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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2014

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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the 2	014 cale	ndar year, or tax year beginning , 2014, and ending			<u>,</u> 20		
В	Check if ap	oplicable	C Name of organization United States Maritime Alliance, Ltd		D Employe	er identification number		
X	Address ch	hange	Doing business as	ness as				
$\overline{}$	Name char	nge	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephor	ne number		
	Initial return	-	125 Chubb Avenue 350	NC		(732) 404-3101		
$\bar{\sqcap}$	Final return/		City or town, state or province, country, and ZIP or foreign postal code					
$\overline{\sqcap}$	Amended i		Lyndhurst, NJ 07071		G Gross re	eceipts \$ 11,166,749		
$\overline{\Box}$	Application		F Name and address of principal officer	H(a) Is this a q	oup return for	subordinates? Yes No		
_	, ,pp.,,					s included? Yes No		
	Tax-exemp	nt etatue	☐ 501(c)(3) X 501(c) ( 6 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527			list (see instructions)		
<u>'</u>	Website:		301(0)(3) By 301(0)( 5 7 1 (1103)(110 7 (2) 4347(0)(170) (2) 4347	H(c) Group	exemption	number ▶		
ĸ			Corporation ☐ Trust ☐ Association ☐ Other ► L. Year of formation	<del></del>		of legal domicile NJ		
_	art I	Summ						
			escribe the organization's mission or most significant activities:		_			
ø	' -	oneny de	escribe the organization's mission of most significant activities.					
Activities & Governance				••••				
Ē	1 2 7	hook th	is box ▶☐ if the organization discontinued its operations or disposed of	more than	25% of	ite not accots		
ove	1				3	13		
Ğ	1		of voting members of the governing body (Part VI, line 1a)			13		
SS	1		of independent voting members of the governing body (Part VI, line 1b)		5	8		
ıţ;	1		nber of individuals employed in calendar year 2014 (Part V, line 2a)		6	- 0		
ŧ			nber of volunteers (estimate if necessary)		<u> </u>			
⋖	1		elated business revenue from Part VIII, column (C), line 12		7a	0		
	b N	let unre	lated business taxable income from Form 990-T, line 34	Prior Ye	7b	Current Year		
				Prior re	ar	Current rear		
ą			tions and grants (Part VIII, line 1h)					
ē			service revenue (Part VIII, line 2g)		1,845,577	7,468,500		
Revenue			ent income (Part VIII, column (A), lines 3, 4, and 7d)		(36,957)	234,016		
	11 C	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,985,187	3,464,233		
	<del></del>		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14	,793,807	11,166,749		
	1		nd sımılar amounts paid (Part IX, column (A), lines 1-3)					
	14 E	Benefits	paid to or for members (Part IX, column (A), line 4)					
Š	15 S	Salaries,	other compensation, employee benefits (Part IX, column (A) lines of to)		2,576,414	2,328,469		
Expenses	16a F	Profession	onal fundraising fees (Part IX, column (A), line 11e)	စ္က				
ĝ	b T	Total fun	draising expenses (Part IX, column (D), line 25)	181:		a a the said his paper		
Ŵ	17 C	Other ex	penses (Part IX, column (A), lines 11a-11d, 11 (24e) MAY. 1. 9. 20	100 14	,136,270	3,241,627		
	18 T	Total exp	noncos Add lines 13-17 (must equal Part IX chillinn (A) line 25)	19 16	5,712,684	5,570,096		
	19 F	Revenue	less expenses. Subtract line 18 from line 12		918,877)	5,596,653		
5 8			less expenses. Subtract line 18 from line 12	ginning of Cu	irrent Year	End of Year		
sets	20 T 21 T 22 N	Total ass	sets (Part X, line 16)	13	3,756,348	19,174,188		
t Ass	21 T	otal liab	ollities (Part X, line 26)		601,481	720,322		
25	22 N	let asse	ts or fund balances Subtract line 21 from line 20	13	3,154,867	18,453,866		
	art II	Signa	ture Block					
Un	der penalti	es of perju	iry, I declare that I have examined this return, including accompanying schedules and stateme	ents, and to t	he best of r	my knowledge and belief, it is		
tru	e, correct, a	and comp	lete Deglaration of preparer (other than officer) is based on all information of which preparer h	as any know	edge			
			1 K Ja Varies					
Sig	gn	Sign	ature of fficer	Da	te_//	/ .		
He		An	ITHONY J. DALONGES TREASURER		2/6/	15		
		Туре	e or print name and title					
_		Print/Ty	pe preparer's name Preparer's signature Date		Charat	PTIN		
Pa					Check self-em			
	eparer	I	name •	Fire	n's EIN ▶			
US	se Only		address >		one no			
Ma	v the IRS		s this return with the preparer shown above? (see instructions)	, ,	,,,e,,,o	Yes No		
			ction Act Notice, see the separate instructions.  Cat No	11282	<u> </u>	Form <b>990</b> (2014)		
. 01	- aperwo	an neuu	outer not reduce, see the separate instructions. Cat No	12021		. 5.111 555 (2014)		



Form 990	0 (2014)	Page <b>2</b>
Part I	·	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:  To represent management during labor negotiations with the International Longshoremen's Association, AFL-CIO and administrational Longshoremen's Association and Administration	ninistar tha
	Master Contract between management and the II A	ininister the
	master contract between management and the ILA.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		es 🔀 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	6 <b>2</b> 1 s s
	services?	es KINO
	· · · · · · · · · · · · · · · · · · ·	accured by
	Describe the organization's program service accomplishments for each of its three largest program services, as m expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
	the total expenses, and revenue, if any, for each program service reported.	3 10 0111013,
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		·
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	<u>,</u>
		′
	••••••	
	•••••••••••••••••••••••••••••••••••••••	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	••••••	
		•••••
	······································	
4d	Other program services (Describe in Schedule O.)	<del> </del>
	(Expenses \$ including grants of \$ ) (Revenue \$ )	_
4e	Total program service expenses ▶	

Form 99	90 (2014)		F	age 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No A
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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	2		V ./
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	N	VA
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	1	   
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		/
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		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>/</b>
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	<b>√</b>	
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		1
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	/	
	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		<b>√</b>
	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		/
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<b>√</b>	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e	1	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
	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	V	
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		V
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<b>✓</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		V
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	_	J
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b For	n <b>99</b> 0	(2014)

Part	V Checklist of Required Schedules (continued)			<del></del>
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	-	1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a	N	4
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	N	A
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		<b>✓</b>
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		/
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):	*e*** s	Jajer.	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
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? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		✓ ✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		<b>√</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		V
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	<b>√</b>	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	N	A
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		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		1
		For	n 990	(2014)

Form 99			Page
Fait	Check if Schedule O contains a response or note to any line in this Part V		
	Check it contours a contains a recoporate of these to any line in this rank v	<del></del>	res No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   18		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		
	reportable gaming (gambling) winnings to prize winners?	1c	NA
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Statements, filed for the calendar year ending with or within the year covered by this return  2a   2a		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>V</b>
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a 	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a   3b	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	<del></del>
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ر. ا
	account)?	4a	•
b	If "Yes," enter the name of the foreign country: ▶		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		7.
	(FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<b>V</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	/
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	NA
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		'   `,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_	NVA
_	gifts were not tax deductible?	6b	_/7_
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
а	and services provided to the payor?	7a	NIA
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	0/1/1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		/K / //
•	required to file Form 8282?	7c	NXA
d	If "Yes," indicate the number of Forms 8282 filed during the year	200	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	N/A
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	NA
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	NA
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	MA
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the		1
	sponsoring organization have excess business holdings at any time during the year?	8	NIA
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	/Y / //
b 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	MA
10	Section 501(c)(7) organizations. Enter:		
a h	Initiation fees and capital contributions included on Part VIII, line 12		7.
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .   Section 501(c)(12) organizations. Enter:		
'' a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources		,
	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	NA
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	NA
	Note. See the instructions for additional information the organization must report on Schedule O.		

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

Did the organization receive any payments for indoor tanning services during the tax year?
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13b

13c

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee inst	
Secti	on A. Governing Body and Management		
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes No
b 2	Enter the number of voting members included in line 1a, above, who are independent .   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?	2	V
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	.V
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?	4 5 6 7a	✓ ✓ ✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a b 9	The governing body?  Each committee with authority to act on behalf of the governing body?  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 in Schedule O	8a 8b	<b>/</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	
			Yes No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	N/A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	-//
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		/
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	V
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<b>V</b> /
13 14 15	Did the organization have a written whistleblower policy?	13	V
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b	<b>V</b>
b	with a taxable entity during the year?	16a 16b	V N/A
	on C. Disclosure		
17 18	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(d	c)(3)s only
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial 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 re Joseph Marino c/o CCC Service Corporation, 125 Chubb Avenue, Suite 350NB, Lyndhurst, NJ 07071	cords:	•

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Part VII	Compensation of Officers, Directors	, Trustees, Key Employees	, Highest Compensated	Employees, and
	Independent Contractors			

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 noi	any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
	(C)									
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	우悥	Į,	Q	<u>چ</u>	g 뜻	7.	from the	related organizations	other compensation
	related	Individual trustee or director	titu	Officer	Key employee	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	cto	tion		ηdα	ee cc	1	(W-2/1099-MISC)		organization and related
	line)	trus	al tr	ļ	уеє	ğ				organizations
		tee	Institutional trustee			Highest compensated employee				
			ě			ited				
(4) Books F. Astonia										
(1) David F Adam				ر. ا				F44 200	ĺ	
Chairman and CEO	40			~		-	-	511,388		
(2) Ole A. Sweedlund	40				,			250 245		
Exec VP Admin	40					ļ.—.	-	358,345		-
(3) Paul DeMaria	40				~			200 467		
VP Labor Relations	40				-	ļ	-	289,467		
(4) Thomas P Sullivan	40				~		1	405 743		
Director Labor Relations	40			_	_		1	185,713	·	<del></del>
(5) Lizbeth Monica	40	ł						400.450		
Director of Communications	40			~	~		ļ. <u> </u>	129,456		
(6)										
(7)								<u> </u>		
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(8)										
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(14)	<del> </del>	-								
	1	L						1	1	

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, ar	nd F	lighes	st C	ompensated E	mployees (c	ontinue	d)		
					•	C)								
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)		(F)		
	Name and title	Average	box,	unles	s pe	rson	ıs both	n an	Reportable	Reportable compensation		Estima amou		
		hours per week (list any		1	_		or/trust	<del></del>	compensation from	related	"0111	oth		
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee		Form	the	organizatio		compen		
		related organizations		tut	ğ	em	loy st	ह	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	from organia		
		below dotted	학교	ona		β	# S		(** 2 1000 111100)			and re		
		line)	l st	ã		/ee	npe					organız	ations	
		ļ.	"	stee		ì	Highest compensated employee	ĺ						
			1			L	<u>a</u>	<u> </u>						
(15)		ļ									1			
	<del></del> .				<u> </u>	├				_				
(16)		ļ								1				
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(18)		ļ	1		ĺ									
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(19)		<b></b>	-											
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(20)			-		l		l				ļ			
(04)			-	-	┡	╆-		<del> </del>						
(21)		<b></b>	1		1									
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(22)		<del></del>	1											
(00)		-	<del> </del>	-	├	$\vdash$	ļ	┼	<del> </del>					
(23)			┨						İ	ŀ				
(0.4)			-	┢	├	┾	<del> </del>	+	<u> </u>					
(24)		<b>-</b>	1											
(05)	<del></del>	<del> </del>	<del> </del>		-	-	<del> </del>	+-	<del>-</del>					
(25)		<del> </del>	-											
415	Cub total		<u></u>			_	<u> </u>	┶	1,474,369				-	
	Sub-total								1,474,309	-	<del></del>			
C	Total from continuation sheets to Part					•			1,474,369	<del> </del> -				
d								<u> </u>			00 000			
2	Total number of individuals (including bu reportable compensation from the organ		o to tr	1056	e IIS	tea	abov	e) w	vno received m	ore man \$10	00,000	)i		
	reportable compensation from the organ	124(1011)		_								<del></del>	Yes	No
3	Did the organization list any former of	fficer direc	etor (	or ti	ruet		kev	emi	alovee or high	nest compe	nsated	<u> </u>		140
3	employee on line 1a? If "Yes," complete							CITI	sioyee, or mgr	iest compe		3	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	<u></u>
4	For any individual listed on line 1a, is the							.n. 1	and other com	noneation fr	om the		inder 4	, <del>, , , , , , , , , , , , , , , , , , </del>
4	organization and related organizations	arester th	porta	150	nnr	11PE	risali if "Ve	יוונ "פו	complete Sch	nedule .l fo	r such			· • • 1
	individual	greater tri	ιαιι ψ	150	,000	J: 1	, ,	٠٠,	complete del			4		di marikan
_	Did any person listed on line 1a receive of		· ·	nea ·	tion	fro	man		related organi	 zation or ind	 Invidual	140-1		144.42
5	for services rendered to the organization											5		si <del>tionilla</del> ✔
Soction		, , , , ,	p		-					<del></del>				
1	on B. Independent Contractors  Complete this table for your five highest	aampanaa	lod in	don	000	lont	cont	ract	ore that recove	ad more tha	n \$100	000 of		
'	compensation from the organization. Rep												n's ta	x
	year.	port compe	nsan	0111	01 1	110 (	aicin	JUI	year chang wi	ar or within	and orga	2111241101		
	<del></del>						•	1	(B)	<del></del>	•	(C)		
	(A) Name and business add	dress							(B) Description of s	services	c	Compensa	tion	
								╁	·····				-	
		<del></del>						+						
								+						
								+						
								╁	<del></del>					
2	Total number of independent contractor	ors (includi	na hi	ut r	not	lımı	ted t	.I O ti	hose listed ah	ove) who		Right ton	3 V	A
~	received more than \$100,000 of compen							. •		,				

Par	VIII					<del></del> -
		Check if Schedule O contains a response or note	to any line in this l	Part VIII		<u> </u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a				
ìrar our	b	Membership dues 1b				
Is, G	С	Fundraising events 1c		İ		
Sift lar	d	Related organizations 1d				
Si (Si	е	Government grants (contributions) 1e				
tior sr S	f	All other contributions, gifts, grants,				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f				1
id of	g	Noncash contributions included in lines 1a-1f \$		]		
	h	Total. Add lines 1a–1f				
Program Service Revenue		Business Cod	<del>_</del>			ļ
eve	2a	Membership Due & Assessments	7,468,500	7,468,500		
e E	b			-		
<u>Ş</u> .	C					
လ္မွ	d			-		
ran	e	All all				
õ	f	All other program service revenue .  Total. Add lines 2a–2f	7,468,500	<u></u> l		<del></del>
	<u>g</u> 3	Total. Add lines 2a–2f		1		
	"	and other similar amounts)	234,016	234,016		
	4	Income from investment of tax-exempt bond proceeds		234,010		
	5	Royalties				-
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	<b>&gt;</b>			······································
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses .				
	С	Gain or (loss)				
	ď	Net gain or (loss)	<b>&gt;</b>			
evenue	8a	Gross income from fundraising events (not including \$				
Other Rev		of contributions reported on line 1c). See Part IV, line 18 a				
Ě	Ь	Less: direct expenses b	<del>-</del>			
O			<b>•</b>	l		<del> </del>
		Gross income from gaming activities.				
		See Part IV, line 19 a				
	ь	Less: direct expenses b				
	С	Net income or (loss) from gaming activities	<b>&gt;</b>			
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				
	c				·	
		Miscellaneous Revenue Business Cod				
	11a	Container Royalty Distribution	3,135,523	3,135,523		
	b	Unrealized Gain on Investment	322,467	322,467		
	С	Other Income	6,243	6,243		
	d	All other revenue				
	e	Total. Add lines 11a–11d	3,464,233	<del> </del>		
	112	Total revenue See instructions	11 166 7/0	11 166 740		i .

Form 99	0 (2014)				Page <b>10</b>
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organization	s must complete co	lumn (A).
_	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		<u> </u>
	t include amounts reported on lines 6b, 7b, , 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,558,723	1,558,723		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				710024
7	Other salaries and wages	294,871	294,871		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	321,241	321,241		
9	Other employee benefits	70,026	70,026		
10 11	Payroll taxes	83,608	83,608		
'' a	Management	900,000	900,000		
b	Legal	568,922	568,922		
c	Accounting	52,554	52,554		
d	Lobbying	3,624	3,624		
е	Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	83,164	83,164		
14	Information technology				
15	Royalties				<del></del>
16	Occupancy	204,435	204,435		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	32,152	32,152		
23	Insurance	781,068	781,068		
24	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	Post Retirement Health	(245,432)	(245,432)		
b	Equity Gain in Subsidiary	(617,746)	(617,746)		
d	Donations and Sponsorships  Negotiations	114,766 163,625	114,766 163,625		
a e	All other expenses Miscellaneous	1,200,495	1,200,495		
25	Total functional expenses. Add lines 1 through 24e	5,570,096	5,570,096		
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)		3,772		

P	art 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
	1	Cash-non-interest-bearing	1,144,432	1	1,057,151
	2	Savings and temporary cash investments		2	-
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,349,494	4	1,399,586
	5	Loans and other receivables from current and former officers, director	rs.		
		trustees, key employees, and highest compensated employee			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	on		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers at			
	1	sponsoring organizations of section 501(c)(9) voluntary employees' beneficia			
S		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	55,987	9	99,775
	10a	Land, buildings, and equipment cost or			ুল'ডুটি' ক'ং শংকৰ চুটোৰ ৰাজক
		other basis. Complete Part VI of Schedule D 10a 303,	036		
	Ь	Less: accumulated depreciation 10b 204,	644 69,971	10c	98,392
	11	Investments—publicly traded securities	8,749,012	11	13,491,019
	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	2,387,452	15	3,028,265
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,756,348	16	19,174,188
	17	Accounts payable and accrued expenses	426,702	17	417,308
	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.	154,887	21	1,767
S	22	Loans and other payables to current and former officers, director	rs,		
Ě		trustees, key employees, highest compensated employees, ar	nd Land		and the second
Liabilities		disqualified persons. Complete Part II of Schedule L		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 this		ļ	
		parties, and other liabilities not included on lines 17-24). Complete Part	19,892		301,247
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	601,481	26	720,322
S			and		
ည္		complete lines 27 through 29, and lines 33 and 34.	<u> </u>		
<u>a</u>	27	Unrestricted net assets	13,154,867	+	18,453,866
Ba	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets		29	A THE STATE OF THE
3		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ a	and		
Net Assets or Fund Balances	_	complete lines 30 through 34.			-
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
χĀ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances		+	18,453,866
	34	Total liabilities and net assets/fund balances	13,756,348	ı 34	19,174,188

2 T	Check if Schedule O contains a response or note to any line in this Part XI	1 2		11 166	V
2 T	Total expenses (must equal Part IX, column (A), line 25)	<u> </u>	•	11 166	
3 F				11,100	5,749
	Revenue less expenses. Subtract line 2 from line 1			5,570	0,096
4 1		3		5,596	3,653
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,154	1,867
5 1	Net unrealized gains (losses) on investments	5			
6 [	Donated services and use of facilities	6			
7 I	nvestment expenses	7			
	Prior period adjustments	8			
	Other changes in net assets or fund balances (explain in Schedule O)	9		(297	,654)
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		18,453	3,866
Part X	II Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	_⊔
i	Accounting method used to prepare the Form 990. ☐ Cash	plain in		163	No
1	Were the organization's financial statements compiled or reviewed by an independent accountant? 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:				
[	Separate basis Consolidated basis Both consolidated and separate basis				
b \	Were the organization's financial statements audited by an independent accountant?		2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on a			
[	Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent accou		2c		V
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	kplaın ın			
	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		

### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

For Organizations Exempt From income rax onder section 301(c) and section 327

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to 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," to 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," to 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

• Se	ection 501(c)(4), (5), or (6) orga	ınızatıons Complete Part III.			
	of organization			Employer ider	ntification number
United	l States Maritime Alliance, L				22-3573572
Part		e organization is exempt und	•	• • • • • • • • • • • • • • • • • • • •	organization.
1		the organization's direct and indire			
2					<u> </u>
3	Volunteer hours				0
Part	I-B Complete if the	e organization is exempt und	er section 501(c	c)(3).	
1		excise tax incurred by the organiza			) 
2		excise tax incurred by organization			` 
3		ed a section 4955 tax, did it file Fo	_		. Yes No
4a					Yes No
b Part	If "Yes," describe in Part	ıv. e organization is exempt und	or section 501/a	a) except section 501	(0)(3)
1		ly expended by the filing organiz			(0)(0).
•		· · · · · · · · · · · · · · · · · · ·			
2		filing organization's funds contrib			
		vities			
3		expenditures. Add lines 1 and 2			
4	Did the filing organization	n file <b>Form 1120-POL</b> for this year	?		🗌 Yes 🔲 No
5		ses and employer identification nui			
		ents. For each organization listed,			
		ontributions received that were pro fund or a political action committe			
	as a separate segregated	lund of a political action committee	l addition	liai space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

			_
0	20	•	•

Par	t II-A	Complete if the organization section 501(h)).	n is exempt u	nder section 50	1(c)(3) and filed	Form 5768 (ele	ction under
<b>A</b> (	Check ►	☐ if the filing organization be name, address, EIN, expe					up member's
в (	Check ▶	☐ If the filing organization ch	ecked box A a	nd "limited cont	rol" provisions a	pply.	
		Limits on Lobi (The term "expenditures" m	oying Expenditu leans amounts			(a) Filing organization's totals	(b) Affiliated group totals
18	Total lo	obbying expenditures to influence	public opinion (	grass roots lobbyi	ng)		
t	Total lo	obbying expenditures to influence	e a legislative bo	dy (direct lobbying	1)		
(	Total lo	obbying expenditures (add lines 1	a and 1b)				
(	d Other	exempt purpose expenditures .					,
•		xempt purpose expenditures (ad					
1	Lobbyi columi	ng nontaxable amount. Enter	the amount from	om the following	table in both		•
	If the ar	nount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amount	is:		
	Not ove	r \$500,000	20% of the am	ount on line 1e.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	er \$1,500,000		
		7,000,000	\$1,000,000				<u> </u>
9	g Grassr	oots nontaxable amount (enter 2	5% of line 1f)				
ı	n Subtra	ct line 1g from line 1a. If zero or l	ess, enter -0-				
i		ct line 1f from line 1c. If zero or le					
j		e is an amount other than zero ng section 4911 tax for this year		1h or line 1i, did	_		Yes No
	(Som	e organizations that made a se See the	ection 501(h) ele e separate instr	uctions for lines	e to complete all 2a through 2f.)	of the five columr	s below.
		Lobbyin	g Expenditures	During 4-Year Av	eraging Period		
	Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	(e) Total
2	a Lobby	ing nontaxable amount	·				
ı		ing ceiling amount of line 2a, column (e))		office of the stat			
(	C Total l	obbying expenditures					
	d Grassi	roots nontaxable amount					
•		oots ceiling amount of line 2d, column (e))					
1	f Grassi	roots lobbying expenditures					
						Schedule C (Forn	n 990 or 990-EZ) 2014

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	iled	Form	5768		_
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	_
	uption of the lobbying activity.	Yes	No	Am	ount	
1	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?				<del> </del>	_
d e	Mailings to members, legislators, or the public?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
ĥ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	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)? If "Yes," enter the amount of any tax incurred under section 4912					
b	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		,		-	
ď	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 se	ction		
	501(c)(6).				Yes N	0
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<del></del>	7
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		7
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		7
	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."		Part		line 3, i	s
1 2	Dues, assessments and similar amounts from members	of	1		<u>-</u>	
а	Current year		2a		3,6	<u>324</u>
b	Carryover from last year		2b			
с 3	Total		2c		3,6	524
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	the ing				_
_	and political expenditure next year?	•	4			
5 Dos	Taxable amount of lobbying and political expenditures (see instructions)	·-	5			
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grown instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pa	rt II-A, li	nes 1 ar	nd

	m 990 or 990-EZ) 2014	Page <b>4</b>
Part IV	Supplemental Information (continued)	
	······	
	1	

### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

22-3573572 United States Maritime Alliance, Ltd. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . 2a Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenue included in Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . . **b** Assets included in Form 990, Part X . .

Part	III Organizations Maintaining									
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and	other reco	rds, chec	k any of the	e follov	ving that are a s	ignificant	use of it	s
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams			
b	Scholarly research		е	Other						
c	Preservation for future generations							_	_	
4	Provide a description of the organizat XIII	ion's collection	ns and expla	ain how t	hey further	the org	janization's exei	npt purpo	se in Pai	t
5	During the year, did the organization							ar		
	assets to be sold to raise funds rather		intained as i	part of the	e organizati	on's co	ollection? .	☐ Ye	s 🗌 No	<u>,</u>
Part	Complete if the organization 990, Part X, line 21.		es" to For	n 990, P	art IV, line	9, or	reported an an	nount on	Form	
1a	Is the organization an agent, trustee, included on Form 990, Part X?									_
b	If "Yes," explain the arrangement in Pa					•		⊔ Ye	s 🗹 No	,
U	ii res, explain the analigement in Fa	art Aill aild Con	iipiete trie it	mowing to	able.		A	mount		-
С	Beginning balance					10	;		154,887	- 7
d						10	1			<u> </u>
е						16			153,120	6
f	Ending balance			•		11	<del></del>		1,76	-
2a	Did the organization include an amour									)
	If "Yes," explain the arrangement in Pa	art XIII. Check I	here if the e	xplanatio	n has been	provid	ed in Part XIII .	· · · ·		_
Par	Endowment Funds.  Complete if the organization	answard "V	'oo" to For	~ 000 E	Part IV Juna	10				
	Complete it the organization	(a) Current year		or year	(c) Two year		(d) Three years bac	k (e) Four	years back	-
1a	Beginning of year balance	.,,			(47			.,		-
b	Contributions									_
С	Net investment earnings, gains, and losses									_
d	Grants or scholarships									_
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses	······································								_
g	End of year balance									_
2	Provide the estimated percentage of t	he current year	r end baland	e (line 1g	j, column (a	)) held	as:			
a	Board designated or quasi-endowmer	nt <b>&gt;</b>	%							
b	Permanent endowment ►  Temporarily restricted endowment ►		) <u>/</u>							
·	The percentages in lines 2a, 2b, and 2		/0 I 100%							
За	Are there endowment funds not in the	•		zation the	at are held	and ac	lministered for t	he		
	organization by:	•	J					_	Yes No	_
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organi							3b		
4	Describe in Part XIII the intended uses		ation's end	owment f	unds.					
Part			/" +-	000 F	)	44.	C	David V 11	10	
	Complete if the organization  Description of property		es" to For		or other basis		Accumulated	(d) Book		_
	Description of property		estment)	1 ' '	other)		epreciation	(d) 500		
1a	Land	·								_
b	Buildings	·		-			04.07			_
C	Leasehold improvements	·	32,323 177,363	ļ			31,877 164,366		12 99	_
d e	Equipment	.	93,350				8,401		12,99 84,94	
	Add lines 1a through 1e. (Column (d) n	nust eaual Forr	<u>-</u>	<del></del>	n (B), line 10	)c ) .		-	98,39	-
	3		,,	,						_

Part VII	Investments—Other Securities Complete if the organization ansi		n 990. Part	IV line 11h	See Form 9	190 Part X line 12
	(a) Description of security or category (including name of security)		(b) Book v		(c) Meth	od of valuation of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests	(				
(3) Other					_	
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column (	(b) must equal Form 990, Part X, col (B) line 12 ) ▶					
Part VIII	Investments - Program Related					
*****	Complete if the organization ans	wered "Yes" to For	n 990, Parl	: IV, line 110	c. See Form 9	990, Part X, line 13.
	(a) Description of investment		(b) Book	value		nod of valuation of-year market value
(1)		_				
(2)						
(3)						
_(4)						<del></del>
(5)						
(6)						
(7)					1-1	
(8)						
(9)						···-
	(b) must equal Form 990, Part X, col (B) line 13 ) ▶	· · ·				
Part IX	Other Assets.					
	Complete if the organization ans		<u>n 990, Par</u>	t IV, line 11	d. See Form	
	······································	a) Description				(b) Book value
<del></del>	nent Carriers Escrow Fund					1,76
	nts Receivable Other					62,723
	n & Post Retirement Benefits					(231,144
	y Deposit					126,37
(5) Investm	nent in Subsidiary					3,068,54
_(6)	.,,					
_(7)			_		,	
_(8)				<del></del>		
(9)	(1)	-1 (D) I 45 )				
	umn (b) must equal Form 990, Part X, c	coi (B) iine 15.)	· · · ·	• • •	<u> ▶  </u>	3,028,26
Part X	Other Liabilities.  Complete if the organization ans line 25.	wered "Yes" to For	m 990, Par	t IV, line 11	e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value				
	ncome taxes				•	
(2) Manage	ement Distribution Payable	30	00,000			
(3) Deferre	ed Rent		1,247			
(4)				•		
(5)						
(6)				,		
(7)					•	
(8)						
(9)						
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25 ) ▶	30	01,247			
	or uncertain tay positions. In Part XIII, prov	ude the text of the foots	ote to the or	ranization's fi	nancial stateme	inte that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

1		יאו דובי	line 12a		
	Complete if the organization answered "Yes" to Form 990, Partial revenue, gains, and other support per audited financial statements.			1	11,166,749
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	11,100,743
a	Net unrealized gains (losses) on investments	2a			
a b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c	·, ·		
d	Other (Describe in Part XIII.)	2d	<del></del>		
e	Add lines 2a through 2d		~	2e	0
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i		3	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1			5	11,166,749
Part					
rait	Complete if the organization answered "Yes" to Form 990, Pa			ei netuin.	
1	Total expenses and losses per audited financial statements			1	5,570,096
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •			3,010,030
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	<del></del>	-	
C	Other losses	2c			
ď	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d	<del></del>		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i			
a	Investment expenses not included on Form 990, Part VIII, line 7b	42			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	5,570,096
	XIII Supplemental Information.				0,0.0,000
2, i u		to prov	ude anv additional i		ne 4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t			nformation.	
				nformation.	

Schedule D (Form 990) 2014			
Part XIII	Supplemental Information (continued)		
		·····	
		••••••••	
		•	
		·····	
		***************************************	
***************************************			

### **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

United States Maritime Alliance, Ltd

22-3573572

Part	Questions Regarding Compensation			
10	Check the emprensists haven if the executation mustiful and of the following to a few a second listed of Farm		Yes	No
Ia	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		! !	
	First-class or charter travel		İ	1
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment		<u> </u>	
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	. :		1
	explain	1b		•
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a <sup>2</sup>	2	~	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	<del>_</del>		ı	
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		~
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		~
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		~
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item-in Part III			
	RECEIVED			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			I
	Some straining s			
a	The organization?	5a		-
b	Any related organization?	5b		ا
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			]
•	compensation contingent on the net earnings of:			
а	The organization?	6a	-	
b	Any related organization?	6b		1
	If "Yes" to line 6a or 6b, describe in Part III.			
				1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject		1	1
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. PartII

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The suill of columns (c/ll/\(\pi\)) for each instead individual mass	Gac	II iisted IIIdividdai IIId	do Brookdown of W. 2 and/or 1000 MISC componention	M 5 and $M$ 10 are minimum of the second	ר אוו, ספסנוטוי א, וווופ ו	a, applicable colulli	מווסמווה (ב) מווסמווה	יסו מומר וויסו אומימים:
		(b) Dieandowii o	אי-2 מווערטו וטפפ-וויווכ	oc compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred in prior
				compensation				Form 990
David F. Adam. Chairmen & CEO	()	392,021	100,000	19,367	196,693	21,747	729,828	
1								
Ole A. Sweedlund, Exec VP	(j)	341,361	0	16,984	436,664	21,747	816,757	
2 Admin	(ii)							
Paul F. DeMaria. VP Labor	()	229,475	45,000	14,991	50,482	20,286	360,236	
3 Relations	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• • • • • • • • • • • • • • • • • • •					
Thomas P. Sullivan, Director of	9	170,674	7,500	7,539	269,330	19,448	474,491	
4 Labor Relations	<b>E</b>							
Lizbeth Monica, Director of	()	121,927	4,690	2,839	86,433	18,733	234,621	
5 Communications	Ξ	, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 				
	()							
9	€	* I I I I I I I I I I I I I I I I I I I						
	()							
7	€	***************************************						
	(9)							0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
8	(E)							
	(1)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6	€							
	Θ							
10	Ξ	1						
	€							
11	(ii)							
	(1)						5 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
12	€							
	Θ							
13	€							
	(0)							
14	<u>(i)</u>				į			
	(1)			100000000000000000000000000000000000000				
15	(ii)							
	(1)							
16′	(ii)							
							Sch	Schedule J (Form 990) 2014

Page 3  Page 3  Page 1  Page 3  Page 3  Page 1  Page 1  Part III Supplemental Information  Part III Supplemental Information  Page 1
frovide the information, explanation, or descriptions required for rarch, lines 1a, 1b, 3, 4a, 4b, 4c, 3a, 3b, 6a, 6b, 7, and 6, and for rarch. Also complete this part for any additional information.
Travel and related expenses for hotels, meals, plus meeting expenses are provided to officials and employees to enable the United States Maritime Alliance Ltd. representatives to travel
throughout the United States.
Schedule J (Form 990) 2014

### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

**Employer identification number** 

United States Maritime Alliance, Ltd	22-33/33/2
Part VI, Section B, Line 11b: Upon completion of the form 990, it is reviewed by our attorneys for acc	uracy. It is then forwarded to the
Chairman/CEO for his review and signature.	
Psrt VI, Section C, Line 19: At the annual meeting all policies are discussed and the audited financial	statements are presented.
Further, upon request from any interested party, the financial statements will be provided.	
Part VI, Section B, Line 12c: Regularly consult with employees and monitor members regarding poss	siblle conflicts.
Part XI, Line 9: Reconciliation of net assets: Due to the adoption of FASB 132 & 158 (\$297,654) is rec	orded as a direct adjustment to the
net assets (by-passes) the statement of activities).	
<u></u>	
<u></u>	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
	· , · , · , · , ·
	······
······································	······
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······································	
······································	•••••
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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

United States Maritime Alliance, Ltd

Part (

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Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Public Inspection 2014

OMB No 1545-0047

22-3573572

(f)
Direct controlling
entity (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Pnmary activity (a) Name, address, and EIN (if applicable) of disregarded entity (9) (2)

Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling Stentity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led 7
						Yes	8
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
. w							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat N	Cat No 50135Y		Schedule R (Form 990) 2014	(Form 990	) 2014

(k) Percentage ownership (f) Section 512(b)(13) controlled ŝ 7 Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (J) General or managing partner? Yes No (h) Percentage ownership 100% Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets 3,068,546 (h)
Disproportionate
allocations? ŝ 617,745 (f) Share of total Yes (g) Share of end-ofyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income ပ (d)
| Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) New Jersey (d) Direct controlling Financial & Information **Technology Services** (b)
Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization 125 Chubb Avenue, Suite 350NC (1) CCC Service Corporation (a) Name, address, and EIN of related organization (2) Lyndhurst, NJ 07071 Part III Part IV 2 9 9 E 9 9 ල € ල ₹ E Ξ

Schedule R (Form 990) 2014

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2014

Part V Transactio

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule				Yes No	٥
	e or more related organ	nizations listed in Part	Is II-IV?		
a Receipt of (i) interest. (ii) annuities. (iii) royalties, or (iv) rent from a controlled entity				<u>a</u>	
				1b	
				10	
	•	•		1d 7	
				1e	
f Dividends from related organization(s)				11 ~	
a Sale of assets to related organization(s)			•	1g /	
b Purchase of assets from related organization(s)				÷ ,	
			•	= 2	١,
Exchange of assets with related organization(s)		•			1.
Leave Of facilities, equipment, of other assets to reface of gainzanough		•			
k lease of facilities equinment or other assets from related organization(s)				÷ ∠	١.
Least of recipied services or membership or fundraising solicitations for related organization(s)				>	
m Deformance of services or membership or fundraising solicitations by related organization(s)				<del>ا</del> =	1
				± ,	I.
Signification of equipments in the state of				2	
<ul> <li>Sharing of paid employees With related organization(s)</li> <li></li></ul>					
Beimblinsement haid to related organization(s) for expenses				1 <sub>P</sub>	١.
Reimbursement paid by related organization(s) for ext				7	
r Other transfer of cash or property to related organization(s)				1r ×	
				1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	complete this line, inclu	uding covered relation	nships and transactio	in thresholds.	
	<b>(9</b> )	(0)	9		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	amount involved	
CCC Service Corporation (1)		000'006	900,000 Fee arrangement		- 1
(2)					l
€					ļ
(4)					
(5)					}
in					
			Schedule R	Schedule R (Form 990) 2014	14

# Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partitions	ganization. See	instructions re	egarding exclusi	on lor certal	II III Mesillielli po	il il ici si il bo				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(1) Share of	(g) Share of	(h) Disproportionate	(i) Code V – UBI		(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded		total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1	managing partner?	ownership
			from tax under	organizations?				(Form 1065)		
			Sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)									_	
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)		In								
								Sche	dule R (For	Schedule R (Form 990) 2014

	Form 990) 2014	Page <b>5</b>
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
	·····	
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		***************************************
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### United States Maritime Alliance, Ltd. - EIN # 22-3573572

## Form 990 for the year ending December 31, 2014

### Part 1 - Summary Line 22

Reconciliation of Net Assets	-	
Opening Net Asset Value		\$13,154,867
Add/Subtract Net Income	<b>\$44.400.740</b>	
Revenue Expenses	\$11,166,749 \$5,570,096	\$5,596,653
Add Adoption of FASB 158 & 132	<u> </u>	(\$297,654)
Change in Net Assets		\$5,298,999
Net Assets unrestricted, end of year		\$18,453,866

# United States Maritime Alliance, Ltd. Board of Directors December 31, 2014

Roy Amalfitano President Evergreen Shipping Agency (America) Corp One Evertrust Plaza Jersey City, NJ 07302

Peter Braedel Sr. Vice President, Corp. Ops. Hapag-Lloyd (America), Inc. 399 Hoes Lane Piscataway, NJ 08854

Ian S. Cairns
CEO Terminal Link, USA
CMA CGM Group
One Meadowlands Plaza, Suite 201
East Rutherford, NJ 07073

Patrick T. Dolan President Pts of Delaware River Marine Trade Assoc. 1341 N. Delaware Avenue, Suite 401 Philadelphia, PA 19125

Albert V. Gebhardt Sr. Vice President, Liner Ops. Maersk Agency USA, Inc. 9300 Arrowpoint Bouelvard Charlotte, NC 28273-8136

James R. Gray Jr.
Executive Director
Jacksonville Maritime Association, Inc.
2490 Monument Rd., Suite 3
Jacksonville, FL 32225

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Sr. Vice President, North American Ops.
Ceres Terminals Icorporated
2 Tower Center Boulevard
New Brunswick, NJ 08816

William J. Messina Vice President, Labor Relations APM Terminals, Inc. 5080 McLester Street Elizabeth, NJ 07207

John J. Nardi President New York Shipping Association, Inc. 333 Thornall Street, Suite 3A Edison, NJ 08837

Christopher J. Parvin Vice President, Marine Ops. Mediterranean Shipping Company USA Inc. 700 Watermark Boulevard Mt. Pleasant, SC 29464

William F. Payne President NYK Line (North America), Inc. 300 Lighting Way, 5th Floor Secaucus, NJ 07094-1588

Michael Radak Sr. Vice President Sales/Marketing & Ops. Hanjin Shipping Company, Ltd. 80 East Route 4, Suite 490 Paramus, NJ 07652

John Walsh Regional Vice President South Atlantic SSA/Cooper, LLC 27 Chatham Center Dr. South, Suite A Savannah, GA 31405