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Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**NATIONAL MARINE SANCTUARY FOUNDATION**

Number and street (or P.O. box if mail is not delivered to street address)

8601 GEORGIA AVENUE

Room/suite

501

City or town, state or country, and ZIP + 4

SILVER SPRING, MD 20910**D** Employer identification number**94-3370994****E** Telephone number**301-608-3040****F** Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: **WWW.NMSFOCEAN.ORG****J** Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **7,715,021.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	2,960,310.		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d	4,247,929.		
e	Total (add lines 1a through 1d) (cash \$ 6,313,374. noncash \$ 894,865.)	1e		7,208,239.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		207,963.	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5		200,853.	
6 a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe ▶)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other	
b	Less: cost or other basis and sales expenses	48,658.	8b		
c	Gain or (loss) (attach schedule)	48,129.	8c		
d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1	8d		48,129.	
9	Special events and activities (attach schedule) If any amount is from gaming, check here ☐				
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11		1,179.	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		7,666,363.	
13	Program services (from line 44, column (B))	13		6,065,588.	
14	Management and general (from line 44, column (C))	14		216,009.	
15	Fundraising (from line 44, column (D))	15		60,215.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 44, column (A)	17		6,341,812.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		1,324,551.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		5,448,700.	
20	Other changes in net assets or fund balances (attach explanation)	20		-236,824.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		6,536,427.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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12080324 745960 24064

2007.07060 NATIONAL MARINE SANCTUARY F 24064 1

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
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	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
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	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
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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.

Please Sign Here: *David F. Haring* Signature of officer Date *3-26-09*

Type or print name and title: *President: CEO*

Paid Preparer's Use Only: Preparer's Signature *David F. Haring CPA* Date *3-25-09* Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. X) *EIN*

Firm's name (or yours if self-employed), address, and ZIP + 4: **GELMAN, ROSENBERG & FREEDMAN**
4550 MONTGOMERY AVE., SUITE 650 NORTH
BETHESDA, MARYLAND 20814-2930

Phone no. **(301) 951-9090**

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