTENDED TO PROVIDE ACCESSIBLE SCIENCE EXPERIENCES FOR RISING 9TH-12TH GRADERS FROM HISTORICALLY EXCLUDED GROUPS IN STEM. CAMPERS RECEIVE BREAKFAST, LUNCH, AND DINNER. STUDENTS PARTICIPATE IN A BROAD RANGE OF ACTIVITIES INCLUDING FISHING, KAYAKING, SNORKELING, FIELD SURVEYS, AND MORE. EXPENSES \$ 21,028. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

WORKSHOPS: DURING THIS WORKSHOP, PARTICIPANTS WILL GET HANDS-ON FIELD EXPERIENCE DOING SHARK RESEARCH. THEY WILL LEARN VARIOUS FIELD RESEARCH TECHNIQUES AND STAY ON A LIVE-ABOARD RESEARCH VESSEL WITH THE MISS CO-FOUNDERS. WE WILL ALSO DO A SERIES OF PERSONAL DEVELOPMENT CONVERSATIONS AS WELL AS OTHER ACTIVITIES TO BUILD COMMUNITY. THE MEMBERS OF THIS ORGANIZATION WILL SERVE AS A CONTINUED RESOURCE AND SUPPORT SYSTEM LONG AFTER THE WORKSHOP HAS ENDED. EXPENSES \$ 13,757. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

BIO LEAPS: THE FIELD OF SHARK RESEARCH SUFFERS FROM A NUMBER OF ISSUES THAT HAVE LED TO A CULTURE AND CLIMATE THAT IS UNWELCOMING AND INACCESSIBLE FOR MANY SCIENTISTS AND, IN PARTICULAR, HISTORICALLY AND CONTEMPORARILY EXCLUDED INDIVIDUALS. THE AMERICAN ELASMOBRANCH SOCIETY (AES) REPRESENTS A COLLECTIVE OF SHARK RESEARCHERS IN NORTH AMERICA, AND AS SUCH, THIS PROBLEMATIC CULTURE CAN BE PERVASIVE WITHIN THE SOCIETY ITSELF. HOWEVER, AES IS NOT UNIQUE IN FACING SUCH CHALLENGES AS A SOCIETY. A CULTURE THAT EXCLUDES HISTORICALLY AND CONTEMPORARILY MINORITIZED INDIVIDUALS HAS BEEN REPORTED FOR MANY SMALL-TO-MEDIUM-SIZED SOCIETIES OF THIS NATURE. DESPITE THE ISSUES AES AND OTHER SOCIETIES FACE, AES HAS A TRADITION OF LEADING THE WAY WITH CHANGE, AND THUS WE PROPOSE TO LEAD IN THE CREATION OF CULTURE CHANGE THAT CAN THEN BE EXTENDED TO OTHER SMALL-TO-MEDIUM-SIZED SOCIETIES. SPECIFICALLY, THROUGH THIS DESIGN PROPOSAL, WE SEEK TO 1) PROVIDE A MORE WELCOMING AND SAFE MEETING FOR AES AND SIMILARLY SIZED SOCIETIES, ACCOMPLISHED THROUGH CHANGES TO THE GUIDING DOCUMENTS AND POLICIES OF AES; 2) SEE CULTURE CHANGE WITHIN AES THAT FACILITATES DIVERSITY IN MEMBERSHIP, ACCOMPLISHED THROUGH INTENSIVE TRAINING AND A TRAIN-THE-TRAINER MODEL; AND 3) PROVIDE THE RESOURCES TO HELP AFFORDABLY CREATE CHANGE IN SIMILAR SOCIETIES, ACCOMPLISHED THROUGH A NETWORK APPROACH, PILOTED HERE. EXPENSES \$ 11,060. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LOVE THE OCEANS FELLOWSHIP: A 2-MONTH FELLOWSHIP WITH THE NGO LOVE THE OCEANS. THE PARTICIPANTS ASSIST THEM WITH THEIR MARINE MEGAFUNA AND CORAL REEF SURVEYS, OCEAN TRASH RESEARCH, AND TEACHING AND SWIMMING LESSONS FOR LOCALS. THEY ALSO GAIN EXPERIENCE WORKING AT A REMOTE FIELD STATION. EXPENSES \$ 8,177. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SCIENCE AT THE SEA (SARASOTA AND NOT SARASOTA): SCIENCE AT THE SEA HAS FANTASTIC MARINE SCIENCE PROGRAMS, INTENDED TO PROVIDE ACCESSIBLE SCIENCE EXPERIENCES FOR KIDS FROM HISTORICALLY EXCLUDED GROUPS IN STEM:

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INCLUDING GENDER MINORITIES, RACIAL/ETHNIC MINORITIES, MEMBERS OF THE LGBTQ+ COMMUNITY, AND PEOPLE FROM LOW INCOME OR UNDERSERVED COMMUNITIES. WE HAVE EVENTS THROUGHOUT THE YEAR THAT ARE OPEN TO THE PUBLIC. WE ALSO HOST FIELD TRIPS AND EVENTS WITH SCHOOLS AND COMMUNITY GROUPS. WE HAVE A WIDE VARIETY OF POSSIBLE ACTIVITIES. SOME OF THE THINGS PARTICIPANTS MAY GET TO DO INCLUDE: LEARN ABOUT THEIR LOCAL WATERSHED, BUILD REMOTELY OPERATED VEHICLES (ROVS), GET UP CLOSE TO SOME AQUATIC ANIMALS, LEARN TO CODE WITH DRONES, AND EXPLORE THE MARINE SCIENCE FIELD THROUGH FUN GAMES.
EXPENSES \$ 8,855. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ROOKERY BAY FELLOWSHIP: A 5-WEEK LONG RESEARCH EXPERIENCE WITH THE ROOKERY BAY NONPROFIT. THE PARTICIPANT GAINS FIELD RESEARCH EXPERIENCE WITH MARINE FISHES.
EXPENSES \$ 5,137. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SPRING BREAK CAMP: THIS IS A WEEK OF ACTIVITIES INTENDED TO TEACH PARTICIPANTS HOW WE CAN USE THE OCEAN TO LEARN ABOUT SCIENCE, TECHNOLOGY, ENGINEERING, ART, AND MATH (STEAM) PARTICIPANTS WILL GET TO EXPERIENCE A BROAD RANGE OF STEAM FIELDS INCLUDING CHEMISTRY, ENVIRONMENTAL SCIENCE AND ENGINEERING. THEY WILL ALSO HAVE THE OPPORTUNITY TO COMPLETE THEIR OWN PROJECT AND PRESENT IT FOR THEIR FRIENDS, FAMILY, AND COMMUNITY MEMBERS AT THE END OF THE WEEK. THIS PROGRAM IS INTENDED TO PROVIDE ACCESSIBLE SCIENCE EXPERIENCES FOR MIDDLE SCHOOLERS FROM HISTORICALLY EXCLUDED GROUPS IN STEM INCLUDING: GENDER MINORITIES, RACIAL/ETHNIC MINORITIES, MEMBERS OF THE LGBTQ+ COMMUNITY, AND PEOPLE FROM LOW INCOME OR UNDERSERVED COMMUNITIES. LUNCH, SNACKS, AND TRANSPORTATION WILL BE PROVIDED.
EXPENSES \$ 4,520. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EUGENIE CLARK FELLOWSHIP: A SUMMER RESEARCH FELLOWSHIP WHERE PARTICIPANTS GAIN EXPERIENCE IN SHARK RESEARCH OVER THE COURSE OF A FEW WEEKS. THIS INCLUDES LEARNING HOW TO SET AND HAUL FISHING GEAR, TEACHING A SCIENCE COMMUNICATION EXPERIENCE, AND LEARNING SKILLS FOR PERFORMING SCIENTIFIC RESEARCH ON SHARKS.
EXPENSES \$ 3,689. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

POSEA: A VIRTUAL CONFERENCE FOR PEOPLE OF COLOR IN MARINE AND FRESHWATER SCIENCE TO PRESENT THEIR RESEARCH FROM HOME. BY BEING VIRTUAL, THIS CONFERENCE IS MORE ACCESSIBLE TO THOSE WHO CANNOT AFFORD TO TRAVEL TO IN-PERSON CONFERENCES.
EXPENSES \$ 3,501. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

GILL GUARDIANS: WE CREATE CONTENT TO EDUCATE THE GENERAL PUBLIC ABOUT SHARKS, SKATES, AND RAYS, THE THREATS THEY FACE, AND CONSERVATION EFFORTS TO PROTECT THEM. COURSES INCLUDE VIDEO LESSONS, ACTIVITIES, QUIZZES, AND ACTION ITEMS. OUR K-12 PROGRAM WILL GIVE STUDENTS A CHANCE TO LEARN ABOUT SHARK BIOLOGY AND CONSERVATION WHILE ENGAGING WITH WOMEN OF COLOR WORKING IN THE FIELD OF SHARK SCIENCE. IN THE GRADES K-2 CLASS, STUDENTS WILL GET TO DO FUN SCIENCE EXPERIMENTS AND EXERCISES TO LEARN ABOUT WHAT MAKES SHARKS SPECIAL. IN THE GRADES 3-5 CLASS, STUDENTS WILL EXPLORE SHARK ANATOMY WHILE LEARNING ABOUT SOME COMMON SHARK SPECIES. THE MIDDLE SCHOOL CLASS (GRADES 6-8) WILL LEARN ABOUT SOME OF THE THREATS FACING SHARKS AND HOW SCIENTISTS ARE WORKING TO UNDERSTAND AND REVERSE NEGATIVE HUMAN IMPACTS ON SHARK POPULATIONS. FINALLY, THE HIGH SCHOOL CLASS (GRADES 9-12) WILL LEARN ABOUT SOME OF

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THE TECHNIQUES SCIENTISTS USE TO STUDY SHARKS WHILE GETTING TO PRACTICE ANALYZING SOME REAL DATA.
EXPENSES \$ 2,779. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ATLANTIC WHITE SHARK CONSERVANCY FELLOWSHIP: A 2-MONTH FELLOWSHIP WITH AWSC, A NONPROFIT WHO DOES SHARK RESEARCH AND SCIENCE COMMUNICATION ON THE CAPE OF MA. THE PARTICIPANT OF THIS FELLOWSHIP ASSISTS WITH SCIENCE COMMUNICATION FOR AWSC ONLINE AND AT THEIR MUSEUM IN CHATHAM. THE FELLOW GAINS EXPERIENCE IN UNDERSTANDING SHARK RESEARCH, HOW TO COMMUNICATE WITH THE PUBLIC, AND THE DIFFERENT ASPECTS OF SCIENCE COMMUNICATION.
EXPENSES \$ 2,318. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

VIRTUAL INCLUSIVE COASTS WORKSHOP SERIES: AN ONLINE WORKSHOP SERIES FOR COLLABORATION ACROSS COUNTRIES.
EXPENSES \$ 989. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CRYSTAL RIVER BULL SHARK PROJECT: RESEARCH PROJECT TO BETTER UNDERSTAND HOW JUVENILE BULL SHARKS UTILIZE THE CRYSTAL RIVER IN NORTH CAROLINA
SMITHSONIAN FELLOWSHIP: A FELLOWSHIP WITH THE SMITHSONIAN ENVIRONMENTAL RESEARCH AND CONSERVATION PROGRAM IN THE SUMMER WHERE PARTICIPANTS ASSIST WITH RESEARCH AT SERC.

NORTH CAROLINA BULL SHARK PROJECT: MISS IS WORKING WITH SCIENTISTS AND COMMUNITY MEMBERS TO UNDERSTAND HOW BULL SHARKS USE INLAND WATERS AS NURSERIES IN BOTH FLORIDA AND NORTH CAROLINA. AFTER YEARS OF FOCUSED RESEARCH ON MANATEES, ATTENTION IS NOW SHIFTING TO BULL SHARKS IN CRYSTAL RIVER, FLORIDA, WHERE LITTLE DATA CURRENTLY EXISTS REGARDING THEIR POPULATION AND NURSERY HABITATS. MISS MEMBER DR. ALYSSA ANDRES POSITS THAT CRYSTAL RIVER COULD BE A CRUCIAL NURSERY FOR THIS SPECIES ON FLORIDA WEST COAST, ESPECIALLY AS WATER CONDITIONS EVOLVE. SHE STARTED A NEW RESEARCH INITIATIVE IN COLLABORATION WITH MISS THAT AIMS TO QUANTIFY AND MONITOR THE LOCAL BULL SHARK POPULATION. THE PROJECT INVOLVES THE LOCAL COMMUNITY, PARTICULARLY FISHERMEN, WHO PROVIDE VALUABLE INSIGHTS INTO THE SHARKS' DAILY PRESENCE AND ACTIVITIES. FOR THIS PROJECT, ALYSSA IS TRACKING BABY BULL SHARKS USING ACOUSTIC TELEMETRY.
EXPENSES \$ 1,216. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:
NO REVIEW WAS OR WILL BE CONDUCTED.

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